Fairhaven Hostel

Performance Report

15 Pine Tree Close   
ARMADALE WA 6112  
Phone number: 08 9399 7173

**Commission ID:** 7130

**Provider name:** Free Reformed Retirement Village Association Inc

**Assessment Contact - Site date:** 6 April 2022

**Date of Performance Report:** 6 May 2022

# Performance report prepared by

Marek Dubovinsky, 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 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | 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 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;
* the Performance Report dated 18 June 2021 for the Site Audit undertaken from 2 March 2021 to 3 March 2021; and
* an email dated 13 April 2022 indicating the provider will not be submitting a response to the Assessment Contact Report.

# 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 Standard 3 Personal care and clinical care. All other Requirements in this Standard were not assessed; therefore, an overall rating of the Standard is not provided.

Requirement (3)(b) in Standard 3 was found Non-compliant following a Site Audit conducted on 2 March 2021 to 3 March 2021, where it was found the service was not able to demonstrate effective management of high impact or high prevalence risks, specifically in relation to risks associated with management of consumers’ behaviour of concern, medication and delirium.

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Assessment Contact and have recommended Requirement (3)(b) met.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find the service compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care. I have provided reasons for my finding under 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.*

This Requirement was found Non-compliant following a Site Audit conducted on 2 March 2021 to 3 March 2021, where it was found the service was not able to demonstrate effective management of high impact or high prevalence risks, specifically in relation to risks associated with management of consumers’ behaviour of concern, medication and delirium. The Assessment Team’s report provided evidence of actions taken to address deficits identified, including, but not limited to:

* The service provided staff with further training on delirium and management of infections. In addition, a fact sheet was also communicated to all staff on delirium and urinary tract infections (UTI).
* The service identified consumers who are prone to UTIs and implemented preventative strategies in the areas of hygiene, continence and hydration.
* Processes were implemented to ensure follow up testing was completed in relation to UTIs when required.
* Education was provided to staff on behaviour assessment and management in addition to changes in the assessment process.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* Relevant high impact or high prevalence risks were identified and managed for five consumers sampled. This included risks associated with falls, pain, restrictive practices, catheter care, diabetes and choking.
* Staff were able to describe how high impact or high prevalence risks are identified and managed. This included being aware of strategies to manage consumers’ risks associated with falls, behaviours of concern, pain, catheter care and restrictive practices.
* Management were able to identify the most significant high impact or high prevalence risks for consumers residing at the service.
* Five consumers were observed to be provided appropriate meal and fluids in line with recommendations made by allied health staff.
* Records viewed confirmed the service monitors high impact or high prevalence risks for individual consumers through the clinical reporting system and multidisciplinary meetings to support effective management.

For the reasons detailed above, I find Free Reformed Retirement Village Association Inc, in relation to Fairhaven Hostel, Compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

# 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.