Fairhaven Hostel

Performance Report

15 Pine Tree Close   
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**Commission ID:** 7130

**Provider name:** Free Reformed Retirement Village Association Inc

**Site Audit date:** 2 March 2021 to 3 March 2021

**Date of Performance Report:** 18 June 2021

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this 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 Approved Provider’s response to the Site Audit report received 24 March 2021.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

This Quality Standard is assessed as Compliant as six of six Requirements have been assessed as Compliant.

The Assessment Team found all sampled consumers consider they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. Specific feedback provided by consumers and representatives included:

* All consumers said they can access a staff member who speaks their language to assist when they attend external services, such as hospital outpatient appointments.
* Representatives said staff always respect consumers’ culture and treat them with respect and dignity.
* Consumers said friends, family and pastoral services visit regularly, and they are encouraged and supported to maintain relationships within and external to the service.
* Consumers said they have the information they need to make decisions and they are supported to understand the information. Consumers also confirmed they are provided with meal choices, a range of activities to participate in each day, and choice as to how and when their personal care is delivered.
* Consumers confirmed they are supported to take risks to enable them to live their best lives.

The Assessment Team found the service has policies and procedures relating to diversity, inclusion, promotion of independence, support to take risks, and supporting consumers to make decisions. Care planning documents reflect personal preferences, cultural needs, backgrounds/past life/history, and nominated representatives.

Staff interviewed spoke about consumers in a manner which indicated respect and an understanding of their personal circumstances and life story. Staff demonstrated an awareness of individual consumer’s cultural preferences, likes and dislikes and how they prefer their care needs to be met. Staff described how they support consumers to make informed decisions about risk-taking activities and the strategies in place to minimise risk as much as possible. Staff also described how they respect consumer privacy and keep their personal information, including records, confidential.

The Assessment Team observed staff interacting with consumers in a respectful manner. They also observed noticeboards and information sheets available to consumers about activities and consumers’ rights.

Based on the Assessment Team’s report and the Approved Provider’s response, I find Free Reformed Retirement Village Association Inc, in relation to Fairhaven Hostel, Compliant with all Requirements in Standard 1 Consumer dignity and choice.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*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.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*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.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Quality Standard is assessed as Compliant as five of the five specific Requirements have been assessed as Compliant.

The Assessment Team recommended Requirement (3)(a) in this Standard as not met. The Assessment Team found the service was unable to demonstrate effective assessment and monitoring of consumers’ clinical needs. Based on the Assessment Team’s report and the Approved Provider’s response, I have come to a different view in relation to the Assessment Team’s recommendation and find this Requirement Compliant. I have provided reasons for my findings in the respective Requirement below.

In relation to all other Requirements in this Standard, the Assessment Team found overall, sampled consumers consider they feel like partners in the ongoing assessment and planning of their care and services. Specific examples from consumers and representatives include:

* Consumers indicated they are involved in care plan reviews to ensure their needs, goals and preferences are met, including discussions about end of life and advance care directives.
* Consumers indicated they are well supported by staff who know their needs and preferences.
* Consumers stated they are aware they have a care plan which can be viewed at their request.
* Consumers provided specific examples about how staff support and discuss their care when their needs or condition changes.

Staff interviewed indicated regular meetings are held with consumers, representatives and members of the multidisciplinary team to discuss consumers’ care and to ensure their needs and preferences are incorporated into care plans. Staff stated handover processes are used to provide updates about changes to consumers’ care and condition, including when consumers are in the terminal phase of life. Staff indicated they have access to consumers’ care plans and confirmed consumers can access their care plans at any time.

Care plans sampled demonstrated initial assessments are used on entry and this process includes allied health professionals as required. Assessment information is used to develop individualised care plans and includes activities of risk with associated strategies to mitigate risk. Care plans also include information from specialists, such as palliation and mental health professionals. Assessment and care plan reviews are conducted on an annual basis or when there is a change in consumers’ condition. Care plans are stored in the nursing office and can be accessed by consumers and representatives. Progress notes and incidents reports demonstrated nominated representatives are contacted and an investigation and review are conducted when incidents occur.

Based on the Assessment Team’s report and the Approved Provider’s response, I find Free Reformed Retirement Village Association Inc, in relation to Fairhaven Hostel, Compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

The Assessment Team found the service was unable to demonstrate effective assessment and monitoring of consumers’ clinical needs. The Assessment Team provided the following information and evidence relevant to their recommendation of not met:

* A consumer (Consumer A) did not have an assessment undertaken in relation to identifying safe strategies for the consumer in relation to another consumer’s responsive behaviours which are impacting on their safety and well-being.
* A consumer (Consumer B) did not have their increasing symptoms of a urinary tract infection (UTI) escalated by clinical staff to the medial officer.
* Consumer B’s assessment for the use of psychotropic medications incorrectly identifies the consumer as having a care plan for challenging behaviours.

The Approved Provider submitted a response to the Assessment Team’s report and has acknowledged the report was correct in most areas, however, submitted further information and evidence for some sections which were incorrect. The Approved Provider submitted the following information and evidence relevant to my finding:

* Following an incident with another consumer where Consumer A was the recipient of verbal and physical aggression, a family meeting was held to review strategies to support Consumer A’s safety and well-being.
* The Approved Provider asserts staff correctly identified Consumer B’s symptoms of a urinary tract infection and corrective action was taken in relation to collection and results of urine pathology specimens. Pathology results were received two days following the specimen being sent. The medical officer commenced antibiotics the day following the specimen results, however, the following day, the consumer continued to be confused and was sent to hospital for further assessment.
* A psychotropic medication spreadsheet is used to monitor consumers’ prescribed psychotropic medication, including Consumer B. The medical officer was requested in November 2020 to review Consumer B’s prescription of an antipsychotic medication, but the medical officer wanted to continue to prescribe this medication to treat the consumer’s mental health condition.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Compliant with this Requirement.

I have found the service does have assessment and planning processes which consider risks associated with consumers’ health and well-being, to inform the delivery of safe and effective care and services. In relation to Consumer A, I have considered the service has effectively planned and assessed the consumer’s care needs. While another consumer’s responsive behaviours is impacting on Consumer A, this is relevant to the other consumer’s assessment, care planning and efficacy of identified strategies and I have considered this issue in Standard 3 Requirement (3)(b). I find this information and evidence more relevant to that Requirement because the service is not effectively managing another consumer’s responsive behaviours (which are negatively impacting Consumer A) rather than ineffectively planning Consumer A’s care.

In relation to Consumer B’s increase of symptoms of a UTI, I have considered the service’s assessment processes had identified the consumer’s high risk of UTI infection in relation to this Requirement. However, actions associated with managing this risk I have considered in Standard 3 Requirement (3)(b). I have also considered monitoring of Consumer B’s psychotropic medications in Standard 3 Requirement (3)(b).

For the reasons detailed above, I find Free Reformed Retirement Village Association Inc, in relation to Fairhaven Hostel, Compliant with Standard 2 Requirement (3)(a).

### Requirement 2(3)(b) Compliant

*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.*

### Requirement 2(3)(c) Compliant

*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.*

### Requirement 2(3)(d) Compliant

*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.*

### Requirement 2(3)(e) Compliant

*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.*

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Quality Standard is assessed as Non-compliant as one of the seven specific Requirements have been assessed as Non-compliant.

The Assessment Team recommended Requirement (3)(b) in this Standard as not met. The Assessment Team found the service was unable demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer, specifically in relation behavioural management, delirium management and the safe and effective use of medications. Based on the Assessment Team’s report and the Approved Provider’s response, I find this Requirement Non-compliant. I have provided reasons for my findings in the respective Requirement below.

In relation to all other Requirements in this Standard, the Assessment Team found overall, sampled consumers consider they receive personal care and clinical care which is safe and right for them. Specific examples from consumers and representatives include:

* Consumers and representatives indicated they are satisfied with the personal and clinical care provided to consumers.
* Some consumers provided examples of how staff monitor their clinical health needs when they are feeling unwell.
* Consumers indicated they are informed and provide consent when their personal information is shared with others for the benefit of their care.
* Consumers indicated they regularly see their medical officer.
* Consumers and representatives interviewed indicated they have been given information about how to minimise spread of infection, including handwashing.

Staff interviewed provided examples of how care is tailored to consumers’ needs to optimise their health and well-being, including strategies used to manage various clinical conditions and end of life care. Staff indicated that any changes to consumers’ health or well-being are immediately escalated to clinical staff and contribute to monitoring and assessment of consumers’ care. Handover processes are used to communicate changes to consumers’ care and other communication strategies are used to ensure consumers attend medical appointments. The Assessment Team observed handover which included updates about the occupational therapist’s reviews. Clinical staff were able to describe referral processes used to access medical officers and other health professional. Clinical staff described processes used to monitor staff compliance with hand hygiene and use of personal protective equipment.

Consumer files sampled indicated appropriate care for a consumer who was being provided palliative care and the Assessment Team also observed this consumer to appear to be comfortable and well cared for. Consumer files demonstrated staff refer consumers to medical officers and other health professionals as required, including transferring consumers to hospital when required. These files also demonstrated family meetings are held where there are changes to consumers’ condition and this information is included in care plans. Clinical infection data is used to monitor infections.

Based on the Assessment Team’s report and the Approved Provider’s response, I find Free Reformed Retirement Village Association Inc, in relation to Fairhaven Hostel, Compliant with Requirements (3)(a), (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g) in Standard 3 Personal care and clinical care.

### Assessment of Standard 3 Requirements*.*

### Requirement 3(3)(a) Compliant

*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.*

### Requirement 3(3)(b) Non-Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The Assessment Team found the service was unable demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer, specifically in relation behavioural management, delirium management and the safe and effective use of medications. The Assessment Team provided the following information and evidence relevant to my finding:

* A consumer (Consumer A) has responsive behaviours which have not been effectively managed and are impacting on another consumer’s safety and well-being.
  + Consumer A’s responsive behaviours towards another consumer include physical pushing and pulling, and verbal aggression, including shouting and yelling. While a behaviour assessment has been completed, behaviour charts and progress notes indicated behavioural management strategies are ineffective with several notations indicating that strategies are not effective.
  + Clinical staff were unable to demonstrate follow-up of behavioural reports where strategies were noted to be ineffective. Clinical staff have not followed-up a referral made to specialist services to support Consumer A’s behavioural management.
  + Staff interviewed indicated current behaviour management strategies are ineffective.
* Clinical staff did not effectively manage a consumer’s (Consumer B) risk of delirium. Consumer B is at high risk of urinary tract infections (UTI), however, clinical staff did not follow-up urine specimens taken following changes in the consumer’s condition, including symptoms of a UTI. While the medical officer prescribed oral antibiotics four days after symptoms were first identified, Consumer B was sent to hospital the following day where they were diagnosed with delirium secondary to a UTI and dehydration.
  + Clinical staff interviewed indicated not all staff have completed training relating to the delirium flow chart.
* Staff interviewed indicated they are administering a medication for Consumer B in a manner which is inconsistent with medication guidelines for this medication.
* Consumer B has been administered an antipsychotic medication for several years but does not have a diagnosis to support the administration of the medication.

The Approved Provider submitted a response to the Assessment Team’s report and has acknowledged the report was correct in most areas, however, submitted further information and evidence for some sections which were incorrect. The Approved Provider submitted the following information and evidence relevant to my finding:

In relation to Consumer A:

* While the behaviour reports demonstrate care staff have evaluated the behavioural management strategies as ineffective for Consumer A, progress notes show the strategies were effective.
  + Staff will be provided with further education in relation to behaviour documentation.
* The service has referred Consumer A to specialist mental health and behavioural specialists.

In relation to Consumer B:

* The Approved Provider asserts staff correctly identified Consumer B’s symptoms of a UTI and corrective action was taken in relation to collection and results of urine pathology specimens. Pathology results were received two days following the specimen being sent. The medical officer commenced antibiotics the day following the specimen results, however, the following day, the consumer continued to be confused and was sent to hospital for further assessment.
  + The Approved Provider also asserts the consumer’s hospital discharge summary indicates the consumer was admitted for sepsis with source unknown but was likely to be a UTI.
* The Approved Provider asserts staff have had training in delirium via online learning systems and by behavioural specialists.
* The Approved Provider asserts all nurses who administer Consumer B’s medication do so in accordance with the medication card.
* The medical officer was requested in November 2020 to review Consumer B’s prescription of an antipsychotic medication, but the medical officer wanted to continue to prescribe this medication to treat the consumer’s mental health condition.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with this Requirement.

I have found the service has not demonstrated effective management of high impact or high prevalence risks associated with the care of each consumer, specifically in relation to risks associated with management of behaviours, medication and delirium. In coming to my finding, I have considered that Consumer A’s behavioural responses have not been effectively managed and while a behavioural care plan has been developed, behaviour charts and staff interviews indicate the strategies are not effective. As a result, Consumer A’s responsive behaviours are negatively impacting on another consumer. While the Approved Provider asserts behaviour charts have been completed incorrectly, progress notes indicate behavioural management strategies are effective, in coming to my finding I have relied upon interviews with staff who have indicated that current behavioural management strategies are ineffective. Additionally, I have considered that clinical staff identified the need for a referral to behavioural management specialists prior to the Assessment Contact, however, this referral was not effectively followed-up at the time of the Site Audit or action taken in relation to a recommendation that a mental health specialist referral be made.

In relation to Consumer B, I have considered that staff had identified and were aware of the consumer’s risk of delirium associated with UTIs. When Consumer B’s first symptoms of UTI were noted, staff appropriately responded with obtaining a urine specimen. However, a result for this test was not obtained until three days later, and not actioned with treatment until four days later after symptoms first presented, with a prescription of antibiotics. While the Approved Provider asserts correct action was taken in relation to the collection and results of the urine specimen pathology, I have considered that based on the consumer’s presentation of ongoing and increasing symptoms, results were not gained in a timely manner commensurate with the consumer’s known risk. Additionally, further time was taken from the obtaining of the pathology result until antibiotics were prescribed. I have also considered that the consumer was admitted to hospital five days after first presenting with symptoms of a UTI with delirium and dehydration.

In relation Consumer B’s administration of medication, I find that the mediation card did instruct staff to correctly administer medications, however, staff interviewed confirmed practices inconsistent with the medication card.

In relation to Consumer B’s psychotropic medications, I find the service is effectively monitoring the use of this medication and that it is not being used as a form of chemical restraint. I find the medical officer has prescribed this medication for a mental health condition which is used to support the consumer’s well-being.

For the reasons detailed above, I find Free Reformed Retirement Village Association Inc, in relation to Fairhaven Hostel, Non-compliant with Standard 3 Requirement (3)(b).

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

### Requirement 3(3)(d) Compliant

*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.*

### Requirement 3(3)(e) Compliant

*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.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*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.*

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

This Quality Standard is assessed as Compliant as seven of seven Requirements have been assessed as Compliant.

The Assessment Team found consumers consider they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. Specific feedback included:

* Consumers indicated they are supported to do the things they want to do, including attending activities in the local community.
* Consumers reported they enjoy the meals and have choices available to them.

Documents reviewed by the Assessment Team include care plans, handover sheets and diaries. Care plans clearly described consumers’ preferences in relation to services and supports. Care plans, handover sheets and diaries are used to share information with staff about consumers’ choices and their preferred activities. Care plans also included recommendations from external specialist support services.

Staff interviewed described strategies they use to support individual consumers, including those with behavioural symptoms of dementia. Management indicated there was pastoral support staff during the COVID-19 lockdown period, and ongoing pastoral support is available as required. Lifestyle staff described the service’s volunteer program, including matching specific consumers with volunteers, and activities which are coordinated and delivered by volunteers. Lifestyle staff stated they sit with some consumers for a coffee or take them for a walk outside in the garden if they prefer this to a group activity.

The Assessment Team observed visitors throughout the service, some consumers going out with family, and consumers going into the co-located village to participate in a craft session in the main hall. The kitchen was clean and tidy; a large whiteboard contained information about consumer meal preferences and special requirements.

The Assessment Team found the service has a process to monitor consumer satisfaction with the Requirements within this Standard and identify opportunities for improvement.

Based on the Assessment Team’s report and the Approved Provider’s response, I find Free Reformed Retirement Village Association Inc, in respect of Fairhaven Hostel, Compliant with all Requirements in Standard 4 Services and supports for daily living.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*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.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*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.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

This Quality Standard is assessed as Compliant as three of three Requirements have been assessed as Compliant.

The Assessment Team found overall, sampled consumers consider they feel they belong in the service and feel safe and comfortable in the service environment. Specific feedback provided by consumers and representatives included:

* Consumers indicated they feel comfortable at the service and feel it is their home.
* Consumers indicated the service is always clean and when things break, they are quickly repaired.
* Five consumers indicated they use the outside living areas each day to walk.

The Assessment Team observed consumer rooms to be furnished with consumers’ own furniture and personal items. They observed the living environment to be clean and well maintained with access to outdoor courtyards and garden areas. The Assessment Team found furniture and fittings to be clean and well maintained.

Management described how the service has many visitors and family members within the service each day and how they are welcomed to make themselves feel at home. Cleaning staff described how the cleaning schedules operate and that they have enough time and equipment to complete their role. Staff indicated equipment is regularly serviced and they have access to required equipment to support consumer care needs.

Preventative and corrective maintenance records demonstrated maintenance processes are maintained and corrective actions are attended to in a timely manner.

Based on the Assessment Team’s report and the Approved Provider’s response, I find Free Reformed Retirement Village Association Inc, in respect of Fairhaven Hostel, Compliant with all Requirements in Standard 5 Organisation’s service environment.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

This Quality Standard is assessed as Compliant as four of four Requirements have been assessed as Compliant.

The Assessment Team found overall, sampled consumers consider they are encouraged and supported to provide feedback and make complaints. Specific feedback provided by consumers and representatives included:

* Consumers and representatives indicated they feel safe to raise feedback and complaints and are confident appropriate action would be taken in response to any concerns.
* Consumers are aware of avenues to raise complaints and feedback and felt management were available to discuss any issues or concerns.
* One representative provided an example of effective open disclosure processes used in relation to a consumer incident.
* Consumers and representatives indicated feedback and complaints are encouraged to improve the quality of care and services.

Staff interviewed indicated they are provided with education and training in relation to feedback and complaint processes and provided examples of how they support consumers to provide feedback and make complaints.

The Assessment Team observed feedback forms and locked boxes for submissions of feedback and complaints. They also observed information displayed about complaints avenues and advocacy services.

Consumer and representative meetings provide opportunities and encouragement for consumers and representatives to give feedback or make complaints. The service’s complaints, compliments and suggestions register demonstrates that complaints are acknowledged, investigated and communication with complainants is maintained. Management also described monthly review processes of complaints to monitor for trends. The service’s continuous improvement plan incorporates feedback and complaints.

Based on the Assessment Team’s report and the Approved Provider’s response, I find Free Reformed Retirement Village Association Inc, in respect of Fairhaven Hostel, Compliant with all Requirements in Standard 6 Feedback and complaints.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

This Quality Standard is assessed as Compliant as five of five Requirements have been assessed as Compliant.

The Assessment Team found overall, sampled consumers consider they get quality care and services when they need them and from people who are knowledgeable. Specific feedback provided by consumers and representatives included:

* Consumers and representatives indicated there are sufficient staff numbers to support consumers’ needs, including answering their requests for assistance in a timely manner.
* Consumers stated staff are kind and caring.
* Consumers indicated staff are familiar with their care needs and are competent to perform their roles.

Staff interviewed indicated there are adequate staffing levels and they can provide the consumers with the care they require without rushing. Staff stated they have completed compulsory training, including recent training relating to COVID-19. Staff confirmed they participate in annual performance appraisals.

The Assessment Team observed staff interacting with consumers in a respectful manner.

The roster demonstrated all allocated shifts were filled in the preceding month. Management stated staff are observed and monitored daily to ensure they are effectively undertaking their role. The service monitors professional registrations and provide staff with position descriptions to support them in their roles. A training matrix is developed annually with includes compulsory training related to manual handling, fire and emergency procedures, infection control and compulsory reporting of allegations or suspicions of consumer assault. The service has an annual performance appraisal process for all staff; while the service has three outstanding appraisals, management committed to completing these appraisals.

Based on the Assessment Team’s report and the Approved Provider’s response, I find Free Reformed Retirement Village Association Inc, in respect of Fairhaven Hostel, Compliant with all Requirements in Standard 7 Human resources.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Quality Standard is assessed as Compliant as five of the five specific Requirements have been assessed as Compliant.

The Assessment Team recommended Requirement (3)(d) in this Standard as not met. The Assessment Team found that while the risk management framework included policies and clinical directives to guide staff in the management of high impact or high risks, this information is not always used effectively for management of risk. Based on the Assessment Team’s report and the Approved Provider’s response, I have come to a different view in relation to the Assessment Team’s recommendation and find this Requirement Compliant. I have provided reasons for my findings in the respective Requirement below.

In relation to all other Requirements in this Standard, the Assessment Team found overall, sampled consumers consider that the organisation is well run, and they can partner in improving the delivery of care and services. Specific examples from consumers and representatives include:

* Consumers and representative stated a regular meeting is held to provide opportunities to provide feedback and discuss the service.

The service has a nominated consumer to participate in the quality and governance meeting held each month. The service is overseen by a Board of Management and members have a diverse range of qualifications. The Board of Management is provided with a monthly report, including information relating to incidents, complaints, continuous improvements and other matters relating to care and services.

The service has effective organisation wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Specifically related to these systems:

* In relation to information systems, staff indicated information is effectively communicated through both verbal and written communication avenues.
* In relation to continuous improvement, the service’s continuous improvement plan indicated a range of mechanisms are used to identify improvements with management being able to provide some examples which were identified through feedback.
* In relation to financial governance, the Board is provided with a monthly report which includes the service’s expenditure and an outsourced accountant is engaged to manage the organisation’s financial affairs.
* In relation to workforce governance, the service has position descriptions which outline key responsibilities and expected results.
* In relation to regulatory compliance, the service has designated roles to monitor changes to legislation, regulations or industry information.
* In relation to feedback and complaints, this information is used to improve care and services for consumers.

The service has a clinical governance framework which includes antimicrobial stewardship, minimising restraint and open disclosure. Staff were aware of responsibilities in relation to the clinical governance framework. Management were able to provide an example of open disclosure processes used in relation to a clinical incident.

Based on the Assessment Team’s report and the Approved Provider’s response, I find Free Reformed Retirement Village Association Inc, in respect of Fairhaven Hostel, Compliant with all Requirements in Standard 8 Organisational governance.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*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.*

### Requirement 8(3)(d) Compliant

*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.*

The Assessment Team found that while the risk management framework included policies and clinical directives to guide staff in the management of high impact or high risks, this information is not always used effectively for management of risk. The Assessment Team provided the following information and evidence in relation to the recommendation of not met:

* The service did not comply with legislative requirements of updating a consumer’s care plan within 24 hours, following a report of an allegation and/or suspicion of consumer assault to the Police and Commission. In this instance another consumer was the alleged aggressor.
* A consumer’s (Consumer A) medication chart provided directions for the administration of a medication which was inconsistent with recommendations and guidelines for safe administration of this medication.
* Consumer A’s psychotropic medication has not been effectively monitored because the monitoring tool does not include non-pharmacological strategies used to minimise medication use or identification of adverse outcomes.
* Information in relation to delirium management is not understood by staff.

The Approved Provider submitted a response to the Assessment Team’s report and has acknowledged the report was correct in most areas, however, submitted further information and evidence for some sections which were incorrect. The Approved Provider submitted the following information and evidence relevant to my finding:

* A behaviour assessment and pain assessment were commenced following the reporting of an allegation and/or suspicion of assault for a consumer.
* The Approved Provider asserts all nurses who administer medications do so in accordance with the medication card, and in relation to Consumer A, the consumer’s medication card was submitted and reflects safe and correct administration instructions for this medication.
* The medical officer was requested in November 2020 to review Consumer A’s prescription of an antipsychotic medication, but the medical officer wanted to continue to prescribe this medication to treat the consumer’s mental health condition.
* The psychotropic medication monitoring tool includes medication changes and review dates by medical officers. While the tool does not provide information regarding triggers or non-pharmacological strategies, this information is found in individual consumer care plans.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Compliant with this Requirement.

I have found the service has effective risk management systems and practices. In coming to my finding, I have considered the majority of the Assessment Team’s evidence relates to Standard 3 Requirement (3)(b) and this has been considered in that Requirement. Specifically, the evidence and information in relation to the safe and correct administration of medication for Consumer A, psychotropic medication use for Consumer A and information for delirium management.

In relation to the service not complying with their legislative requirements of updating a consumer’s care plan within 24 hours, this requirement is specifically related to incidents of assault in which the service uses discretion to not report the incident if the alleged aggressor is a consumer with a previously diagnosed cognitive impairment. Therefore, this requirement was not mandated for this incident because the consumer did not have diagnosis of cognitive impairment and the incident was reported to the Police and the Commission. I have also considered that the service did comply with their reporting requirements and initiated monitoring of the alleged consumer aggressor following the incident. However, the consumer’s responsive behaviours have continued to be unmanaged and is impacting another consumer which I have considered in Standard 3 Requirement (3)(b).

For the reasons detailed above, I find Free Reformed Retirement Village Association Inc, in relation to Fairhaven Hostel, Compliant with Standard 8 Requirement (3)(d).

### Requirement 8(3)(e) Compliant

*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.*

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

**In relation to Standard 3 Requirement (3)(b), the service should seek to ensure:**

* Consumers’ high impact or high prevalence risks associated with the care of each consumer are effectively managed, specifically in relation to management of behaviour, medication and delirium.
* Staff practices are in accordance with outlined directives and staff feedback is used to support evaluation of behavioural management strategies.
* Consumers at high risk of urinary tract infections have their signs and symptoms effectively monitored and escalated in a timely manner.