The Claridge Residential Care

Performance Report

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**Commission ID:** 6967

**Provider name:** Fairlux Pty Ltd

**Assessment Contact - Site date:** 6 May 2021

**Date of Performance Report:** 7 June 2021

# 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 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(c) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | 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 Standards 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 – Site. The Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# STANDARD 3 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 Assessment Team assessed Requirement 3(b) in relation to Standard 3 and have recommended this Requirement met. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

### I have considered the findings and evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 3 Requirement (3)(b) and find the service Compliant with the Requirement (3)(b). The reasons for the finding are detailed in the specific Requirement below.

### Assessment of Standard 3 Requirements

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

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

The Assessment Team were satisfied the service demonstrated effective management of high impact or high prevalence risks associated with the care of each consumer.

The Assessment Team’s findings reflect consumers’ high impact or high prevalence risks are identified through assessment and care planning processes, including the use of validated risk assessment tools. Consumer files sampled demonstrated risks relating to wounds, medications, nutrition and hydration, weight loss, falls, and behaviours had been identified and appropriate strategies implemented to mitigate the impact of these risks. Referrals to medical officers and/or allied health specialists are undertaken where there is an identified need for specialist input. Staff sampled demonstrated understanding of the risks associated with the care of each consumer and described strategies to manage the risks.

The service has processes to monitor consumers’ high impact or high prevalence risks, including regular care reviews, charting and Resident Of The Day reviews. However, for one consumer identified as at risk of malnutrition and choking, the service did not demonstrate food charting undertaken was evaluated or that the Resident of the Day process is consistently undertaken in line with the service’s processes.

Consumers’ rights to take risks are acknowledged, and risks associated with care delivery preferences are discussed, acknowledged and documented appropriately. The service demonstrated risk assessment and Right to Take Risk processes for consumers who chose not to be sent to hospital following falls and for the use of as required psychotropic medications.

Based on the information detailed above, I find Fairlux Pty Ltd, in relation to The Claridge Residential Care, Compliant with Requirement (3)(b) in Standard 3.

# 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

The Assessment Team assessed Requirement (3)(c) in relation to Standard 7 and have recommended this Requirement met. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

I have considered the findings and evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 7 Requirement (3)(c) and find the service Compliant with Requirement of (3)(c). The reasons for the finding are detailed in the specific Requirement below.

## Assessment of Standard 7 Requirements

### 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.*

The Assessment Team was satisfied the service demonstrated the workforce is competent and have the qualifications and knowledge to perform their roles effectively.

The service demonstrated recruitment and monitoring processes ensure the workforce hold suitable qualifications before commencement. The organisation has a range of human resources policies and procedures to inform and guide management and staff practice with regard to this Requirement. Position descriptions outline minimum qualification requirements for each role. Monitoring processes, including observation, clinical indicators, call bell response analysis, and feedback from consumers enable management to review staff competency on an ongoing basis. Professional registrations are monitored, and mandatory training provided to all staff. Staff undertake annual competency assessments and attend regular training to ensure their knowledge remains current. The service’s recruitment processes include a requirement for staff to demonstrate relevant qualifications before engagement. Competency assessment includes hand hygiene practices, the use of personal protective equipment, manual tasks, wound care and the use of electronic information systems. Training needs analysis is undertaken to identify and address gaps in knowledge and staff skills.

Consumer feedback indicates they are satisfied staff are competent and deliver care and services in accordance with their preferences. Clinical, care and lifestyle staff sampled demonstrated knowledge of consumers’ needs, risks associated with consumers’ care and consumer preferences. Staff said they regularly attend training relevant to their roles and remain current with their knowledge.

Based on the information detailed above, I find Fairlux Pty Ltd, in relation to The Claridge Residential Care, Compliant with Requirement (3)(c) in Standard 7.

# 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 Assessment Team assessed Requirement (3)(d) in relation to Standard 8 and have recommended the Requirement met. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

I have considered the findings and evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 8 Requirement (3)(d) and find the service Compliant with Requirements (3)(d). The reasons for the finding are detailed in the specific Requirement below.

## Assessment of Standard 8 Requirements

### 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.*

# The Assessment Team found the service demonstrated effective risk management systems and practices enabling the management of high impact or high prevalence risks associated with the care of consumers. Abuse and neglect of consumers is identified, reported and managed in accordance with legislative requirements. Consumers are supported to live the best life they can. The service has an effective incident management system that is utilised in managing and preventing incidents.

# The service provided evidence of a documented risk management framework, including policies that guide staff in the management of high impact or high prevalence risks associated with the care of consumers, identifying and responding to the abuse or neglect of consumers and in the use of the service’s incident management systems. Documentation viewed reflects the implementation of appropriate procedures that assist the service to meet its regulatory obligations regarding managing, preventing, and reporting incidents.

# The Assessment Team found the service has processes to monitor consumer risk, including weekly situation reports, which are reviewed by the Executive Quality Team, and regular audits are undertaken. Statistical review by the Clinical Governance Committee and Medical Advisory Committee meetings are undertaken with meeting minutes reflecting risk at both an individual consumer and site-levels.

# Staff described training received supporting their knowledge regarding their response to incidents, including reportable incidents and demonstrated their understanding of the identification of abuse and neglect.

# Documentation reviewed showed where risk is identified, and consumers wish to continue with the risk. Agreed strategies to mitigate or minimise risk are appropriately discussed and documented.

# The service demonstrated it has relevant policies and procedures associated with the implementation of Serious Incident Response Scheme requirements. The service also showed how the incident management system and governance arrangements drive continuous improvement.

Based on the information detailed above, I find Fairlux Pty Ltd, in relation to The Claridge Residential Care, Compliant with Requirement (3)(d) in Standard 8.

# 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.