Performance

Report

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| Name of service: | Fullarton Residential Care |
| Service address: | 345 Fullarton Road FULLARTON SA 5063 |
| Commission ID: | 6093 |
| Approved provider: | Southern Cross Care (SA, NT & VIC) Incorporated |
| Activity type: | Site Audit |
| Activity date: | 7 November 2022 to 10 November 2022 |
| Performance report date: | 15 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 Fullarton Residential Care (**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.

# 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 are treated with dignity and respect and are able to maintain their identity. Staff showed an understanding of consumer’s care needs and preferences and spoke about consumers in a respectful way. Staff were observed treating consumers with dignity and respect when interacting with them. Care planning documents included information on consumer’s background, identity, culture and preferences.

Consumers said they felt staff respected their culture, values and beliefs. Staff said they understood and supported consumer’s religious and cultural needs. Care planning documents noted consumer’s cultural needs and preferences. The lifestyle calendar showed information on upcoming cultural and religious activities.

Staff explained how they assist consumers to stay in contact with the people important to them. Consumers said they are supported to make informed choices to maintain their independence, maintaining relationships and make their own choices. The service had a dignity and choice policy that guides the service on ensuring a culture of inclusion and respect and supporting consumers to make their own choice.

Care planning documents included completed risk assessments to support consumers to undertake activities involving risk. Consumers said they are supported to take risks to live the life they choose and continue to do the things they enjoy. Staff described how consumers are supported to take risks and understand the benefits and possible harm when making decisions about taking risks.

Consumers said they were satisfied with the information provided by the service regarding activities, upcoming events and meals. Staff explained how the service provided up to date information in a timely manner to the consumers through meetings, activity calendars, menus and verbally speaking to the consumers.

Consumers said staff respected their privacy by knocking on their doors before entering their rooms. This was confirmed through observations. Staff explained how they maintain consumer’s privacy and dignity whilst attending to their care and how they maintained confidentiality of consumer’s personal information. The service had a privacy policy that identifies systems and processes in place to keep consumer’s persona information secure.

# 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 and representatives said assessments and planning enabled consumers to receive the care and services they need. Management and clinical staff described the process of assessment and planning, including consideration of risks to the consumer’s health and well-being. Care planning documents demonstrated assessment and planning included consideration of risks to consumers’ health and wellbeing and informed the delivery of safe and effective services.

Consumers and representatives said clinical staff regularly discuss their needs, goals and preferences, including what their end-of-life wishes are. This was consistent with feedback from staff. Care planning documents included information regarding the consumer’s end of life wishes.

Consistent with feedback from staff, consumers and representatives said they are involved in assessments and development of care planning documents. Care planning documents demonstrated assessment, planning and review of the care planning documents was conducted in partnership with consumers and representatives and other relevant providers of care and services.

Management said that consumers and representatives are offered a copy of care planning documents which evidenced the outcomes of assessment and planning are documented and communicated to consumers and/or their representative. Consumers and representatives said they were aware of what was in their care plan and could access a copy if they chose.

Staff described the practice of partnering with consumers and their representatives as part of care plan reviews either at 6-monthly intervals, post incident or if the consumer’s care needs changed. This was confirmed through care planning documents. Consumers and representatives said the service engaged with consumers and their families when care plans are reviewed, incidents occur and when care needs change.

# 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 they were satisfied that safe and effective personal and clinical care is provided and reflected consumers’ needs and preferences. Staff said they were provided with support, resources and training to ensure they are kept up to date with industry best practice and the needs of consumers. Care planning documents demonstrated personal and clinical care provided is aligned to best practice and the personal and clinical needs of consumers.

Care planning documents demonstrated the service appropriately manages and mitigates high impact risks to consumer’s health and wellbeing. Management and staff interviewed demonstrated a good understanding of consumer’s risks and strategies to reduce the risks.

Management and clinical staff explained processes to support end of life care, including the involvement of family and other health professionals. The service had processes to guide staff when providing end of life care and care planning documents demonstrated that the consumer’s end of life wishes is documented.

Consumers and representatives said staff responded to any changes in consumers’ health promptly. Staff described how they recognise and respond to deterioration or changes in the consumer’s condition, including observing consumers, completing assessments, providing relevant referrals and notifying families. This was reflected in care planning documents.

Staff described how consumer information is accessed and shared during handover and in care planning documents. Care planning documents demonstrated appropriate and relevant information regarding the consumer’s condition, needs and preferences was recorded and accessible to staff, medical practitioners and allied health workers involved in the consumer’s care.

Management and clinical staff described the referral process, including examples of specialist providers that consumers have been referred to. Care planning documents demonstrated appropriate and timely referrals to external health providers occurred. The service had guiding documentation relating to the provision of referrals.

Consumers and representatives reported they see staff engaging in hand hygiene and wearing personal protective equipment and were provided with updates regarding COVID-19 requirements and restrictions. Staff demonstrated a good understanding of infection prevention and control practices and explained antimicrobial stewardship and the steps the service takes to minimise the use of antibiotic medications.

# 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 indicated they were happy and felt supported to engage in activities that interest them, and are supported to maintain their independence, well-being and quality of life. Staff demonstrated a clear understanding of what consumers like to do and what is important to the consumers. Care planning documents reviewed identified consumer’s needs, preferences and choices, and included lifestyle plans.

Consumers described how they were supported to promote emotional, psychological and spiritual well-being. Staff reported they can tell when a consumer is not their usual self and gave examples of how they support the consumer. Care planning documents included consumers’ emotional support strategies and how to implement them.

Consumers said they are supported to maintain contact with the people who are important to them and engage in activities they enjoy both inside and outside the service. Staff demonstrated a good understanding of what consumers liked doing and the people important to them. Care planning documents showed the people who are important to the consumer and the activities they enjoy.

Consumers said staff are aware of their needs and preferences and are communicated as staff are aware of their preferences, the way in which things are done, when they have appointments outside of the service. Staff reported that changes to consumers care and services are communicated through verbal handovers, emails, the services electronic management system.

Lifestyle staff said the service completed timely and appropriate referrals of consumers to external support services and organisations. This was demonstrated through care planning documents which showed referrals are completed to support services such as pastoral care, volunteer services, counselling.

Consumers expressed satisfaction with meals stating that they are of sufficient quantity and variety and reflected their choices and dietary requirements. Staff said consumers have a choice when selecting meals and have input into the menu through food focus meetings and feedback.

Consumers felt the service kept equipment clean and well looked after, consistent with observations. Staff reported that they had access to equipment they require for consumer’s needs and described the process of reporting any issues with equipment. Staff said equipment is clean, appropriate for purpose 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 felt the service was clean and welcoming, and they felt at home. Staff said consumers were encouraged to decorate their rooms to their own tastes to make them feel more at home. Consumers rooms were observed to be personalised with their own belongings and there were multiple sitting areas, both inside and outside the facility, that were easily accessible to consumers.

Consumers said the service was clean, tidy and well maintained and they were able access all areas inside and out easily. Staff described how the service is kept clean, how consumers could move freely around inside and outside and the process for reporting maintenance issues.

Consumers said the service provided clean, safe well maintained furniture, fittings and equipment to suit their needs. Staff reported regular maintenance and checks are conducted on equipment and how often equipment is cleaned. The service had schedules in place to ensure cleaning is completed and maintenance of furniture and equipment.

# 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 said they did not have any issues about raising concerns or providing feedback and said they were aware of the processes to do so. Staff described the different ways in which consumers can provide feedback and make complaints. The service had a feedback and complaints policy and procedure and feedback forms were observed through-out the service.

Consumers said they know what advocates and translators do and who they are. Staff described how they could assist consumers that have difficulty communicating to provide feedback. The resident handbook folder showed that consumers were made aware of the methods of raising complaints internally and externally, and information on advocacy and interpreter services.

Management described the process for managing complaints at the service, stating the service adopts the principles of open disclosure which staff were aware of. Consumers said appropriate action is taken in response to complaints. The feedback and complaints register detailed the nature of the complaint and the actions taken to rectify the complaint.

Consumers felt feedback and complaints are reviewed and used to improve the quality of care and improve the service. Management described how information from complaints is used to improve 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

Consumers and representatives felt there was adequate staff and that calls bells were answered within a suitable timeframe. Rosters and other documents demonstrated the service had sufficient staff to fill shifts to deliver safe and quality care and services. Management said that staffing levels were stable, with minimal shifts required to be replaced due to unplanned leave.

Consumers and representatives said staff engaged with consumers in a respectful, kind, and caring manner regardless of their individual need and cultural background. Staff were observed to engage with consumers in a respectful and personable manner.

Consumers and representatives said staff were competent to meet consumers’ care needs. Review of staff records indicated that staff are appropriately qualified and that the service carries out the necessary checks required for staff roles. Management said that they determine staff competency and capability through their recruitment and competency assessment process.

Consumers were satisfied that staff are adequately trained and equipped to do their jobs. Staff felt that adequate training was received to perform their assigned duties. Management said mandatory training is scheduled and conducted through an online platform and compliance with staff completing the training is monitored through monthly reports.

Staff said they participate in annual performance reviews. Review of performance appraisal register demonstrated all performance reviews are conducted as scheduled. Management said staff performance appraisals are conducted at probation and on an annual basis.

# 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 representatives said they are engaged in the development, delivery and evaluation of care and services through. Consumer meetings minutes confirmed this to be the case and evidenced issues and suggestions have been actioned and evaluated for their effectiveness and consumer satisfaction.

Management described how the governing body satisfies itself that it promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. Consumers said that they feel safe and receive the care they need.

The service demonstrated effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. For example, management described how they seek changes to budget or expenditure to support changing needs of consumers, such as extending the care staff shift by an hour.

The service had a risk management system and practice that included reporting lines where risks are escalated to management and further to the governing body, who has the overall responsibility for the oversight of risk, and the systems and processes of risk management. Staff were aware of their responsibilities in recording and reporting incidents, as they had completed training in incident management and SIRS and restrictive practice. Staff described the processes of identifying and managing high impact and high prevalence risks, prevention of abuse and neglect.

The service had a clinical governance framework in relation to antimicrobial stewardship, minimising the use of restrictive practices and the use on an open disclosure process. Staff shared an understanding of antimicrobial stewardship and how they would apply it. Staff training register evidenced all staff and allied health workers have completed restrictive practice training. Staff demonstrated a good understanding of open disclosure, when something goes wrong.

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)