Performance

Report

1800 951 822

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| Name of service: | Performance report date: |
| Fronditha Thalpori Aged Care Services – St Albans | 18 July 2022 |
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| Approved provider: | Activity date: |
| Fronditha Care | 8 June 2022 to 10 June 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 for Fronditha Thalpori Aged Care Services - St Albans (**the service**) has been considered by Melissa Frost, 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 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 11 July 2022.
* other information and intelligence held by the Commission in relation to the 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 | | 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 and their representatives said staff treat consumers with respect and dignity, and their culture and identity is valued. Staff described how they tailor care delivery based on consumers’ wishes. Care planning documents included details of consumers’ identity, preferences, and cultural practices including religious and spiritual needs.

Consumers and their representatives said consumers can maintain relationships and decide who is involved in their care. Staff described how they support consumers to make informed decisions and keep in contact with people who are important to them.

Consumers said they are supported to take risks of their choice and be independent. Staff described how they assist consumers to understand risks and make decisions. Care planning documents contain risk assessments that include mitigation strategies.

Information is provided to support consumers to make daily choices regarding their care needs and lifestyle activities. Staff described how they communicate with consumers with varied language and communication needs. The lifestyle schedule and menu are displayed, and support consumer choice.

Consumers said their privacy is respected. Staff were observed knocking on doors, asking for permission before entering and closing doors when providing care. Confidential information is secured and restricted to relevant staff, handover is conducted privately, and the nurses’ station is locked.

# 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

Care planning commences when consumers enter the service. Care plans address consumers’ current needs and preferences, including advance care and end of life planning. Staff described relevant risks and mitigation strategies implemented, consistent with care planning documents.

Consumers and their representatives said they are involved in the assessment and planning process and have access to care plans. Care planning documents reflected involvement of others, including health professionals, with strategies and recommendations documented.

Care planning documents reflected reviews occur when deterioration or changes to consumers’ health and well-being are identified. Staff described how care plan reviews occur following incidents. Scheduled reviews occur every 3 months.

# 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

Consumers and their representatives said consumers receive personal and clinical care that is safe and meets their needs. Staff described how they deliver best practice care consistent with policies. Consumers receiving psychotropic medication or subject to restrictive practices have appropriate consent, assessments and, where applicable, behaviour management plans in place. Staff monitor skin integrity, deliver care and engage wound care specialists when required. Care plans reflected how pain management is tailored to consumers’ needs.

Care plans include strategies to minimise high impact and high prevalence risks. Staff described how they manage individual consumer risks, apply the relevant strategies when delivering care and discuss risks at handover.

Staff described how they deliver care for consumers nearing end of life. Care planning documents reflected consumers’ preferences, and showed the service provides end of life care that maximises consumers’ comfort.

Care planning documentation reflected staff assess and respond to deterioration or changes in consumers’ condition. Representatives said they are notified of changes and consumers receive suitable care.

Information regarding consumers’ needs and condition is documented and shared electronically, including with other providers such as medical officers and allied health professionals. Staff share and monitor information, including when consumers move to hospital, via handover and progress notes. Timely referrals to other services occur.

Staff described how they minimise infection related risks and had a shared understanding of the service’s procedures for infection control and minimising the use of antibiotics.

# 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 are supported to engage in activities of interest to them and are provided with relevant support to promote their independence and wellbeing. Consumers described participating in a range of activities, including culturally significant events. Consumers said the service supported them to maintain their wellbeing through contact with family and friends, and by participation in activities within the service and community. Consumers were observed engaging in a variety of group and independent activities.

Staff explained what is important to consumers and their preferred activities, consistent with care planning documents. Staff tailor activities to cater for consumers’ needs, preferences and ability. They support consumers to participate in outings and maintain social and personal relationships.

Consumers said their emotional, spiritual and psychological wellbeing is supported consistent with their preferences. Care planning documents include strategies to enhance communication, social connection and fulfil spiritual needs. Staff identify changes in consumers’ mood and provide support if a consumer is feeling low. The service has a chapel where consumers can remember those who recently passed away.

Information about consumers’ condition, dietary and lifestyle activity preferences and additional support they receive is contained in care planning documents. Staff document any changes and communicate at handover. Referrals are made to other services as needed, and activities are supplemented by external volunteers and organisations.

Consumers and their representatives were satisfied with the variety, quality and quantity of meals provided at the service. Staff described how they comply with consumers’ individual dietary needs and preferences and obtain consumers’ feedback through food focus meetings. The kitchen environment was observed to be clean and relevant health and safety guidelines were adhered to by staff. Consumers requiring staff assistance with meals or specialised items were supported.

Equipment used to support consumers to engage in activities of daily living was observed to be safe, suitable, clean and well maintained. Consumers, representatives and staff said sufficient equipment is available.

# 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 and their representatives said the service environment is welcoming. Consumers said they feel comfortable and they can navigate the service easily. Consumers personalise their rooms with pictures, belongings and furnishings. Married consumers are supported and encouraged to maintain intimacy with connecting rooms.

The service environment was observed to be clean and well maintained. There are areas for consumers to spend time indoors, in the courtyard and gardens. Signage (in English and Greek) and handrails support consumers to move freely between areas. Pathways were observed to be unobstructed. Staff described cleaning and maintenance procedures, including preventative maintenance.

Furniture, fittings and equipment throughout the service were observed to be safe, clean and suitable for the use and needs of consumers. Consumers said they were satisfied with the cleanliness and safety of equipment. Staff described how shared equipment is cleaned and stored appropriately. Maintenance logs reflect equipment is cleaned and repaired, and that maintenance regularly 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

The Site Audit Report reflected all 4 requirements of this Quality Standard were not met. The Approved Provider responded on 11 July 2022, disagreed with some information and the conclusions in the Site Audit Report, and stated they met all requirements at the time of the Site Audit. They described actions taken during and following the Site Audit to address the issues raised by the Assessment Team and provided their Plan for Continuous Improvement. I acknowledge the Approved Provider’s comments regarding transition to a new electronic feedback system, which was planned prior to and occurring during the Site Audit and has since occurred.

I have considered the Assessment Team’s findings, the evidence documented in the Site Audit Report and the Approved Provider’s response and find the service compliant for all 4 requirements of this Quality Standard.

* Regarding requirement 6(3)(a):

Consumers and their representatives said they are supported and encouraged to provide feedback and complaints. The service offers options such as meetings, surveys, discussions and formal feedback forms.

The Site Audit Report reflected staff did not have a shared understanding of the service’s feedback and complaints processes, regarding paper and electronic forms, and a secured collection box was not available for paper forms until raised by the Assessment Team. The Approved Provider disputed the findings, stating staff have been trained in the complaints processes and the service was transitioning to the electronic records system with training continuing. The Approved Provider gave evidence of staff meeting minutes, prior to the Site Audit, which reflected discussion of complaints, open disclosure and the electronic system. They provided training records dated during and after the Site Audit.

The Assessment Team considered the service’s feedback policy did not reflect the electronic complaint system or give a framework for managing and consistently classifying feedback and complaints. Some negative feedback was not classified as a complaint, which impacted complaint analysis and trending processes. The Assessment Team observed verbal feedback was not included in the systems, though noted representatives said verbal complaints are generally addressed immediately.

The Approved Provider gave records showing all items in the service’s electronic feedback system were actioned. These records did not evidence that the action took place before or during the Site Audit. They provided the Compliments and Complaints register which showed items recorded prior to the Site Audit.

I accept the Approved Provider’s information regarding the service’s transition to an electronic system. While I accept some deficits were brought forward in the Site Audit Report, no systemic issues were apparent and no detriment to consumers was identified as a result of the lack of clarity around processes and policies. The service encouraged and supported consumers to provide feedback and make complaints. Therefore, I find requirement 6(3)(a) is compliant.

* Regarding requirement 6(3)(b):

The Site Audit Report reflected some consumers and their representatives were not aware of language and advocacy services, however, no impact was brought forward as a result of this, as they said they were comfortable approaching the service directly. Some printed information was available regarding advocacy services at reception and in the consumer handbook.

Staff were not aware of external complaint or language services and described approaching other Greek language speaking staff if assistance was required to communicate with consumers.

In their response, the Approved Provider said they provide culturally specific care and use of Greek-speaking staff to facilitate communication is consistent with consumers’ choices. Additional staff training was delivered following the Site Audit regarding advocacy and language services. No adverse impact was identified as a result of the service’s processes at the time of the Site Audit, and no negative consumer or representative feedback was given regarding access to language or advocacy services. Therefore, I find requirement 6(3)(b) is compliant.

* Regarding requirement 6(3)(c):

Consumers and their representatives gave mixed feedback regarding the service’s action in response to complaints. A named consumer representative experienced a delay in response to a complaint, the response was not timely, and the service’s electronic complaints system did not accurately reflect the events. This was inconsistent with the service’s described and documented processes.

The Approved Provider gave further evidence regarding the named consumer’s complaint, with a timeline of events showing action and communication occurred prior to and during the Site Audit. I consider the time elapsed in addressing this complaint reflects a deficit in complaint handling, however no further evidence was brought forward to support this being a systemic issue and there was no harm to the consumer evidenced. Therefore, I do not consider this example sufficient to determine non-compliance with this requirement.

The service’s incident records and feedback and complaints register reflected that staff generally practice an open disclosure process. However, the Site Audit Report reflected some feedback was omitted from the register and appropriate and timely action was not consistently demonstrated. Based on the evidence in the Site Audit Report, the lack of timely action was limited, and detail was not given regarding the nature and impact of omitted feedback. While I consider this evidences potential process deficits, there is insufficient evidence to support non-compliance with this requirement.

Overall the service demonstrated appropriate action is taken regarding complaints and open disclosure is used. Therefore, I find requirement 6(3)(c) is compliant.

Regarding requirement 6(3)(d):

The Site Audit Report identified feedback and complaints were not consistently categorised, details were not consistently provided regarding planned improvement actions and evaluation, and the Plan for Continuous Improvement did not reflect issues raised in complaint trends, surveys and meetings.

The Approved Provider said they explained the service’s forms and policies to the Assessment Team and consider classification of complaints is not required. They said at the time of the Site Audit, the Plan for Continuous Improvement did include relevant issues, and further updates have since been made. They said the alignment between the paper and electronic complaint systems was underway during the Site Audit.

I accept the Approved Provider’s response that a transition was in place. While some deficits were identified regarding timely update of the service’s Plan for Continuous Improvement, insufficient evidence was brought forward in the Site Audit Report to support impacts to consumers as a result. On balance feedback and complaints were being reviewed and used to inform improvements. Therefore, I consider requirement 6(3)(d) is compliant.

**Standard 7**

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

## Findings

Consumers, their representatives and staff provided mixed feedback regarding staffing levels at the service, with some negative feedback regarding the service’s memory support unit. However, no significant consumer impact was brought forward as a result. Observations and the service’s records supported that consumers are generally receiving timely care to meet their needs and preferences. The service has recruitment activities in place, and rostering processes to fill vacancies due to unplanned leave.

Consumers and their representatives said overall staff interactions are caring, kind and gentle, though noted some barriers regarding Greek language speaking consumers. Staff described how they address communication barriers. Staff were observed respecting consumers’ identity and culture.

The service has position descriptions for each role, which set out required qualifications and expectations. Registration requirements are monitored. Staff competency is evaluated through annual appraisals, analysis of audit results and clinical data. Some staff performance appraisals were overdue, however staff described receiving regular feedback and being supported to identify improvement and training opportunities.

Staff complete mandatory periodic training, including practical sessions. Training attendance is recorded and monitored, with some staff having outstanding training due at the time of the Site Audit. Further training needs are identified through complaints, performance reviews, observations and feedback. Staff described the service’s orientation and training processes and said they are relevant to their work and assist in building skills.

**Standard 8**

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| Organisational governance | | 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. | 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 the following requirement as not met:

* 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.

I have considered the Assessment Team’s findings; the evidence documented in the Site Audit Report and the Approved Provider’s response and find the service compliant for this requirement.

The service has effective governance systems in place to manage information and maintain regulatory compliance. Financial and workforce governance systems are suitable. Continuous improvement opportunities are identified through feedback, incident data analysis and audits. However, the service’s Plan for Continuous Improvement was missing some recent consumer survey feedback.

The Approved Provider responded on 11 July 2022. As reflected in Quality Standard 6, the Approved Provider considered they demonstrated suitable continuous improvement and complaint governance processes, including through proactively updating systems and procedures. As they had already identified opportunities to improve their complaint management system and had a planned transition in place which occurred during the Site Audit, I am satisfied the deficits identified by the Assessment Team were temporary and not reflective of poor governance overall. Though the Plan for Continuous Improvement lacked some initiatives listed that resulted from survey results or consumer feedback, insufficient negative feedback was brought forward in the Site Audit Report to evidence impact from this.

I consider that, in line with the comments at Quality Standard 6, the Approved Provider demonstrated their management of feedback, complaints and continuous improvement is effective and supports delivery of safe and quality care and services. Therefore, I find requirement 8(3)(c) is compliant.

Consumers and their representatives considered the organisation is well run. They said they are engaged and involved in decisions about the delivery of care and services, through consultation meetings and discussions with staff.

The governing body promotes a culture of quality care and shows accountability through regular communication, and driving change based on consumer feedback and incident data. Monthly audits regarding the service’s performance against areas of the Quality Standards are conducted, with results reviewed and communicated to the service.

The service has a risk management framework and incident management system. Staff described examples of applying policies to report incidents, address high impact and high prevalence risks and respond to abuse or neglect.

The service has a clinical governance framework. Staff received training and described how they minimise the use of restrictive practices and implement the antimicrobial stewardship and open disclosure policies.

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)