Performance

Report

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| Name: | Florence Price Gardens |
| Commission ID: | 2681 |
| Address: | 11 Hackett Lane, BALLINA, New South Wales, 2478 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 12 December 2023 to 13 December 2023 |
| Performance report date: | 10 January 2024 |
| Service included in this assessment: | Provider: 643 RSL LifeCare Limited  Service: 1038 Florence Price Gardens |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Florence Price Gardens (**the service**) has been prepared by Kimberley Reed, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 05 January 2024
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not Compliant |
| **Standard 6** Feedback and complaints | Not applicable as not all requirements were assessed |
| **Standard 7** Human resources | Not applicable as not all requirements were assessed |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* The risk associated with the administration of time sensitive medication needs to be effectively managed.

# Standard 3

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| Personal care and clinical care | | |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |

Findings

**Requirement 3(3)(b) Effective management of high impact or high prevalence risks associated with the care of each consumer.**

For some consumers with high impact needs including wound care and weight loss, they were managed effectively, and care documentation supported the appropriate care delivery. Consumers requiring time sensitive medication to treat their conditions including Parkinson’s disease did not receive their medication as prescribed. Monitoring processes failed to identify medication errors associated with delays in medication administration.

The service’s medication reports noted a significant number of delays in the administration of time sensitive medication for consumers with Parkinson’s disease. It was identified 65 occasions in the two weeks prior to the Assessment contact visit where consumers with Parkinson’s disease did not receive their medication as prescribed. For five consumers who experienced delays in the administration of their Parkinsonian medication, they also experienced a fall on the corresponding day when they experienced delays in the administration of their medication. While the delays in medication may not be attributed to the cause of the fall, a delay in the administration of medication to treat Parkinson’s disease may cause an increase in tremors for the consumer.

Management provided feedback medication administration times recorded may not be accurate due to inconsistent access to the electronic care management system. Registered staff interviewed denied any access issues to the internet connection. The Approved provider in its response to the Assessment contact report have committed to improve aspects of service delivery which have included medication administration refresher training for registered staff and care staff trained in medication assistance, to be completed by 31 January 2024. A review of administration of time sensitive medication to include registered nurses being responsible for administering time sensitive medication. Clinical management will review administration time frames and set administration round times for registered nurses. The service will work collaboratively with medical officers and the pharmacy when reviewing administration times. A second signage requirement will be required for time sensitive medication. Time sensitive medication will be packaged separately for ease of identification, this will commence 15 January 2024. Time critical medication will be a weekly agenda item at weekly Care planning and management meetings. An audit of time critical medication alongside falls will commence at the next Quality meeting, with any subsequent trends identified.

I acknowledge the immediate action the Approved provider has taken or plans to take to remedy the deficits in practice relating to the administration of time sensitive medication. However, I also recognise the service’s own monitoring processes did not identify this deficit, and therefore, this Requirement is Not Compliant.

**Requirement 3(3)(d) Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.**

The service managed changes in consumers’ cognitive and physical function effectively and in a timely manner. The Assessment contact report contained information that the deterioration of the mental health of one named consumer was not recognised or responded to in a timely manner. The named consumer attempted self-harm and was transferred to hospital for assessment on the same day.

The Approved provider in its response to the Assessment contact report has refuted information contained in the report and evidenced behaviour support planning was updated following changes in the consumer’s behaviours, regular review occurred for the consumer with various health professionals, pain management was consistently reviewed and updated, sight charting was implemented following the event, and the consumer’s wishes regarding further treatment and review was acknowledged and respected.

It is my decision the service took appropriate action following the change to the consumer’s mental health. Therefore, it is my decision this Requirement is Compliant.

# Standard 6

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| Feedback and complaints | | |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |

Findings

The service had policies, procedures and education material addressing feedback, complaints management, and the service’s open disclosure process. Management evidenced feedback and complaints were collected and managed appropriately, including the use of open disclosure if applicable.

Management and staff demonstrated a shared understanding of processes to follow when a complaint was received. Staff reported feedback and complaints to the manager in charge for follow up if they were unable to resolve the complaint themselves. Complaints were recorded in the service’s electronic care management system and were acknowledged by the Service Manager within policy required timeframes. The service aimed to resolve all feedback within 28 days and feedback and complaints were trended monthly at clinical governance and leadership meetings.

Most consumers considered feedback and complaints to be resolved effectively by management except for food related complaints. The complaints register indicated that all food related complaints were not captured on the electronic care management system. Consumer meeting minutes dated October 2023 identified an action item to schedule a meeting with consumers to discuss food related complaints. Management confirmed that this action had not been completed. Following feedback, management committed to actions to address concerns relating to food related complaints. Actions included the encouragement of recording of food related feedback and complaints. A meeting was to be scheduled within two weeks, to engage consumers in the development of strategies to resolve food related complaints.

In coming to a decision of Compliance in this Requirement, I have considered the immediate action taken by the Approved provider to address concerns related to food satisfaction.

Standard 7

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| Human resources | | |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |

Findings

Requirement 7(3)(a) The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.

The service demonstrated strategic workforce planning enabled the delivery of safe and quality care and services. Consumers and representatives considered there were enough staff at the service to meet consumer needs. Management demonstrated contingency plans in the event of staff shortages.

Staff across various roles stated there were adequate staff to provide care and services in accordance with consumers’ needs and preferences and staff generally had sufficient time to undertake their allocated tasks and responsibilities. Staff confirmed management were proactive at using casual or agency staff to help ensure unplanned leave did not impact care delivery.

The service employed a mix of registered and care staff. Recruitment was on-going, and management provided strategies to replace staff on planned and unplanned leave, including extending shifts, offering additional shifts and engagement of agency staff. The service used a roster for permanent staff and filled the remaining shifts with casual or agency staff. Unfilled shifts were advertised to staff using an electronic rostering application, if shifts remained unfilled or emergent leave arises, management would pre-book agency staff to minimise the risk of short staffing.

While medication administration was delayed for some consumers in relation to time sensitive medication, it is my decision this is not related to workforce pressures. Therefore, this Requirement is Compliant.

Requirement 7(3)(c) The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

Consumers and representatives felt the workforce was competent and staff had the knowledge to deliver care and services that meet the needs and preferences of consumers. Consumers and representatives were confident with staff’s ability in providing their care and services, the staff knew what they were doing, and consumers felt safe when staff were providing care and services to them. Staff received support and assistance to ensure they had the skills and knowledge to undertake their roles and received additional education and training as required.

Staff received orientation upon commencement at the service and completed supervised shifts across all rostered shifts. New staff provided evidence of qualifications to the organisation prior to commencement. Police checks and Australian Health Practitioner Regulation Agency expiry dates were recorded within a register. The service’s police check register identified all staff criminal record checks were up to date.

Staff competency was determined through line manager feedback, performance assessments, consumer and representative feedback, surveys and reviews of clinical records and care delivery.

Medication administration refresher training was planned to be completed by 30 November 2023; however, this had not been provided to all staff. Deficits were identified in the administration of time sensitive medication. Following feedback management committed to the completion of medication administration refresher training, and the Approved provider’s response to the Assessment contact report indicated this education would be completed by 31 January 2024.

A decision of compliance for this Requirement is granted based on consumer and representative feedback in relation to staff competency.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)