Performance

Report

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| Name of service: | Fairhaven |
| Service address: | 15 Pine Tree Close ARMADALE WA 6112 |
| Commission ID: | 7130 |
| Approved provider: | Free Reformed Retirement Village Association Inc |
| Activity type: | Site Audit |
| Activity date: | 22 March 2023 to 24 March 2023 |
| Performance report date: | 28 April 2023 |

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 Fairhaven (**the service**) has been prepared by R Beaman, 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 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; and,
* the provider’s response to the assessment team’s report received 13 April 2023.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# 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 required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | 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. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | 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. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers and representatives confirmed consumers are treated with dignity and respect by staff and are able to make choices and decisions over the way care and services are delivered. Consumers confirmed they have choice over who is involved in making decisions, receive information in a way they wish and that it is provided in a timely manner. Consumers were satisfied their personal information was kept confidential. Observations showed staff interacting with consumers in a respectful manner, maintaining consumer privacy and dignity when delivering care and information was kept confidential through password protected electronic care systems.

Consumers and representatives confirmed where consumers wished to, they were supported to take risks to live their best life. Consumers and representatives confirmed where risks were taken, they were involved in discussions that considered ways to take risks in a safe manner. Documentation confirmed where consumers expressed the wish to take risks, mitigation strategies were recorded to ensure safety.

Staff were able to describe consumers including their individual personalities and preferences for care and services. Staff could demonstrate how they engage consumers in making choices about their care and services and how they support them to take risks they wish to take. Staff confirmed they assist consumers to understand information provided, and how they ensure consumers’ privacy is respected and personal information is kept confidential.

Documentation reflected consumers’ choice and consultation of risks where appropriate, and information provided to consumers is done so in an appropriate, accurate and timely manner.

Accordingly, I find all Requirements withing Standard 1 Consumer choice and dignity Compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | 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. | Compliant |
| Requirement 2(3)(b) | 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. | Compliant |
| Requirement 2(3)(c) | 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. | Compliant |
| Requirement 2(3)(d) | 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. | Compliant |
| Requirement 2(3)(e) | 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. | Compliant |

Findings

Consumers and representatives confirmed they are included in the development of care and services and were satisfied consumers’ assessments consider the risks associated with their care. Consumers confirmed information about assessment and planning is current and in line with consumer needs, goals and preferences and that information is documented in a care plan that is accessible.

Consumers and representatives confirmed outcomes of assessment and planning are communicated to them in a way they understand and were confident where any change or incident occurs consumer care is reviewed.

Documentation confirmed information about consumers’ care and services aligned with consumer needs, goals and preferences and showed evidence that risks associated with consumer care were considered and included strategies to mitigate those risks, including but not limited to falls prevention, undertaking risk activities, weight loss and diabetes management. Consumer care plans showed evidence of discussion around end of life and palliative care needs and preferences and recorded the outcome so those discussions.

Documentation showed regular reviews of assessments and planning is undertaken and where a change or incident occurs consumer care is reviewed and updated appropriately.

Staff demonstrated understanding of the organisation’s assessment and planning process, confirming risks are assessed and consumer care is planned to reduce the risks of any potential harm. Staff were able to describe the care planning process and ways in which they engaged consumers and representatives in the planning of consumers’ care and services.

Accordingly, I find all Requirements in Standard 2 Ongoing assessment and planning with consumers Compliant.

# 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 |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | 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. | Compliant |
| Requirement 3(3)(e) | 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | 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. | Compliant |

Findings

Consumers and representatives were satisfied with the personal and clinical care delivered to consumers and confirmed it was delivered in a way that optimised their health and was individualised to their needs, goals and preferences. Consumers and representatives confirmed staff know consumers well and they were confident any risks associated with the delivery of care were well managed. Documentation and consumer representatives confirmed where a consumer is nearing end of life, their needs, wishes and preferences for care are recorded and delivered in a way that maximises the consumer comfort and maintains their dignity.

Consumers and representatives confirmed referrals to medical and other health professionals including dieticians, external dementia specialist services and wound specialists, was done in a timely manner and where care is shared consumers and representatives confirmed the information is communicated appropriately.

Consumer care plans reflected the needs, goals and preferences for the delivery of personal care and confirmed where there are risks to a consumer’s health including diabetes, pain, weight loss and pressure injuries they are documented with strategies to guide staff to deliver care that is safe and in line with best practice. Where consumers have a restrictive practice in place documentation confirmed these are used as a last resort, monitored and reviewed regularly.

Staff demonstrated knowledge of consumers’ needs, goals and preferences in relation to personal and clinical care and described ways in which they manage risks associated with consumers’ care and communicate any changes of condition to other providers of care including medical officers and allied health professionals. Staff demonstrated knowledge of infection control principles and the organisation’s policy and procedures in place to minimise the spread of infection. Observations confirmed staff adhere to infection control precautions including the appropriate use of personal protective equipment. Documentation confirmed where required antibiotics are prescribed for an appropriate amount of time.

Accordingly, I find all Requirements in Standard 3 Personal care and clinical care Compliant.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | 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. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| 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 |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives confirmed supports for daily living are tailored to their needs and provided examples of how they are supported to maintain their independence, including through tailored allied health programs and specialised mobility equipment. Consumers described how they are supported to maintain important connections within and outside the service community including the local community church group, and are able to do the things of interest to them through engagement in the lifestyle programs.

Consumers and representatives were satisfied with the quality and quantity of meals and described how the service provides meals in line with cultural preferences. Consumers described how they are supported by staff with their emotional, spiritual and psychological needs including through individual sessions, volunteers visiting and church services delivered. Documentation sampled showed a consumer’s likes and dislikes for meals are recorded including any risks in relation to assessed dietary needs. Consumers confirmed equipment is provided to them when they need it to maintain their independence including mobility and engage in the lifestyle program and were satisfied it was right for them.

Observations showed consumers engaging in the lifestyle program through various group and individual activities in both the indoor and outdoor spaces. Staff demonstrated knowledge of individual consumer needs, goals and preferences for lifestyle supports including meals and activities and described ways in which they engage consumers.

Staff confirmed information about consumers’ condition and lifestyle supports required is communicated with them to enable them to deliver the right care to consumers. Documentation confirmed referrals to other providers of care including volunteers is done in a timely manner when requested or required.

Accordingly, I find all Requirements for Standard 4 Services and supports for daily living Compliant.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers and representatives confirmed the service is welcoming and there are various communal areas where visitors can be engaged. Consumers confirmed they are able to personalise their rooms with items of importance including photographs and furniture. Consumers confirmed they had input into the decorating of the service’s communal areas including lounge and garden areas. Observations showed consumer rooms were decorated with personal items including paintings and pictures.

Consumers confirmed they felt safe and at home living at the service and if any issues arise that required fixing these are seen to in a timely manner. Observations showed consumers able to move throughout the service independently with access to indoor and outdoor spaces.

Documentation showed the service has systems and processes in place for routine and preventative maintenance. Staff described the process of escalation for all maintenance issues and the ways in which they assist consumers to have those issues resolved in a timely manner.

Accordingly, I find all Requirements in Standard 5 Organisation’s service environment Compliant.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives confirmed they are supported to provide feedback and make complaints and were able to give examples of where their feedback has been used to make improvements to care and services. Consumers and representatives confirmed where they make complaints these are actioned in a timely manner and staff apologise if something has gone wrong.

Observations showed information about how to make complaints, and accessing advocacy and other language services to raise complaints is displayed throughout the service environment for consumers and representatives to access. Consumers and representatives confirmed they were aware of how to access advocacy services to assist them in providing feedback, including complaints.

Documentation showed the service encourages consumers to provide feedback and make complaints and where they do, it is captured and actioned in a timely manner. Staff demonstrated knowledge of the service’s feedback systems and processes and described ways in which they support consumers to make a complaint and the process they take to escalate those for resolution. Management confirmed they use consumer feedback to improve care and services providing specific examples of projects that have been implemented directly from consumer feedback.

Accordingly, I find all Requirements in Standard 6 Feedback and complaints 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 |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers and representatives were satisfied there were enough staff to deliver care and services in the way consumers’ wished and confirmed when they request assistance, consumers receive it in a timely manner. Consumers confirmed staff treat them in a kind, caring, respectful manner and were confident staff were well trained and knew their needs, goals and preferences for care and services. Observations throughout the site audit showed staff interacting with consumers in a kind, caring and respectful manner.

Staff confirmed they are well supported with enough staff to undertake their roles in a calm manner with enough time to deliver care in a way that aligns to consumers’ needs, goals and preferences. Staff demonstrated knowledge of consumers, confirmed they have access to training and are able to provide feedback on additional support or training they feel they need. Staff confirmed they had recent discussions about performance with management where they were able to discuss their skills, knowledge and any areas of training they felt they needed.

Management confirmed recruitment is undertaken at a service level with processes in place to check staff prior to recruitment have the appropriate registrations, qualifications, have police checks and are not on the Aged Care banning register. Management confirmed rostering and allocations are completed using feedback from consumers, staff and acuity of consumers. Management confirmed staff performance is monitored through observation, feedback from consumers, representatives and staff, incident and clinical data.

Accordingly, I find all Requirements in Standard 7 Human resources Compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| 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. | Compliant |
| Requirement 8(3)(d) | 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. | Compliant |
| Requirement 8(3)(e) | 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. | Compliant |

Findings

Consumers and representatives confirmed they are engaged in the development and evaluation of care and services including direct input into the lifestyle program and feedback sought about the partner in care and code of conduct processes and procedures at the service. Consumers confirmed their feedback is invited through regular resident and relative meetings conducted at the service.

Documentation confirmed the service has processes in place to ensure the organisation’s governing body is accountable for the delivery of safe, inclusive and quality care, including through various reporting and monitoring systems and a monthly performance report that is provided directly to the governing body. The organisation has up to date policies and procedures in place to guide staff practice in relation to risk management, organisational and clinical governance. Systems and processes are in place to ensure changes to legislation, continuous improvement is consumer focused, and the workforce is monitored at an organisational level to ensure right numbers, skills and training.

Staff demonstrated an understanding of how the risk management system operates and their part in monitoring high impact or high prevalence risks and recognising and responding to abuse and neglect. Documentation confirmed consumers are supported to live their best life and where risks are taken, those are mitigated with strategies to ensure safety through a risk assessment process. Staff described how they use the incident management system to manage and prevent incidents including those that require reporting to external services.

Staff demonstrated knowledge of the clinical governance framework, including antimicrobial stewardship and the use of open disclosure. Documentation confirmed where a restrictive practice is in place these are monitored effectively and in line with legislative requirements.

Accordingly, I find all Requirements in Standard 8 Organisational governance Compliant.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)