Performance

Report

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| Name of service: | Fronditha Clayton Aged Care |
| Service address: | 94 Springs Road CLAYTON SOUTH VIC 3169 |
| Commission ID: | 3642 |
| Approved provider: | Fronditha Care |
| Activity type: | Site Audit |
| Activity date: | 27 February 2023 to 1 March 2023 |
| Performance report date: | 8 April 2023 |

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 Clayton Aged Care (**the service**) has been prepared by M. Frost, 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 consumers, representatives, and others.
* Other information and intelligence held by the Commission in relation to this service.

# 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

Consumers said they were treated with dignity and respect by staff, and their diversity and culture was valued and celebrated. Staff demonstrated an understanding of consumers’ care preferences and individuality, and provided examples of how they supported consumers’ belief systems.

Consumers considered their culture, values, and beliefs were supported by the service. Care planning documents contained strategies and relevant information to guide staff in the delivery of culturally safe, inclusive care and services. Staff were familiar with consumers’ cultural preferences and provided examples of how they tailored care and services, such as conversing with consumers in their preferred language.

Consumers said they were supported to make decisions that were right for them, be independent, and maintain personal and social relationships. Staff provided examples of how consumers were supported to make and communicate their decisions, and involve others in their care. Consumers were observed socialising and spending time with family members and others.

Consumers explained how they were supported to live the life of their choosing, and do things important to them. Staff identified things consumers wanted to do with an element of risk, and explained how they supported consumers to understand benefits and potential harm associated with risk. Care planning documents included risk assessments to support consumers to do things they wanted to do, in line with the service’s policy.

Consumers said information was provided in an easy to understand manner and helped them to make informed choices. Documentation demonstrated the service communicated with consumers in a timely manner. Staff explained how they tailored communication for consumers individual needs, such as using cue cards, non-verbal cues, and speaking slowly.

Consumers said, and observations confirmed, staff respected consumers’ privacy, such as knocking on the door before entering a consumer’s room. Staff explained how they maintained consumer confidentiality by applying password protection to electronic records.

# 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

Consumers’ care needs were considered through collaborative assessment and planning processes, with consumers, representatives, and others. Care planning documents confirmed risk assessments were conducted to identify and manage risks to consumers’ health and well-being, consistent with the service’s policies and procedures.

Care planning documents demonstrated consumer’s needs, goals, and preferences, including advance care and end of life wishes, were considered by the service. Staff explained conversations around end of life care planning were held in a sensitive, person-centred approach, with consideration to consumers’ cultural background and belief systems.

Consumers and their representatives confirmed they were involved in care planning processes. Staff feedback and care plans evidenced other providers gave input into in assessment and planning processes, such as allied health professionals, specialists, and nurse consultants.

Consumers and their representatives confirmed they can access the consumer’s care plan. Staff explained information about assessment and planning was shared with others in various ways such as through care documents and verbal communication.

Staff explained care and services were regularly reviewed, including when circumstances changed, through collaboration with consumers and representatives, and multidisciplinary services and providers. Care planning documents evidenced care and services were regularly reviewed for effectiveness, consistent with policies 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 their representatives considered consumers were well cared for. Staff provided examples of how they delivered care in a way which was best practice, and responsive to the needs and preferences of consumers. Care plans demonstrated personal and clinical care was aligned to best practice, and tailored to consumers’ needs to optimise health and well-being, including for use of restrictive practices, skin integrity care, pain and medication management.

Staff identified high impact, high prevalence risks associated with care, such as falls and COVID-19, and explained how these risks were managed. Documentation confirmed the risks were effectively managed in line with policies and procedures.

Care planning documents demonstrated consumers’ needs, goals, preferences and end of life wishes were considered. Staff explained how they supported consumers nearing end of life, including a responsive and person-centred approach. Staff were guided in the delivery of end of life care through policy and procedures.

Consumers and their representatives provided examples of how changes to care needs were recognised and responded to in a timely manner. Documentation and observations demonstrated changes to consumers’ condition were appropriately managed through assessment, referral, escalation, and communication processes.

Staff demonstrated knowledge of consumers’ needs and preferences and explained how they shared information with others to guide the delivery of care and services, such as through care documents and verbal communication. Care planning documents evidenced information was shared within and outside the service as appropriate.

Consumers and their representatives confirmed consumers had access to other health professionals as required. Documentation demonstrated appropriate and timely referrals to other care providers.

Staff explained how they implemented practices to minimise infection related risks, such as maintaining hand hygiene and obtaining pathology results for consumers to manage use of antibiotics. Staff were observed following infection prevention measures in line with the service’s policies.

# 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 |

Finding

Consumers said services and supports for daily living met their needs, goals, and preferences. Staff explained assessment and planning processes assisted in capturing consumers’ lifestyle and daily living needs.

Consumers described how the service supported their emotional, spiritual, and psychological well-being, such as through staff spending one on one time with them and engaging in conversation when they were feeling low. Staff explained how they supported consumers’ well-being in various ways, such as assisting them to practice their religion. Emotional support strategies and preferences in care planning documents aligned with consumers’ feedback.

Consumers said they were supported to keep in touch with family and friends, and do things of interest to them. Staff provided examples of how they helped consumers keep in contact and maintain connections people important to them, such as phone calls, online communication, and face to face visits. Consumers were observed doing things of interest and spending time with others, consistent with consumers’ feedback.

Staff said they shared information about consumers’ needs, preferences, or changes to consumers’ condition through verbal and documented handover processes. Records demonstrated there was adequate information available to support staff and others in the delivery of consumers’ care.

Staff explained how they worked with other services and providers to supplement activities available at the service, such as entertainment and social visits. Care planning documents demonstrated referrals were completed in an appropriate manner to support consumers’ lifestyle and daily living needs.

Consumers provided feedback reflecting meals were suitable, and requests for alternative meals were accommodated. Staff feedback and documentation demonstrated the service had systems in place to provide quality meals in line with consumers’ preferences and dietary requirements. Staff were observed assisting consumers with their meals and offering choices.

Supplies and equipment needed to support consumers’ daily living were readily available. Staff feedback and documentation confirmed the service had appropriate maintenance and cleaning systems in place to upkeep the safety and suitability of equipment.

# 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 considered the service was easy to navigate, including with mobility equipment, and considered the service to be home. The service environment was observed to support consumers’ interaction and function, with wide well-lit spaces and handrails to assist consumers. Consumers’ rooms were observed to be personalised with pictures, personal items and furniture.

Consumers provided complimentary feedback about the service environment cleanliness and maintenance. Consumers were observed using various communal areas within and outside the service, including the gardens. Staff feedback and maintenance documentation demonstrated the service had appropriate systems and processes in place to maintain the safety and cleanliness of the service environment, furniture, and equipment.

Consumers said they felt safe with the equipment, and found furniture and fittings were appropriate to meet their individual requirements. Various equipment and furniture options were observed to help consumers different needs, and were well maintained and clean.

# 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

Consumers and their representatives said they were able to provide feedback or complaints through direct communication with staff, or submitting a form. Staff explained the various ways they supported consumers and representatives to provide feedback or complaints, such as using online or paper complaint forms. Feedback and complaints forms, brochures and information were displayed.

Information about internal and external complaints and feedback avenues was observed throughout the service environment. Consumers confirmed they knew how to access advocacy, interpreter, and other services, including by referring to the consumer handbook.

Consumers and their representatives considered the service responded to their complaints in an appropriate manner through open communication, apologising, providing solutions and implementing action. Complaints and feedback documentation reflected complaints are recorded and addressed.

The service had appropriate systems and processes in place to make improvements to the quality of care and services. The continuous improvement register was informed by complaints and feedback information. Consumers and representatives confirmed feedback and complaints were reviewed and used to improve care and services.

# 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

Overall consumers and their representatives considered there were adequate staff available, and staff responded to call bells in a timely manner. Shift vacancies were filled and call bell response times were monitored. The service’s staff rosters demonstrated sufficient staff were deployed throughout different areas of the service to meet consumers’ needs.

Consumers and their representatives reflected staff treated consumers in a kind, caring, and respectful way, consistent with observations. Staff explained how they delivered care in a kind and respectful way, and learn some words of consumers’ preferred language.

Management feedback and documentation demonstrated there were adequate processes and systems in place to monitor staff competency, knowledge, and to ensure staff had the right qualifications for their role. Human resource documentation confirmed staff were recruited with the knowledge, qualifications, and credentials required for their role.

Documentation confirmed staff, including agency staff, were trained and equipped to deliver quality care.

Staff performance was monitored through assessments every 12 months, and all appraisals were up to date. If staff were to make a mistake, management would meet with them to discuss, educate, and offer training and support as needed. Consumer feedback and incident information were incorporated into staff performance appraisal processes.

# 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

Consumers and their representatives considered the service was well run, and they were engaged in decisions about care and services provided. Staff provided examples of how consumers were supported to provide input about care and services, such as meetings, surveys, and direct feedback. Meeting minutes and management feedback demonstrated improvements were made to care and services based on consumer and representative input.

Management explained the governing body was accountable for the delivery of safe, inclusive care through documented structures, processes, and policies. The board received reports to identify risks and improvement opportunities.

The service demonstrated appropriate governance systems were in place. Information was effectively managed, and complaints and feedback were utilised to inform continuous improvements. Suitable systems operated for financial and workforce governance. Regulatory compliance was maintained and changes communicated to staff.

The service demonstrated effective risk management systems were in place to address high impact and high prevalence risks, identify and respond to abuse or neglect and manage and prevent incidents.

The clinical governance framework consisted of policies and procedures covering antimicrobial stewardship, minimising the use of restrictive practices, and applying open disclosure. Staff provided examples of how they applied each policy in their work.

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-1)