The Claridge Residential Care

Performance Report

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**Commission ID:** 6967

**Provider name:** Fairlux Pty Ltd

**Site Audit date:** 14 December 2021 to 16 December 2021

**Date of Performance Report:** 3 March 2022

# Performance report prepared by

Michelle Glenn, 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** | **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 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 consumers, representatives, staff and management
* the provider’s response to the Site Audit report received 21 January 2022.

# STANDARD 1 COMPLIANTConsumer 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

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

The Assessment Team found overall, sampled consumers considered that 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. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* staff are respectful of consumers’ background, ethnicity, culture and what is important to them;
* consumers’ personal privacy is respected and their personal information is kept confidential; and
* they are provided sufficient information to assist them in making decisions and exercise choice and are kept well informed about what is happening at the service and with consumers.

Care files sampled identified consumers’ cultural needs and preferences ensuring each consumer’s cultural needs are considered in provision of care and services. Staff sampled described cultural needs of consumers and how this influenced day-to-day care provided. Staff were familiar with consumers’ backgrounds and could identify specific strategies to assist to maintain their identity, culture, and diversity.

Documentation sampled demonstrated information provided to consumers is current, accurate and timely. Information is made available to consumers through newsletters, meeting forums, handbooks and noticeboards. Staff described ways they communicate with and provide information to consumers, including those who do not speak English. Staff were observed to deliver care in a way which promoted and respected consumers’ privacy and personal information is kept confidential.

Consumers indicated they are supported to exercise choice and independence, communicate their decisions, and decide who is involved in their care. Entry assessment processes assist to identify consumers with similar interests, likes and dislikes, resulting in like-minded consumers spending time together building relationships. Staff described how they assist consumers to make decisions and provided examples of how they assist consumers to exercise choice.

Consumers were satisfied with the support they receive to take risks to enable them to live their best lives. Where consumers wish to undertake an activity, which involves an element of risk, discussions relating to risks are undertaken with the consumer and/or representative to ensure risks are understood and strategies to mitigate risks implemented.

Based on the evidence documented above, I find Fairlux Pty Ltd, in relation to The Claridge Residential Care, to be 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 COMPLIANTOngoing 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 found overall, consumers sampled considered that they feel like partners in the ongoing assessment and planning of their care and services. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* were involved in the initial assessment and planning process on entry and are involved in the ongoing review of consumers’ care every three months;
* are aware of care planning documents; and
* palliative care and end of life wishes were discussed on entry and ongoing through care plan review processes.

A range of assessments are completed on entry and on an ongoing basis, including when a change in consumers’ health and well-being is identified. Information gathered from consultation with consumers and/or representatives and assessment processes is used to develop detailed care plans which incorporate each consumer’s specific goals and preferences. Additionally, a variety of validated risk assessment tools are utilised, including for falls, skin integrity, pain and malnutrition. Individualised management strategies are developed to minimise impact of risks and are included in care plans. Staff sampled described assessment and planning processes and how these influence the provision of care.

Care files demonstrated consumers’ needs, goals and preferences are identified through assessment and planning processes. This included advance care planning and end of life planning. Discussions relating to end of life care and advance care planning are undertaken on entry, as part of the care plan evaluation process and in response to changes in consumers’ needs. Care plans sampled included detailed information relating to each consumer’s end of life wishes, goals, needs and preferences.

Care files demonstrated staff work with the consumer and/or representative and seek input from the Medical officers and allied health professionals to ensure care and service provision is in line with the consumer’s needs and preferences. Outcomes of assessment and care planning are communicated to consumers and documented in care plans which are available to consumers and guide staff in the provision of care and services. Care plans are updated in response to a decline in a consumer’s health, in response to incidents and on an ongoing basis.

Based on the evidence documented above, I find Fairlux Pty Ltd, in relation to The Claridge Residential Care, to be 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.*

### 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-COMPLIANTPersonal 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 has been assessed as Non-compliant.

The Assessment Team recommended Requirement (3)(b) in Standard 3 not met. The Assessment Team were not satisfied the service demonstrated effective management of high impact or high prevalence risks associated with the care of each consumer, specifically in relation to consumers’ risk of malnutrition and safety following suicidal ideation.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Non-compliant with Requirement (3)(b). I have provided reasons for my finding in the specific Requirement below.

In relation to Requirements (3)(a), (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g), the Assessment Team found overall, consumers sampled considered that they receive personal and clinical care that is safe and right for them. The following examples were provided by consumers during interviews with the Assessment Team:

* expressed satisfaction with management of wounds, pain and specialised nursing care needs; and
* are confident staff will identify their needs and refer them to appropriate services as necessary.

The organisation has information relating to best practice care delivery which is updated regularly and accessible to staff. Care files demonstrated regular assessment and planning of each consumer’s clinical and personal care needs. Care files outlined daily changes in consumers’ health and appropriate follow up actions and care plans were noted to be updated following incidents or changes to consumers’ health. Care files demonstrated appropriate management of restrictive practices, skin integrity, specialised nursing care needs and pain.

The service has processes to identify each consumer’s needs, goals and preferences in relation to end of life. Palliative care assessments are completed in consultation with consumers and include goals, strategies, spiritual, cultural and psychological aspects of care and planned personal and clinical care management strategies. Care staff discussed care provided to consumers during the end of life phase and indicated they have access to information relating to consumers’ advance care directives and end of life wishes.

Where changes to consumers’ health are identified, additional charting, assessments and monitoring processes are implemented and referrals to Medical officers and/or allied health specialists initiated. Care files sampled demonstrated deterioration in consumers’ capacity and condition had been recognised and responded to in a timely manner. Care staff stated they report changes to consumers’ health and well-being to clinical staff who act on their concerns accordingly.

There are processes in place to monitor infections and ensure infection control is consistently implemented. Changes to infection control strategies have been implemented to include a COVID-19 infection management plan. Staff demonstrated an understanding of infection control and antimicrobial stewardship principles and work with Medical officers to promote appropriate antibiotic prescribing and use. Policy and procedure documents relating to infection control and antimicrobial stewardship are available to guide staff practices and mandatory training is provided.

Based on the evidence documented above, I find Fairlux Pty Ltd, in relation to The Claridge Residential Care, 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 were not satisfied the service demonstrated effective management of high impact or high prevalence risks associated with the care of each consumer, specifically in relation to risk of malnutrition and safety following suicidal ideation. The Assessment Team’s report provided the following evidence relevant to my finding:

Consumer A

* A significant weight loss over a 48 day period between September and November 2021 was not effectively managed.
* Food and fluid charting for October/November 2021 did not include any entries relating to provision and consumption of nutritional supplements.
* A review in November 2021 indicates the consumer was tolerating food and fluids. This is not consistent with progress notes and food charting.
* A weight review in November 2021 referenced a weight loss of more than 5kg in a month and recommendations. However, furthers actions to address the weight loss were not taken until seven days later, which included review by the Medical officer and Dietitian. A Malnutrition risk assessment was completed 17 days later, with a score indicating the consumer was malnourished.
* Progress notes for a 37 day period in October and November 2021 included 25 entries indicating the consumer was distressed and mentally declining.
* A depression risk assessment was not completed until 15 days after it was due, in line with entry assessment processes, despite being clinically indicated. It took the service over one month to assess the consumer and provide strategies to manage and support risk associated with their declining mental health condition.
* Following the assessment, the Medical officer completed a medication review and monitoring and observation charting was commenced. No additional strategies were implemented to support the consumer and no further monitoring occurred until after commencement of the Site Audit.
* Four staff stated the consumer had been emotionally stressed and depressed since entry in September 2021.

Consumer B

* Gradual weight loss over a nine month period in 2021 was not identified until October 2021.
* Staff consistently reviewed the consumer’s weight monthly noting weight was stable.
* Food and fluid charting was commenced in October 2021 following identification of weight loss.

Consumer C

* Gradual weight loss since January 2021 was not identified until September 2021. Despite the weight loss, no further strategies were implemented to prevent further weight loss and malnutrition until November 2021.
* A Malnutrition risk assessment had not been completed, in line with the service’s processes and a referral to a Dietitian had not been initiated.

The Assessment Team’s report indicated:

* The Weight management tool does not enable identification and management of small, consistent monthly weight losses until a larger weight loss is noted over either a one or three month period.
* Clinical monthly statistical data reviews from August to November 2021 did not identify Consumer B’s weight loss until November 2021 or reflect Consumer C’s weight loss.

The provider’s response included commentary to refute aspects of the Assessment Team’s report. Additionally, actions taken in response to information in the Assessment Team’s report were also included. Documentary evidence to support the assertions made by the provider were not included as part of the response. The provider’s response included, but was not limited to:

In relation to Consumer A

* It is clear from actions implemented and described in the response that the consumer’s weight loss was known from the time of entry over a three month period, which was being monitored and had been referred to the Medical officer.
* Acknowledge that steps described in the response and a referral to a Dietitian could have been taken at an earlier point in time.
* Since the Site Audit, strategies to support the consumer’s mental health have continued, ongoing Medical officer reviews of weight and mental health are ongoing, a review by specialist services has occurred and an individualised Mental and emotional care plan has been completed.

In relation to Consumer B

* The provider does not agree with the Assessment Team’s statement indicating weight loss was not identified until October 2021.
* Close monitoring had been undertaken and gradual weight loss from May 2021 identified. Appropriate strategies and measures to manage this on a continuing basis had been implemented.

In relation to Consumer C

* The consumer had medical issues in February 2021 resulting in decreased oral intake. It is highly likely that the medical issues were a significant contributing factor for the weight loss in March 2021. Input of the Medical officer and specialists were ongoing throughout February, March and April 2021.
* Oral intake was closely monitored during this period with numerous progress notes referencing the consumer’s decreased oral intake/refusal of meals and actions taken.
* Documentation to support the assertions made were not included as part of the provider’s response.

Further actions initiated include:

* The Weight management tool is being re-developed and have engaged an external Dietitian to assist with development of the tool in line with best practice.
* Completed a review of food and fluid charting conducted in December 2021 to ensure appropriate charting.
* Education provided to senior staff relating to collating data for monthly clinical statistics. The monthly clinical statistics are being closely reviewed.

I acknowledge the provider’s response to the Assessment Team’s report. However, this Requirement expects that services effectively manage high impact or high prevalence risks associated with the care of each consumer. That is, each individual consumer should expect to have high impact or high prevalence risks associated with their care effectively managed. Based on the Assessment Team’s report and the provider’s response, I find this did not occur for Consumers A, B and C.

In relation to Consumer A, I have considered that assessment of and strategies to minimise the risk of a deterioration in the consumer’s mental health did not occur in a timely manner. Progress notes for a 37 day period in October and November 2021 indicated a decline, however, this information was not used as an indicator to initiate an assessment to identify the consumer’s risk. Additionally, the risk assessment was not completed within the timeframe outlined in the service’s processes.

I acknowledge the provider’s response indicating awareness of Consumer A’s weight loss, however, I have considered that while a significant weight loss was identified in November 2021, further actions to address the weight loss were not undertaken until seven days later. I acknowledge the further strategies implemented in relation to Consumer A, subsequent to the Site Audit.

I have considered that while Consumer A had been commenced on fortified fluids in response to weight loss in October 2021, provision and consumption of these fluids were not reflected on charting, implemented to monitor the consumer’s food and fluid intake. Additionally, I have considered reviews of nutritional intake were not a true reflection of the consumer’s actual food and fluid intake. I find that such practices have not ensured the consumer’s risk of further weight loss and malnutrition are effectively monitored nor do they enable changes in the consumer’s condition to be identified and strategies to minimise risks initiated in a timely manner.

In relation to Consumer B, I have considered that the consumer’s weight was not effectively monitored or weight variances promptly identified and addressed over a nine month period. I acknowledge the provider’s response indicating actions were taken in response to weight loss in May, June and October 2021. However, I have considered that weight records indicate a cumulative weight loss of over 3kg between June and September which was not identified or actions implemented in response until October 2021. Monthly weight reviews for July, August and September 2021 indicated ‘no actions were implemented’, ‘continue with current regime’ and ‘weight stable’.

In relation to Consumer C, I find that medical issues in February to April 2021, referenced in the provider’s response, contributed to the consumer’s weight loss during this period. However, I have considered that while actions in response to variances in the consumer’s weight had been initiated, actions implemented were not appropriate or in line with the service’s processes. A weight loss of over 3kg was noted in August 2021 with staff recommending fortified fluids to be offered, however, the consumer was already receiving these fluids. A further 4kg cumulative loss was recorded over a three month period in October 2021. I have considered that despite the recorded cumulative weight loss, referral to a Dietitian did not occur and a malnutrition risk assessment to identify and manage the consumer’s risk of malnutrition was not completed in line with the service’s processes.

In relation to the Weight loss management tool and Clinical monthly statistical data reviews, I find that the evidence presented in this Requirement does not demonstrate deficiencies relating to delivery of personal and clinical care. Rather, the evidence presented specifically relates to the organisation’s clinical governance framework. As such, I have considered the evidence with my finding for Standard 8 Organisational governance Requirement (3)(e).

For the reasons detailed above, I find Fairlux Pty Ltd, in relation to The Claridge Residential Care, to be Non-compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

### 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*

*practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# STANDARD 4 COMPLIANTServices 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

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

The Assessment Team found overall, consumers sampled considered that 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. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* staff support consumers to do things which are socially, spiritually and emotionally important to them;
* consumers are supported to maintain social connections within and outside the service; and
* consumers are able to provide input into activities and meals though surveys, feedback forms, one-on-one discussions with staff and meeting forums.

Entry assessment processes are completed on entry and assist to identify each consumer’s preferred lifestyle choices and preferences. Individualised care plans are developed from information gathered and are available to assist staff to deliver care and services to consumers which optimise their health, well-being and quality of life. For consumers sampled, staff described what was important to consumers and what their preferences were, which reflected information in consumer care plans.

A monthly lifestyle activities calendar is maintained and includes a range of activities. Activities are provided either in a group setting or one-to-one with individual consumers. The calendar is regularly reviewed and revised in response to consumer feedback. Attendance at activities is monitored and consumer interest in the activities program is reviewed regularly by consumers, the lifestyle staff and management.

Consumers sampled confirmed their condition, needs and preferences had been identified and were known by staff. Care files sampled included information relating to each consumer’s life history, including family structure and religious/spiritual needs, and outlined strategies for staff to manage emotional behaviours. For consumers sampled, staff could explain the nature of the emotional, spiritual or psychological support provided to them.

Care plan documentation included information relating to how consumers are supported to participate in the community, maintain friendships and identified people who are important to them and maintain friendships. Additionally, care files demonstrated information about consumers’ conditions, needs and preferences is documented and communicated within the service and with others where responsibility is shared. Staff described how they are kept informed of consumers’ condition, needs and preferences ensuring appropriate care and services are provided.

Overall, consumers provided positive feedback about the food, stating their feedback is responded to and they appreciate the effort food services staff make to accommodate their food preferences. The service has processes to identify each consumer’s nutrition and hydration needs and preferences and communicate these to staff, including catering staff. A seasonal, four week rotating menu is in place and includes a range of meal options for consumers to choose from. Meals are cooked onsite fresh daily and food options are changed regularly in line with consumers’ feedback.

The Assessment Team observed equipment provided to consumers to be comfortable, clean and well maintained. Scheduled cleaning, maintenance and audit programs ensure equipment is cleaned, maintained and safe. A separate cleaning log for all lifestyle equipment is maintained.

Based on the evidence documented above, I find Fairlux Pty Ltd, in relation to The Claridge Residential Care, to be 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 COMPLIANTOrganisation’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

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

The Assessment Team found overall, consumers sampled considered that they feel they belong in the service and feel safe and comfortable in the service environment. The following examples were provided by consumers during interviews with the Assessment Team:

* they feel safe at the service, are able to personalise their rooms and have access to all areas of the service, including outside areas;
* the service is clean and well maintained and the new refurbished and renovated rooms are very nice; and
* equipment used in their rooms and around the service is regularly cleaned and serviced.

The Assessment Team observed the service environment to be welcoming, and functional with various communal spaces for consumers to sit. Communal areas have recently been upgraded and refurbished and consumers were observed to be using these spaces throughout the Site Audit. The environment was noted to be well maintained, comfortable and clean. Signage in corridors assists consumers to safely navigate the environment and consumers indicated they could freely access all areas of the service, including outdoor areas.

There are preventative and reactive maintenance processes in place which include use of contracted services to maintain and inspect aspects of the service environment and equipment. Staff described how maintenance tasks are reported, actioned and resolved and processes they follow where safety hazards are identified. Cleaning processes are guided by a schedule and staff described how they ensure the environment is maintained. Additionally, staff indicated extra hours had been added to the cleaning roster to facilitate additional COVID-19 cleaning requirements.

Furniture, fittings and equipment was observed to be safe, clean, well maintained and suitable for consumers and all equipment was noted to be safely stored. Consumers indicated they felt safe when staff use equipment to assist with their care and the equipment is in good working order.

Based on the evidence documented above, I find Fairlux Pty Ltd, in relation to The Claridge Residential Care, to be 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 COMPLIANTFeedback 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

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

The Assessment Team found overall, consumers sampled consider that they are encouraged and supported to give feedback and make complaints, and appropriate action is taken. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* they feel supported to provide feedback and make complaints when they need to.
* are satisfied with actions taken in response to feedback or complaints made;
* feel comfortable talking to staff and management about any issues and feel like they are listened to; and
* are aware of the different methods to raise complaints.

Consumers and representatives are provided with information in relation to internal and external feedback and complaints avenues on entry. Information in relation to feedback mechanisms, including external avenues, advocacy and language services was also noted to be available throughout the service, including in languages other than English. Consumers are encouraged and supported to provide feedback through a range of avenues, including meeting forums, surveys and directly to management and staff. Staff described how they support consumers to raise concerns.

Policy and procedure documents are available to guide management and staff in complaints handling and open disclosure processes. Management and staff described open disclosure principles, the importance of resolving issues and apologising when things go wrong. A complaints register is maintained and documentation demonstrated complaints are responded to and actioned. Feedback and complaints are reviewed and monitored regularly to identify trends and opportunities for improvement. Consumers and representatives sampled stated management work with them to ensure feedback is actioned in a timely manner and improvements are identified and implemented in response to their feedback.

Based on the evidence documented above, I find Fairlux Pty Ltd, in relation to The Claridge Residential Care, to be 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 COMPLIANTHuman 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 Quality Standard is assessed as Compliant as five of the five specific Requirements have been assessed as Compliant.

The Assessment Team found overall, consumers sampled considered that they get quality care and services when they need them from people who are knowledgeable, capable and caring. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* there are adequate numbers of staff and consumers’ call bells are answered quickly;
* staff attend to consumers’ care and needs and know what they are doing; and
* are satisfied with the skills and knowledge of staff.

The service has systems and processes for planning and managing the workforce to ensure delivery of quality care and services. The workforce is regularly monitored to meet the changing needs of consumers. There are processes to manage planned and unplanned leave. Staff said there are enough staff rostered on each day to enable them to perform their duties and attend to consumers’ care needs in a timely manner.

The Assessment Team observed staff interacting with consumers in a calm and caring way. Consumers and representatives indicated staff are kind and caring and treat consumers with respect, are responsive to their needs and understand their preferences and interests.

A recruitment and induction process is in place and initial recruitment processes are targeted to recruit employees that are not only qualified to perform the role, but align with the service’s culture and values. Clinical indicators, incident data, feedback, audits and changes to legislative requirements assist the service to identify staff training needs. A training register and planning schedule, based on core competencies staff require to perform their role, is maintained and includes mandatory components. There are processes to monitor completion of training requirements. Staff indicated they feel supported in their roles and additional training would be provided by management as required.

A staff performance appraisal and development process is in place, including probationary and annual reviews. There are processes to manage under performance which includes a formal investigation process and a self-reflection tool. Staff confirmed assessment of their performance occurs formally through reviews and informally through on-the-job interactions.

Based on the evidence documented above, I find Fairlux Pty Ltd, in relation to The Claridge Residential Care, to be 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 COMPLIANTOrganisational 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 found overall, consumers sampled considered that the organisation is well run and they can partner in improving the delivery of care and services. Consumers are supported to engage in the development, delivery and evaluation of services through a number of avenues, including meeting forums, surveys, care plan review processes and feedback mechanisms.

The governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The organisation’s governing body comprises of an Executive team which supports two Executive directors who have responsibility of overseeing all areas of the organisation. Weekly and monthly reports are provided to the Executive team ensuring they are aware of undertakings within the service and are accountable for delivery of care and services. The organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. There are processes to ensure these areas are monitored and reported on, including to the Executive team.

The organisation demonstrated effective risk management systems and practices in relation to managing high impact or high prevalence risks; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can and managing and preventing incidents. An incident management reporting system is in place to report against legislative requirements and inform the organisation of any trends and risks. Documentation sampled demonstrated the service had effectively notified and reported incidents, including those under the Serious Incident Response Scheme, in line with legislative requirements.

The organisation has an effective clinical governance framework, supported by policy and procedure documents to guide staff practice in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Staff sampled stated they had been educated about the policies relating to these aspects and described how they implement these within the scope of their roles.

In the context of Requirement (3)(e) in this Standard, I have also considered information documented in the Assessment Team’s report in Standard 3 Personal care and clinical care Requirement (3)(b). The Assessment Team found the Weight management tool did not enable identification and management of small, consistent monthly weight losses until a larger weight loss was noted over either a one or three month period; and Clinical monthly statistical data reviews from August to November 2021 did not reflect weight loss for Consumers B and C weight loss. In considering the evidence documented in Standard 3 Personal care and clinical care and in Requirement (3)(e) in this Standard relating to the organisation’s clinical governance framework, I find the evidence does not indicate this is a systemic issue. I acknowledge the provider’s response which demonstrates appropriate actions have been implemented in response to the deficits highlighted relating to the Weight management tool and Clinical monthly statistical data reviews.

Based on the evidence documented above, I find Fairlux Pty Ltd, in relation to The Claridge Residential Care, to be 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*
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

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):**

* Ensure staff have the skills and knowledge to:
* identify cumulative variances in weight and implement appropriate actions, including assessments and referrals to Medical officers and allied health specialists, in line with the service’s processes; and
* identify deterioration in consumers’ health and condition, initiate appropriate assessments and management strategies and monitor and review effectiveness of strategies;
* Ensure policies, procedures and guidelines in relation to management of high impact or high prevalence clinical risks, specifically weight management are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to management high impact or high prevalence clinical risks, specifically weight management.