Performance

Report

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| Name of service: | Fronditha Anesi Aged Care Services - Thornbury |
| Service address: | 335 Station Street THORNBURY VIC 3071 |
| Commission ID: | 4535 |
| Approved provider: | Fronditha Care |
| Activity type: | Site Audit |
| Activity date: | 2 November 2022 to 4 November 2022 |
| Performance report date: | 14 December 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 Fronditha Anesi Aged Care Services - Thornbury (**the service**) has been prepared by M. Nassif, 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 site audit, the Site Audit 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 28 November 2022.

**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 | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

**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 1

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| Consumer dignity and choice | |  |
| 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**

Staff demonstrated awareness of consumers’ backgrounds and described ways they enable and support consumers’ choices and preferences. Care planning documents included information on the background, identity and culture of consumers. Consumers reported that treated with dignity and respect by staff, with their identity and culture valued.

Consumers and representatives provided examples of how staff support consumers to meet their cultural preferences. Staff demonstrated knowledge of consumers’ identity and were able to articulate how they ensure consumers’ cultural identity is respected.

Consumers reported they were able to make decisions about the people involved in their care and the way care and services are delivered. Staff described consumers maintained relationships of choice through outings with family and friends and attending community activities. Staff were observed offering choices to consumers prior to providing care and services.

Consumers and representatives said the service enabled consumers to take risks to encourage consumers to live their best life. Staff were aware of consumers who wanted to take risks and demonstrated how they support them. Staff were observed discussing information at handover to support consumer choices. Care planning documents included risk assessments to support consumers to take risks.

Consumers and representatives indicated they receive information in the form they prefer to enable them to choose. Staff explained different strategies used for communicating with consumers.

Consumers were satisfied that their privacy is respected. Staff were observed being respectful to the consumers and knocking on doors before entering their rooms. The service had a privacy policy which guides staff practice.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| 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**

Staff indicated that assessment outcomes are reflected in the care planning documents, which guides them in the safe and effective care of consumers. Consumers and representatives reported they are satisfied with how the risks are identified and managed to promote their independence and safety. Care planning documents identified high impact and high prevalence risks to consumers.

Care planning documents contained advance care directives that identified consumer wishes and preferences regarding end-of-life care. Consumer and representatives said they had the opportunity to discuss their current care needs, goals and preferences, including advance care planning and end of life care. Staff described what is important to consumers in terms of how their care is delivered.

Consumers and representatives stated that assessments and care planning is based on partnership. Staff described the process of referring consumers to relevant allied health professionals. Care planning documents identified consumers and their representatives were consulted in assessments and care planning and included input from other health professionals.

Staff explained the process of accessing care planning documents on the electronic system and how they communicate outcomes of assessments to the consumers/representatives. Consumers and representatives reported they are informed about the outcomes of assessment and planning and have access to care and services plan. Care planning documents reflected they are frequently updated and are relevant to consumer’s needs, goals and preferences.

Care planning documents reflected reviews occur when an incident occurs or when a change to consumers’ health and well-being are identified. Staff were familiar with the reporting and recording of incidents policy and procedures.

# Standard 3

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| Personal care and clinical care | |  |
| 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**

Consumers and representatives said consumers receive personal and clinical care that meets their needs and preferences. Care planning documents reflected consumers receive individualised care that is tailored, safe and effective. Consumers subject to restrictive practices had appropriate consent and reviews in place. Staff demonstrated understanding of consumers’ personal and clinical care needs.

Care planning documents identified risks to each consumer and effective strategies to manage those risks. Consumers and representatives were satisfied that high impact or high prevalence risks are effectively managed.

Consumers and representatives expressed confidence that when the consumer needs end of life care the service will support them to be as comfortable as possible. Care planning documents included advance care planning and the needs, goals and preferences for consumers’ end of life care.

Care planning documents demonstrated deterioration in a consumer’s health, capacity and function is recognised and responded to in a timely manner. Consumers and representatives were satisfied with the delivery of care, including the recognition or deterioration or changes in consumers’ conditions. Staff provided examples of when a deterioration or change in a consumer’s condition was recognised and responded to.

Consumers and representatives were satisfied that consumers needs and preferences are effectively communicated between staff, and they receive the care they need. Staff reported various ways how changes in consumers care and services are communicated, which included handover, via documentation in consumers’ care plans, progress notes and staff meetings.

Consumers and representatives said referrals are timely, appropriate and occur when needed. Care planning documents reflected referrals occur to medical officers and other health professionals. The service had procedures that included guidance for staff on working collaboratively with others and to support consumer access to other organisations, services or individuals through the referral process.

The service had documented policies and procedures to support the minimisation of infection-related risks through the implementation of infection control principles and the promotion of antimicrobial stewardship. Training records evidenced staff education on infection control practices and antimicrobial stewardship. Staff were observed to practice good infection control technique. Management provided an overview of the infection control management within the service.

# Standard 4

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| Services and supports for daily living | |  |
| 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 said they are supported by the service and are able to participate in activities of interest to them. Staff demonstrated understanding of how consumers are assisted to optimise their independence. Care planning documents included information identified each consumers’ services and supports for daily living that meet their goals and preferences.

Consumers and representatives considered consumers’ emotional, spiritual and psychological well-being is supported. Care planning documents included information regarding the emotional, spiritual, and psychological needs of the individual consumers, and strategies to promote their well-being. Staff provided examples of how they support consumers’ emotional and psychological well-being.

Care planning documents identified the people who are important to consumers and how they are supported participate in activities and maintain relationships of choice. Consumers felt supported to participate in the community within and outside the service.

Consumers said that services and supports are consistent and that staff and other persons delivering care and services were aware of their needs and preferences. Care planning documents included adequate information to support effective and safe care with respect to services and supports for daily living. Staff advised consumer care and other needs are shared internally at handovers and recorded in the service’s electronic documentation system.

Care planning documents evidenced that the service works in conjunction with other organisations and individuals to supplement the services and supports for daily living offered to consumers. Staff provided examples when consumers were referred to other providers of care and services. Consumers said when the service is unable to provide suitable support, they are confident they would be appropriately referred to an external provider.

Consumers said meals provided are varied and of suitable quality and quantity. Consumers are offered a range of other options where the options are not to their liking. Staff described how they meet consumers’ dietary needs and preferences. The service had documented processes and systems in place to include consumers in the development of the menu and to provide feedback on the quality of the food provided.

Consumers said that they feel safe when they are using the equipment and they know how to report any concerns they have and confirmed maintenance officers attend to issues quickly and efficiently. Equipment provided was observed to be safe, suitable, clean, and well maintained.

# Standard 5

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| Organisation’s service environment | |  |
| 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 said they feel at home and that the service optimises their sense of belonging and independence. Consumers were able to personalize and decorate their rooms according to their preference. The service environment was observed to be welcoming and safe with appropriate signage to provide direction and handrails available to optimise independent mobility.

Consumers and representatives said they consider the service environment to be safe and comfortable. The service was observed to be clean and well-maintained. Consumers in the memory support unit were able to able to freely access the outdoor area and could leave the service with assistance from nominated representatives.

Consumers and representatives said no concerns in relation to maintenance. Review of maintenance records demonstrated regular maintenance of equipment. Staff demonstrated how maintenance and preventative issues are reported.

# Standard 6

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| Feedback and complaints | |  |
| 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**

The Assessment Team recommended Requirement 6(3)(d) was not met. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit report and the provider’s response and my findings are:

Regarding Requirement 6(3)(d), the Site Audit report identified the following deficiencies:

* No actions were documented for any improvements for care and services that were identified in 2021 annual satisfaction survey responses.
* Plan for Continuous Improvement did not reflect any actions resulting from feedback and complaints.
* Feedback and complaints data is not included as a standing agenda item or routinely discussed at an executive level, nor are any improvement activities that might result from this data.

The provider’s response provided the following clarifying information and documented evidence in relation to the above deficiencies in support of compliance:

* The provider advised that the concerns raised were addressed in real time during the Site Audit and the service has already implemented changes to their Continuous Improvement Action Plan in this regard.
* The provider noted that the service has already made specific improvements to its feedback and complaints system through introduction of an interactive feedback and complaints system since July 2022. This new system has provided greater engagement with respect to feedback process, enabling the service to share positive comments organisation wide and make immediate changes where required to improve service delivery.
* The new feedback system provides the Executive and Board with reports for monitoring of performance, support compliance and enables addressing emerging issues in real time.

I am persuaded by the information provided in the response and have also considered the positive feedback from representatives that they felt feedback and complaints provided were used to improve the quality of care and services. Therefore, on the balance of the evidence before me, I find Requirement 6(3)(d) compliant.

I am satisfied that the remaining 3 requirements of Quality Standard 6 are compliant.

Staff described the feedback and complaint mechanisms available to consumers and how they support consumers and representatives to make complaints. Consumers and representatives said they are encouraged to provide feedback and complaints and feel comfortable in doing so.

Staff described how they provide information to consumers and representatives in relation to advocacy services and external complaints services, such as through the admission process. Consumers and representatives were aware of various methods for raising and resolving complaints. Documentation confirmed that information on complaint process and advocacy services are provided to consumers in various formats, such as posters, brochures and in the consumer handbook.

Consumers and representatives were satisfied that appropriate action was taken by the staff and management in response to feedback and complaints. Staff demonstrated an understanding of using an open disclosure process.

# 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)(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. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

## **Findings**

Consumers said there were adequate staff rostered and were satisfied with the quality of staff and care provided. Staff said staffing is adequate for meeting consumer needs. Review of fortnightly roster showed a few shifts were unfilled, however management and staff responded to advise that they adjust the staff allocations accordingly and utilise nursing staff to ensure appropriate staff combinations for safe care delivery.

Consumers and representatives reported that staff engaged with them in a respectful, kind, and caring manner. Staff interactions with consumers were observed to be kind, caring, and respectful.

Consumers and representatives were confident that staff are sufficiently skilled to meet their care needs. Documents evidenced that staff have the relevant qualifications to perform their duties outlined in their position descriptions. Staff members felt they were competent to provide the care the consumers needed at the service and outlined mandatory training and competency assessments they are required to undertake on an annual basis.

Consumers and representatives felt staff know what they are doing and could not think of any additional training for staff. Training records reflected high completion rates of required training. Staff described the orientation process and training requirements, both mandatory and those specific to their role.

Staff described having annual performance reviews. Management detailed the process followed for performance appraisals and confirmed performance appraisals, mandatory training and competency assessments are conducted annually.

# Standard 8

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| Organisational governance | |  |
| 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. | 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**

The Assessment Team recommended Requirements 8(3)(a) and 8(3)(c) was not met. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit report and the provider’s response and my findings are:

Regarding Requirement 8(3)(a), the Site Audit report brought forward the following deficiencies:

* Consumers and representatives are not invited for specific input around improvements or projects happening at the service;
* Meeting minutes reviewed do not evidence that the board receives regular reports that reflect the outcomes of consumer engagement activities.

The provider’s response provided clarifying information that indicated the service has effective systems in place to encourage consumer and representative feedback such as the new feedback system which provides various reports to the Executive and the Boards to enable addressing emerging issues in real time.

The response included meeting minutes evidencing meetings with consumers/representatives are held. The response noted that consumers and representatives have been invited to provide feedback and input in relation to the refurbishment project and have been informed about the ongoing progress and provided other examples such as inviting input into the new menu.

I am persuaded by the provider’s response which demonstrated consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. Therefore, based on the balance of the evidence before me, I find Requirement 8(3)(a) compliant.

Regarding Requirement 8(3)(c), the Site Audit report identified that the service did not demonstrate compliance with restrictive practices legislation specifically in regard to environmental restraint. The service did not demonstrate that consumers subject to environmental restraint were being identified, consultation had occurred with the consumers and/or representatives, authorisation and consent had been obtained or that documentation of these processes was in place.

The Site Audit report further noted that this feedback was provided to the service and service immediately reviewed consumers subject to environmental restraint and commenced the consultation process with representatives, which was documented on the appropriate assessment and authorisation form. This was also added as an improvement activity to the plan for continuous improvement by the service.

The provider’s response further clarified that the environmental restraint was used for the safety of consumers’ who were still able to move around freely with the assistance of staff. Evidence under Requirement 5(3)(b) of the Site Audit report also provided that consumers can leave the service with the assistance of their representative. The provider’s response noted that the service has not had a single complaint or issue raised relating to environmental restraint.

The Site Audit report did not bring forward evidence of impacts on consumers as a result of the environmental restraint. The evidence presented under this Requirement is insufficient alone to support the service does not have effective organisation wide governance systems in relation to regulatory compliance. Therefore, based on the balance of the evidence before me, I find Requirement 8(3)(c) compliant.

I am satisfied the remaining 3 requirements of Quality Standard 8 are compliant.

The organisation’s policies and procedures included information as to how the governing body promoted a culture of safe, inclusive and quality care and services, which was evident throughout the documentation detailed in committee reports. Consumers and representatives felt the organisation does promote a culture of safe, inclusive and quality care and is accountable for its delivery.

The service had a risk management framework which included policies to guide management and staff in risk management. Staff explained the processes of risk management at the service, including key areas of risk that had been identified and mitigated. Review of documentation, such as incident reports, demonstrated appropriate actions taken by the service regarding follow-up and reporting requirements.

The service had organisational policies relating to antimicrobial stewardship, minimising the use of restraint, and open disclosure. Staff described processes in relation to the clinical governance framework, such as minimising restrictive practices, implementing antimicrobial stewardship strategies and providing open disclosure to consumers and representatives when things go wrong.

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