Fairway Bayside Aged Care

Performance Report

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**Commission ID:** 3218

**Provider name:** Fairway Bayside Aged Care

**Site Audit date:** 7 December 2021 to 10 December 2021

**Date of Performance Report:** 19 January 2022

# Performance report prepared by

Kathryn Spurrell, 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.

# 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** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | 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 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 Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 6 January 2022
* other information and intelligence held by the Commission in relation to the service.

# 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

Consumers considered that they were treated with dignity and respect, could maintain their identity, make informed choices about their care and services, and live the life they chose. Consumers stated that they felt respected and valued by staff at the service and confirmed that their privacy is maintained. Consumers advised that they are supported to make choices for themselves, maintain relationships outside of the service and take risks.

Consumers confirmed they consistently receive information that is accurate, timely and easy to understand and the Assessment Team observed the various ways the service communicated with consumers, including meeting minutes that demonstrated regular updates through consumer and representative meetings.

Staff described how individual consumer’s culture influenced how they delivered care and services and how consumers were supported to make informed choices about their care. Staff stated that they involved consumers and their families in assessing risks to consumers. Staff described how information is communicated to consumers, including when a consumer has a cognitive or hearing impairment. The service has a culturally safe care and services policy, which reflects culturally safe practices.

Staff demonstrated respect towards consumers and an understanding of their care and service preferences. Staff were observed to be interacting with, and providing support and services to, consumers in a respectful manner.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

## 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

Consumers felt like partners in the ongoing assessment and planning of their care and services. Consumers reported being involved in the care planning process and involved in the development of risk minimisation strategies. Consumers and representatives stated that they could access a copy of their care documentation and that staff appropriately explained information about their care and services, including outcomes or changes to their care.

Staff described how they used assessment and planning to inform how they deliver safe and effective care. Staff explained to the Assessment Team how outcomes of assessment and planning were communicated to consumers or their representatives and described the process and timing of care planning reviews. Care planning documentation reflected that care and services were reviewed following changes in circumstances or incidents.

The Assessment Team identified that care documentation included consumers’ current needs, goals and preferences, and reflected advance care planning and end of life planning. The Assessment Team observed staff discussing outcomes of assessment and planning during staff handover. Care documentation detailed ongoing partnerships with the consumer and others that the consumer wished to involve in assessment, planning and review.

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

## 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.*

### 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 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

Consumers considered that they received personal care and clinical care that is safe and right for them. Consumers and representatives said that they were satisfied with the care and services they received and felt that their needs and preferences were effectively communicated between staff. Consumers considered that they had access to medical and allied health professionals when needed. Representatives said the service had spoken to them about advance care planning and end of life wishes and care planning documentation reflected consumers’ end of life needs and wishes.

Care planning documentation reviewed by the Assessment Team identified that consumers were receiving safe and effective personal and clinical care, tailored to their needs and optimised their health and well-being. Care planning documentation reflected that changes to a consumer’s condition were identified and responded to in a timely manner and representatives were notified appropriately. A review of care planning documentation confirmed the input of other health professionals and referrals when required, including podiatrists, dieticians and other allied health professionals.

Staff described strategies that they use to manage skin integrity, pain management, behaviour management and restraint minimisation. Staff described the effective management of high impact or high prevalence risks for consumers within the service. Staff advised that information about changes in a consumer’s care and services were communicated via care plans, progress notes, handovers and monthly meetings. The Assessment Team observed changes in individual consumers being communicated during shift handover and observed handover sheets containing information for consumers care needs, including allergy information, dietary requirements and advance care directives.

The service had policies outlining how high impact or high prevalence risks associated with care of consumers were managed within the organisation and had policies and procedures regarding the minimisation of infection-related risks, infection control and antimicrobial stewardship. The Assessment Team observed precautions at the service to minimise the spread of infections and observed staff members using personal protective equipment.

The Assessment Team found the service had appropriate systems in place in relation to skin integrity and pain management that was consistent with best practice and demonstrated appropriate management of individual risk assessment and restraint consent. I sought further explanation from the Approved Provider in relation to these practices.

In its written response on 6 January 2022, the Approved Provider provided additional information that explained the risk assessment process undertaken by the service for each consumer in relation to restrictive practices and further demonstrated the process the service has in place for the assessment and management of restrictive practices. Based on the available information from the Assessment Team and the Approved Provider, I am satisfied that the service has appropriate systems in place to provide personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

### 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) Compliant

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

### 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

Consumers considered that they received the services and supports for daily living that were important for their health and well-being and that enabled them to do the things they wanted to do. Consumers and representatives said that they were supported and encouraged to participate in individual and group activities and that their emotional, spiritual and psychological well-being was supported. Consumers and representatives described the ways in which consumers were supported to maintain social and emotional connections with those who were important to them

Staff described how they were updated on the changing condition, needs or preferences of consumers and care planning documentation identified that there was adequate information to support the sharing of information regarding consumers’ needs. Care planning documentation demonstrated that other individuals and external organisations were involved when providing lifestyle supports, and this involvement supplemented the lifestyle activities offered within the service.

Staff were aware of what was important to individual consumers and how they could support consumers’ needs, goals and preferences to promote their independence and quality of life. Equipment used to support the lifestyle needs of consumers including mobility aids was suitable for their needs, clean and well maintained. The service’s internal processes monitored the cleanliness and general condition of equipment which was replaced or repaired when required.

Care planning documentation reflected the dietary needs and preferences of consumers and most consumers and representatives were satisfied with the meals provided; in most cases consumers advised that the food provided catered to their preference. The Assessment Team sighted the current menu, which included different meal options, as well as an internal survey that is sent out prior to making menus.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

## 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

Consumers considered that they felt they belonged in the service and felt safe and comfortable. Consumers said that the environment was welcoming and felt like home and that they felt comfortable using the equipment at the service.

The service environment was observed to be welcoming and had shared areas for consumers to interact. Consumers could access internal and external areas of the service areas freely, including the service’s garden areas.

The service’s maintenance program included scheduled, periodic and reactive maintenance of the service environment. Staff had a shared understanding of how they responded to the identification of an incident, how to action a maintenance issue and how they ensured equipment is clean and safe for use.

The Assessment Team observed that consumers have access to a range of equipment aids and that the furniture, fittings and equipment were safe, clean and well-maintained. Staff confirmed they had access to an adequate supply of clinical and care equipment which was cleaned between use when shared between consumers.

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

## 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

Consumers and representatives said they felt encouraged and supported to give feedback and make complaints and were confident that appropriate action would be taken. Consumers and representatives said that they felt comfortable making complaints to the service and those that had made a complaint in the past described how their feedback had been used to improve services.

Staff described how they encouraged consumers to raise concerns and how they respond if they receive any complaints or feedback from consumers. Staff described the advocacy and language services available in the service and described the open disclosure process. Staff noted that appropriate action is taken following a complaint.

The Assessment Team observed the feedback and complaints forms, a complaints and feedback box and posters to assist consumers and staff with raising concerns and complaints, including to external bodies. The Assessment Team observed the service’s open disclosure policy and the complaints register, which included representative and supplier compliments, complaints and feedback.

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

## 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

Consumers considered that they received quality care and services when they need them from people who were knowledgeable, capable and caring. Consumers and representatives confirmed there were enough staff to meet their personal and clinical care needs. They said staff were prompt to respond to their requests for assistance and were always kind and respectful during their engagement with them. Consumers and representatives said staff performed their duties effectively, were well equipped and suitably skilled to meet their individual needs.

Staff reported that the workforce at the service is consistent and appropriately planned to enable the delivery of care and services to consumers. Staff explained to the Assessment Team how the service provided mandatory training that included; restrictive practices, open disclosure and the Serious Incident Response Scheme, as well as targeted internal sessions. Staff described the staff performance appraisal process used at the service and management also confirmed that the service undertook annual performance appraisals. The Assessment Team reviewed staff rosters and call bell data and found that shifts were filled appropriately, a review of the call bell response times indicated that call bells were responded to within an appropriate timeframe.

Management described the onboarding process to the Assessment Team which included buddy shifts, appraisals and feedback session for new staff members as well as mandatory training modules, monitored by management.

The Assessment Team reviewed internal policies and resources that outlined staff expectations and further guidance material for staff and managers on performance management, education and professional development.

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

## 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

Consumers considered that the organisation is well run and that they could partner in improving the delivery of care and services. Consumers and representatives reported that they are encouraged to contribute to changes and developments within the service through formal and informal feedback and monthly resident meetings. Management provided examples of how consumer feedback was directly acted upon, including how renovation and expansion plans for the service had been reviewed in response to consumer feedback and concerns about disruption.

The service had organisational governance mechanisms in place, including a suite of policies and procedures that guided clinical care, information and risk management systems that supported care and service delivery and a range of consumer and staff committees. The service reported that the Board had active oversight of the organisation and received regular and direct reports from management in relation to clinical governance and risk management and reported that the Board is provided with information on serious incidents relating to consumers. Staff explained that Board members regularly visit the service and interact with consumers and representatives during annual meetings.

The service demonstrated that there are effective organisation-wide governance systems in relation to information management, continuous improvement, financial governance, regulatory compliance and feedback and complaints. The service provided a risk management framework, which included policies on high impact and high prevalence risks, abuse and neglect, mandatory reporting and supporting consumers to take risks. The service has a clinical governance framework, an antimicrobial stewardship policy, a policy regarding the minimisation of the use of restraint and an open disclosure policy.

The organisation’s documented clinical governance framework included policies regarding antimicrobial stewardship, the minimisation of restraints and open disclosure. Staff were asked about whether these policies had been discussed with them and what it meant for them in a practical way. Staff had been educated about the policies and were able to provide examples of the relevance to their work.

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

## 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*
4. *managing and preventing incidents, including the use of an incident management system.*

### 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

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.