Performance

Report

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| Name: | Fairfield Nursing Home |
| Commission ID: | 2504 |
| Address: | 123-125 The Crescent, FAIRFIELD, New South Wales, 2165 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 2 October 2024 |
| Performance report date: | 4 November 2024 |
| Service included in this assessment: | Provider: 7237 Fresh Fields Management (NSW) Pty Ltd  Service: 881 Fairfield Nursing Home |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Fairfield Nursing Home (**the service**) has been prepared by Micheal Cooper, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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 Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment contact (performance assessment) – site 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 assessment team’s report received 24 October 2024.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# 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.

* The service must implement processes and organisational systems to ensure it complies with all relevant legislation and regulatory requirements.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | 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. | Compliant |

Findings

Consumers and representatives provided positive feedback in relation to the clinical and personal care they receive. Staff demonstrated knowledge and understanding of consumers personal and clinical care needs and preferences and described ways they provide care that is tailored to each consumer to optimise their health and wellbeing. Service documentation evidenced organisational systems and processes to guide staff in the delivery of safe and effective care and services. Service documentation evidenced clinical systems in place to identify and respond to risks including a monthly incident report demonstrating analysis and investigation to inform continuous improvements. Care documentation evidenced the service is safely managing consumer’s care needs and providing care that is best practice, tailored to consumers’ individual care needs to optimise their health and wellbeing.

I have considered the information in the assessment contact report, and I have placed on the information provided including evidence of effective organisational systems to guide the delivery of safe and effective care and services, and staff knowledge of consumer’s individual care needs.

It is my decision Requirement 3(3)(a) is Compliant.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(c) | 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. | Compliant |

Findings

Consumers and representatives provided positive feedback in relation to supports for daily living and said they are supported to maintain relationships with those who are important to them. Staff demonstrated knowledge of consumers lifestyle and daily living needs and described ways they ensure preferences are captured and recorded to guide staff in meeting those needs. Service documentation and interviews with staff demonstrated the service seeks feedback from consumers through consumer meetings and records individual lifestyle preferences in consumer care files. Consumers were observed participating in various activities of interest to them throughout the assessment contact.

I have considered the information provided in the assessment contact report and I have placed weight on effective systems in place to support consumers to participate in their community, maintain relationships with individuals who are important to them, and to participate in activities of interest to them.

It is my decision Requirement 4(3)(c) is Compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | 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. | Compliant |

Findings

Consumers and representatives provided positive feedback in relation to consumer care and services, and said there is sufficient staff to meet their care needs. Staff provided positive feedback in relation to the deployment of staff and said they are able to meet consumer’s care needs. Service documentation and interviews with staff and management evidenced processes in place to identify the need for increased staffing including call bell monitoring and staffing is listed as an agenda item at consumer and staff meetings.

I have considered the information within the assessment contact report, and I have placed weight on the information including the positive feedback from consumers and representatives interviewed, strategies the service evidenced to ensure care sufficiency and staff knowledge of consumers’ care needs as outlined in Requirement 3(3)(a).

It is my decision Requirement 7(3)(a) is Compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(c) | 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. | Not Compliant |

Findings

Staff provided positive feedback in relation to the service’s information management processes and confirmed they have access to relevant information including policies and procedures to guide the delivery of safe care and services. Service documentation evidenced systems in place to share information with those who share care responsibilities including meeting minutes, consumer care files and handover documentation. The service demonstrated systems in place to identify areas for continuous improvement and service documentation evidenced the implementation of strategies to support continuous improvement. Management demonstrated financial processes in place to budget the needs of consumers residing in the service, and processes to obtain additional funds to address consumer’s needs. Staff confirmed they have access to equipment and resources to perform and meet the requirements of their job roles. Service documentation demonstrated processes to capture complaints and seek feedback to inform areas for improvement based on feedback.

The assessment contact reported the service is not meeting their legislative care minute responsibilities. The service evidenced it is meeting their registered nurse direct care minutes; however, the services is not meeting their total care minutes target.

The approved provider, in response, acknowledged the assessment contact findings and explained the service has since recruited three additional care staff employees. The provider’s response outlines the service has since increased their total care minute targets and recruitment activities continue in order to meet their total care minute target.

In coming to my decision for Requirement 8(3)(c) I have acknowledged the information provided in the assessment contact report and approved providers response. While I acknowledge the actions taken by the provider and actions the service plans to take to remediate the deficiencies, I am of the view the actions being taken by the service will take some time to be fully implemented and evaluated for effectiveness.

The service did not demonstrate they are complying with all relevant legislation and regulatory requirements.

It is my decision Requirement 8(3)(c) is Not Compliant.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)