Fairview Community Care

Performance Report

30 Sargeant Street   
WARRAGUL VIC 3820  
Phone number: 03 5623 2752

**Commission ID:** 300064

**Provider name:** Fairview Village Limited

**Assessment Contact - Desk date:** 20 September 2021

**Date of Performance Report:** 14 December 2021

# Performance report prepared by

M Murray delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

**Services included in this assessment**

**Home Care:**

* Fairview Community Care, 18790, 30 Sargeant Street, WARRAGUL VIC 3820

# Overall assessment of this Service

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| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Non-compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) | Compliant |

# Detailed assessment

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 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 Assessment Contact was informed by an Assessment Contact – Desk and included a review of documents and interviews with staff, consumers/representatives and others
* the approved provider’s response to the Assessment Contact - Desk report received 7 November 2021

# STANDARD 2 NON-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 service undertakes assessment and planning which is in partnership with consumers and/or their representatives, however the service does not effectively ensure information collected regarding consumers’ needs, risks, and related strategies to manage these risks are documented.

A decision of non-compliance in one or more Requirements assessed results in a decision of non-compliance for the Quality Standard.

## Assessment of Standard 2 Requirements*.*

### Requirement 2(3)(a) Non-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 provided evidence that the service has not demonstrated assessment and planning, including consideration of risks to the consumers’ health and well-being informs the delivery of safe and effective care and services.

Assessment and care documentation reviewed by the Assessment Team found risks to consumers’ safety, health and well-being had not been adequately identified, there was insufficient evidence of validated assessments and strategies to minimise risks were not evident in care planning documentation.

Management advised the initial assessment and care planning documentation includes the identification of risks. However, the Assessment Team reviewed care planning documentation for a sample of consumers and noted that not all risks were identified and documented. When a risk was identified the Assessment Team found documented strategies to guide staff in how to deliver care and services to these consumers in a way that minimised the risk were inadequate. Care staff spoke about risks they were conscious of when delivering care to consumers and were not fully aware of where to find documentation to support them manage these risks.

The approved provider response stated services are reviewed and agreed upon with the consumer/representatives, with consideration to identified risks and respect of consumer’s right to make their own decisions about their care and services, as well as their right to take risks. Where risks are identified, and approach is implemented to manage risks that ensures that consumer rights are respected, and management strategies are consultatively developed with the consumer/representative and other members of the team as required and agreed by the consumer. Information is documented in paper based and electronic care planning systems as required.

Evidence which refuted the Assessment Team’s findings, for example detailed care plans or similar demonstrating that information provided to care staff is adequate to inform safe and quality care was not submitted. Summary care plans that were submitted by the approved provider outline consumer goals but do not outline how to manage risks associated with achieving these goals and would not, in my view, inform staff in how to deliver care safely and in line with the consumer’s appetite for day to day risk.

Based on the evidence summarised above the approved provider does not comply with this Requirement. A review of all the documentation made available supports the Assessment Team’s finding that there are deficits in care planning for the sampled consumers. This is supported by evidence gained directly from care workers that they do not always have relevant information.

# 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 service demonstrated that a deterioration or change in a consumer’s condition is identified and responded to in a timely manner. Incidents that impacted on the health and well-being of the consumer are identified or addressed.

The service did not effectively demonstrate that information about the consumer’s condition is documented and adequately communicated with others where the responsibility for care is shared.

A decision of non-compliance in one or more Requirements assessed results in a decision of non-compliance for the Quality Standard.

### Assessment of Standard 3 Requirements

### 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.*

The Assessment Team’s report provides evidence that consumers who have experienced incidents such as falls, deterioration in their health, changes in cognition and/or functional needs have had these changes recognised, reported, escalated and managed appropriately. Actions had occurred to ensure that any impact on the consumers’ health or change in their level of ability had been consistently identified and addressed in a timely way.

### Requirement 3(3)(e) Non-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.*

The Assessment Team sampled consumers for whom care delivery was shared with other health providers, such as district nursing services, podiatrists and occupational therapists and found deficits in how information is shared. It was identified that allied health services do not consistently document their assessments or recommendations, or episodes of care delivered.

The approved provider’s response acknowledges that contracted care providers do not always provide documentation on the service they have delivered. A number of continuous improvement activities to address this situation have been implemented by the approved provider.

While acknowledging that the approved provider is actively engaging with contracted service providers, based on the evidence currently available the service does not comply with this Requirement.

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# STANDARD 7 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

Consumers and representatives interviewed said care and services are provided when they need them. Consumers and representatives spoke positively about the standard of care and support provided to them by management and staff.

The service demonstrates there is sufficient staff to meet the consumer’s needs and consumers are satisfied scheduled services are delivered.

Not all Requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## 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.*

The Assessment Team’s report questioned the sufficiency of staff available to manage and coordinate the home care programme and recommended the service did not comply with this Requirement.

On review of the approved provider’s response, I have formed a different view to the Assessment Team. I am satisfied that rostering and management duties undertaken by care coordination staff are being undertaken in a way that supports continuity of care and service delivery to consumers.

The approved provider, in its response, recognised that the increasing number of consumers receiving services can impact on the workloads of staff responsible for the coordination and case management of the home care program. The approved provider’s response outlined at times of increased workload, support from clinical staff and organisational management from the residential services arm of the organisation is available. With the easing of COVID-19 restrictions the approved provider is actively recruiting staff.

Based on the evidence summarised above, the approved provider complies with this Requirement, staff are sufficient and deployed effectively.

# STANDARD 8 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 organisation demonstrated they have systems and processes relating to governance that are aligned to the Aged Care Quality Standards. These include governance systems in relation to information management, continuous improvement, financial governance, workforce planning, regulatory compliance and feedback and complaints.

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 8 Requirements

### 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.*

The Assessment Team found, the service did not demonstrate an effective governance system in relation to information management, sub-Requirement (i). The Assessment Team was satisfied the service met sub-requirements (ii), (iii), (iv), (v) and (vi).

I have considered the evidence from the Assessment Team regarding information provided to the consumer in Requirement 2(3)(a) and between contracted services in Requirement 3(3)(e) and do not consider this evidence reflects a failure of the governing body in its approach to information management more broadly.

The approved provider, in its response, stated that the service is moving to a single electronic care management system. However, due to COVID-19 business restrictions such as density limits, impacting training and other aspects of the project, the roll out of the electronic system could not proceed this year. Notwithstanding these barriers, the governing body has effective oversight of information systems within the service.

It is my view that the governing body is alert to the requirement to effectively manage information and based on all the evidence available I am satisfied that this is occurring.

# 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.

* Establish a system to ensure that validated risk assessments inform the development of care planning documentation, identify risks and establish strategies to mitigate identified risks.
* Ensure each consumer and representative understands the need for care planning documentation to provide adequate information that is individualised and sufficient to guide staff practice when providing care to consumers.
* Support staff to identify where information is insufficient to deliver safe care.
* Ensure staff are not in a position where lack of information requires them to ask consumers how they would like their care delivered or how to deliver it safely.
* Ensure contracted services provide relevant, accurate and timely information to inform effective care and that consumer statements reflect the service episodes, duration and cost of contracted service providers.