Performance

Report

**1800 951 822**

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| Name of service: | Florence Price Gardens |
| Service address: | 11 Hackett Lane BALLINA 2478 |
| Commission ID: | 2681 |
| Approved provider: | RSL Lifecare Ltd |
| Activity type: | Assessment contact |
| Activity date: | 6 September 2022 |
| Performance report date: | 14 September 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 prepared by Dean Saunders, 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.

# Material relied on

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

* the assessment team’s report for the assessment contact; the assessment contact report was informed by review of documents and interviews with management.

# Assessment summary

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| Standard 7 Human resources | Not applicable as not all requirements have been assessed |
| Standard 8 Organisational governance | Not applicable as not all requirements have been assessed |

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

At site audit in May 2022 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. Consumers/representative said they were satisfied with the skills, capability and knowledge of both clinical and care staff.

Processes for staff induction and onboarding were, in May, undergoing improvements. Mandatory training modules in relation to the Aged Care Quality Standards, fire and evacuation and manual handling were not up to date.

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

During the current assessment contact management demonstrated that staff receive education and training in both mandatory and non-mandatory topics in line with education required to ensure staff can deliver outcomes required by the Quality Standards. This includes education and training in the Quality Standards, manual handling, evacuation and fire.

Management demonstrated effective monitoring of staff education through the service’s Learning and Development Management team to ensure staff compliance with mandatory education.

Since the site audit the service has undertaken education and training for all staff in mandatory training with training records evidencing 97% of staff have completed education and training in all mandatory topics including manual handling, fire training and the quality standards. A weekly monitoring e-learning report is generated for the service to update the Facility Manager on staff training compliance. The Learning and Development team meet monthly with the Facility Manager and Regional Manager to monitor the service is compliant with staff training and education.

This evidence supports that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. Requirement 7(3)(d) is compliant.

During the current assessment contact management demonstrated that effective processes are in place to enable the regular assessment, monitoring and review of the performance of each member of the workforce. All staff have received their appraisal in line with the annual appraisal system with 6 staff identified as not having an appraisal currently on leave. New staff receive probationary appraisals between 3 to 5 months and then annually in line with permanent staff.

Since the site audit the service all staff have received an appraisal of performance. The Facility Manager has established an on-line diary of all completed and due appraisals enabling alerts to be sent to those staff whose appraisals are due to be completed.

This evidence supports regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. Requirement 7(3)(e) is compliant.

# Standard 8

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| Organisational governance | |  |
| 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. | Compliant |

Findings

At site audit in May 2022 consumers/representatives said they had 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 had 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 had a strategic plan and monitors through reporting, the direction and improvements of the organisation.

The service had 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 had a clinical governance framework which had 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.

However the service information management systems used to record staff training and staff performance appraisals had not been used since November 2021 as it was not fit for purpose. Management confirmed that the system was not recording accurate information of the modules that staff were completing.

At the current assessment contact management demonstrated an information management system to maintain the effective storing and sharing of information in relation to records for staff mandatory education and performance appraisal systems.

Since the site audit the service’s Learning and Development team have monitored all staff compliance through their records of staff training and education log. Previously the system was based on staff names with conflicting information of records not corresponding to each staff member due to the system not recognising staff correctly. All staff records are now based on staff payroll numbers which ensures the accuracy of staff records. The organisation has established a staff appraisal spreadsheet that is maintained by the organisations HR area who monitor staff compliance with them providing weekly updates to the service on the status of compliance with the annual appraisal system. The appraisal system is supported by the on-site Facility Managers on-line diary records to ensure compliance with staff appraisal systems.

For this reason I find requirement 7(3)(e) compliant.

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