Performance

Report

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| Name of service: | Performance report date: |
| Florence Price Gardens | 14 June 2022 |
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| RSL Lifecare Limited | 17 May 2022 to 19 May 2022 |

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 considered by Dean Saunders, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 site audit report which was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

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.

* Requirement 7(3)(d) Workforce induction processes must be amended so that the mandatory onboarding programs are undertaken by staff.
* Requirement 7(3)(e) Organisational workforce annual appraisals should be undertaken as intended.
* Requirement 8(3)(c) Governance systems need to extend to information management and identify the deficits that may arise there.

# Standard 1

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| Consumer dignity and choice | | Compliant |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

## Findings

Consumers/representatives sampled said consumers feel safe in the service and their culture is respected, with staff acknowledging preferences for a range of matters. Staff have modified care and services to support consumers from other cultures by respecting preferences and making food from other cultures. Wings of the service have been named after battles as a cultural show of respect to the veteran soldiers residing at the service.

Consumers/representatives described how consumers were supported to exercise choice and independence in decisions about their care, services and others’ involvement, communicate decisions and maintain relationships of choice. Consumers’ files identified consumers’ choices and their preferred level of independence. Observations demonstrated consumers interacting with other consumers, representatives, management and staff of their choice.

Consumers/representatives indicated, and staff confirmed, how consumers are supported to take risks to enable them to live the best life they can. Consumers were observed participating in activities involving risk.

Consumers/representatives advised they receive up to date information about activities, meals, COVID-19 and other events happening in the service. Staff advise consumers of changes to their appointments, and observations supported this. Posters and flyers of upcoming activities were observed on noticeboards and in rooms. The consumer meeting provided up to date information on staff and consumers who had joined or left the service, feedback and complaints, continuous improvement activities and service performance against the clinical and quality indicators. Minutes of these meetings are made available to interested consumers/representatives who could not attend.

Consumers/representatives said they are confident their information is kept confidential. Care staff described how they maintain a consumer’s privacy when providing care. Staff described keeping computers locked and using passwords to access consumer’s personal information. Staff were observed knocking on bedroom doors and awaiting response before entering and to close office doors when talking to the Assessment Team about consumers. The service has a privacy policy.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

## Findings

The Assessment Team reviewed consumer files which demonstrated effective, comprehensive assessment and care planning processes to identify the needs, goals and preferences of consumers sampled, including any identified risks. Care planning documentation reviewed is individualised and includes identified risks to each consumer’s health and well-being. Consumers/ representatives sampled said they are involved in the assessment and care planning processes upon entry to the service and on an ongoing basis. Registered staff stated the outcomes of assessments are documented in care and services plans and discussed with care staff, which guide them in the delivery of safe and effective care. The organisation has developed policies and procedures to guide staff practice in relation to assessment and care planning. A review of incidents found that these are recorded and investigated, and care and service plans are reviewed and changed whenever a risk is identified.

For consumers sampled, care planning documentation details consumers’ current needs, goals and preferences and includes advance care and end of life (EOL) planning for consumers. Consumers/ representatives expressed their satisfaction with the care delivered by staff to consumers, which is in line with their needs and preferences. Consumers/representatives told the Assessment Team, staff involve them in the assessment and planning of the care. Consumers said they had discussed end of life wishes with the service. Registered staff described how they approach EOL conversations with consumers on admission, at review conferences or sooner if required.

Care planning documentation reviewed reflected consumers, and/or their representatives are involved in the assessment, planning and review of the consumer’s care and services. Care planning documentation identified others are involved such as the medical officers (MOs), allied health professionals (AHPs) and specialists in wound care, diabetes and dementia care are involved where necessary.

Consumers confirmed staff have explained information about the assessment outcome in plain language that they can understand, and the service involves them in care planning/review processes and keeps them informed of any changes identified. Consumers confirmed they have been offered a copy of the care plan. The Assessment Team observed care planning documentation to be readily available to staff delivering care, and staff accessing consumers’ care and service plans and information electronically.

Review of care planning documentation for sampled consumers identifies 6 monthly review and case conferences are conducted on a regular basis and when there are changes in a consumer’s condition. Consumers confirmed that care and services are regularly reviewed when the circumstances have changed or when incidents impact on the needs, goals or preferences of the consumer.

Staff told the Assessment Team that assessments and care plans are reviewed at 6 monthly intervals or sooner if there is a change in a consumer’s care requirement.

# Standard 3

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| Personal care and clinical care | | Compliant |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | 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 |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

## Findings

At audit the Assessment Team found that care was individualised, safe, effective and tailored to the needs of consumers. Consumers were satisfied they are receiving care that is safe and right for them and that meets their needs and preferences. Service provision in relation restrictive practices, skin integrity and pain management were specifically examined and found to be sound.

High impact or high prevalence risks such as falls, weight loss, swallowing difficulties, behaviours and infections were well managed.

For consumers sampled, care planning documentation included advance care planning and the needs goals and preferences of consumers for end of life care. Consumers/representatives interviewed expressed confidence that when the consumer needs end of life care, the service will support them to be as free as possible from pain and to have those important to them with them.

A review of clinical documentation for a range of consumers disclosed deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is responded to in a timely manner. The assessment and escalation process was well understood by staff.

Information is specific to individual consumers, such as wound care that requires attention, routine blood glucose levels (BGLs), mobility aids required, nutritional requirements and hygiene preferences. Consumers/representatives sampled said the consumer’s care needs and preferences are effectively communicated between staff and they receive the care they need.

Referrals to dieticians, physiotherapists, dementia specialists and medical officers were made when needed and consumers considered that referrals were timely and otherwise appropriate.

Infection related risks were found to be minimised in relation to both standard precautions and antibiotic prescribing.

# Standard 4

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| Services and supports for daily living | | Compliant |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

## Findings

Consumers receive safe and effective services that maintain their independence in daily tasks, such as showering, and activities of interest. Staff outlined their knowledge of consumers’ needs and activities that support their quality of life like consumers who like to look after their own personal cares, play instruments or walk beside the river.

Consumers/representatives advised consumers receive emotional, spiritual and psychological support from staff, family, psychologists or church ministers. Staff and management named consumers who receive psychology services or attend church services and how important days that impact many consumers, such as ANZAC day, are honoured. Care plans indicate consumers’ individual emotional support strategies.

Consumers/representatives are satisfied with and enjoy the activities the service has available, are able to access their community through taxis or the services’ bus and are supported to keep in touch with people who are important to them. Staff outlined the numerous activities available and how they support consumers who do not attend activities. Numerous activities, well attended by consumers, were observed during the Assessment contact.

Consumers/representatives advised, and staff confirmed, the service engages with disability, dementia and vision support services, when required or requested. Staff outlined how disability services support a consumer meet their needs.

Most consumers advised they liked the food and there was sufficient choice, quality and quantity.

Consumers/representatives sampled indicated they felt comfortable raising issues if their mobility or other equipment needed fixing, knew the process of reporting an issue and were confident the service would repair any items consumers used. Equipment used for activities of daily living was observed to be safe, suitable, clean and well-maintained.

# Standard 5

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| Organisation’s service environment | | Compliant |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

## Findings

Consumers feel safe, feel they belong as part of the community of the service and their ensuited rooms can include furniture and other personal items. The service has an abundance of natural light, is not malodourous, is decorated with artwork appropriate to the consumers and is spacious enough to allow consumers to spend time by themselves or with others.

Consumers are satisfied with the cleanliness and maintenance of the service and their ability to move freely within and outside the service. Staff have a regular schedule for cleaning and maintenance and can indicate improvements made to the service to optimise movement between inside and outside. The service environment was observed to be clean and well-maintained, with automatic doors to balconies and garden areas. The service had a designated smoking area, and many consumers smoked in a gazebo away from the building.

Most consumers are satisfied with the suitability and maintenance of the furniture, fittings and equipment. Staff are able to explain how they request ad hoc maintenance and cleaning and also what regular cleaning and maintenance occurs.

**Standard 6**

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| Feedback and complaints | | Compliant |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

## Findings

Consumers/representatives were aware of how to make a complaint and knew how to complete complaint and feedback forms. Some consumers said they speak directly with management regarding any issues they may have, and other consumers said they provide feedback during monthly consumer meetings. The service’s feedback and complaints register identifies consumers are raising complaints with the service.

Whilst advocate services were not typically used, consumers stated they were aware of the availability of the services. The service has brochures and signage promoting advocacy services throughout the service.

Consumers/representatives said when they have raised a complaint, they have found management and staff to be approachable in working towards a resolution and were consistent in providing feedback in a timely manner. Consumers/representatives said management and staff apologise to them when things go wrong.

Consumers/representatives sampled who had submitted a complaint said changes had been made at the service in response to their complaints, some changes were individual, and some were changes regarding the environment of the service. The service analyses trends from consumer feedback and complaints and subsequently identifies improvements.

**Standard 7**

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| Human resources | | Non-Compliant |
| 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)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | 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 |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Non-compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Non-compliant |

## Findings

Consumers/representatives said there were adequate clinical, care and service staff rostered to assist with personal cares when they needed it and that staff respond to their call bell requests in a timely manner. Management and staff said there are enough staff and the right mix of staff to plan and deliver care and services to ensure consumers get safe and quality care.

Consumers/representatives said staff treat consumers with kindness and care and are very respectful of the choices they make and that they are like family. Staff said they respect the care and service choice of consumers and would report to their supervisor if another staff member was disrespectful or unkind to a consumer

Consumers/representative said they were satisfied with the skills, capability and knowledge of both clinical and care staff. Staff said they have qualifications to work within their skillset and are supported by management and their supervisor should they require further information.

Processes for staff induction and onboarding are undergoing improvements. Presently mandatory training modules in relation to the Aged Care Quality Standards, fire and evacuation and manual handling cannot be confirmed as being up to date. This is impacted by difficulties with information management as addressed below under Standard 8.

Staff annual appraisals are not current for approximately half of staff. Some processes are being reviewed and consolidated and the service has been impacted by external factors also.

**Standard 8**

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| Organisational governance | | Non-compliant |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Non-compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

## Findings

Consumers/representatives said they have ongoing input in how consumers care, and services are delivered and that they felt the service encourages their participation when making decisions. Staff said consumers are asked to provide feedback about any developments occurring within the service.

Management said, and evidence identified, the organisation has a governing body that understands the care and service needs of consumers and ensures quality, safety and cultural goals are actioned within the organisation. The organisation has a strategic plan and monitors through reporting, the direction and improvements of the organisation.

The service information management systems used to record staff training and staff performance appraisals has not been used since November 2021 as it is not fit for purpose. Management confirmed that the system was not recording accurate information of the modules that staff were completing. The information management system (following feedback from the Assessment Team) used for training would be reviewed to ensure all information entered was able to be substantiated for monitoring and completion. It is inferred that the presence of these issues and the non-rectification establishes the lack of an effective governance system in relation to information management.

The service has risk management systems implemented to monitor and assess high impact or high prevalence risks associated with care of consumers. Staff spoke of the organisation’s policies used to identify and manage risk and training received for elder abuse and managing and preventing incidents.

The service has a clinical governance framework which has been implemented at the service that includes, policies and procedures relating to clinical governance, antimicrobial stewardship, minimising the use of restrictive practice, complaints and open disclosure. Records identified restraint is used as a last resort to ensure the safety and wellbeing of consumers. Staff spoke of policies and procedures to guidance in providing care to consumers.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)