Performance

Report

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| Name of service: | Fairlea Aged Care @ Penshurst |
| Service address: | 9a-11 Hawk Street PENSHURST NSW 2222 |
| Commission ID: | 2132 |
| Approved provider: | Oreison Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 29 May 2023 to 31 May 2023 |
| Performance report date: | 27 June 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 Fairlea Aged Care @ Penshurst (**the service**) has been prepared by J Miaris, 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.

# 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

This Quality Standard is compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers and representatives said consumers are treated with dignity and respect, and staff value their identity, culture and diversity. Staff spoke about consumers in a respectful manner and demonstrated awareness with consumers’ backgrounds and preferences. The service had policies and procedures in relation to consumer centred approach to delivering care and services which explained the organisation’s commitment to diversity. Care planning documents reflected consumers’ identity and culture.

Consumers and representatives said the service recognises and respects consumers’ cultural backgrounds and provides care that is consistent with their cultural traditions and preferences. Staff identified consumers with diverse backgrounds and provided information relevant to ensuring each consumer receives the care that aligns with their care plan. Care planning documents included information on consumers’ backgrounds and cultural preferences.

Consumers said they were supported to exercise choice which is respected by staff. Management and staff described how they support consumers to make choices and maintain relationships and independence. Care planning documents identified consumers’ individual choices about the delivery of care, who is involved in their care and how the service supports them in maintaining relationships that are important to them.

Consumers said they were supported to take risks which enables them to live their best lives. Staff demonstrated knowledge of the consumers who wish to partake in risk activities describing examples of how the organisation supports consumers to make choices, including those that present risks. Care planning documents demonstrated risk assessments were completed in consultation with a medical officer, other health professionals, consumers and representatives to support consumers in risk-taking activities.

Consumers and representatives confirmed they receive information through written and verbal communication from the service which allows consumers to make informed decisions. Information was provided to consumers in a way that is clear and easy to understand including noticeboards displaying menus, meeting minutes and monthly activities schedule.

Consumers said the service was considerate of their privacy and confidentiality of their personal information and described staff practices such as knocking on doors prior to entry and drawing curtains or closing doors when providing personal care. Staff described how they respect the personal privacy of consumers at the service and were observed knocking on doors before entering consumers’ rooms.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives said they receive the care and services they need and described their involvement in assessment and planning. Care planning documents demonstrated effective, comprehensive assessment and care planning processes to identify the needs goals and preferences of consumers, and evidenced consideration of risks that influenced the delivery of care and services. Staff described how regular care assessments are completed to ensure safe and effective care is delivered.

Staff said end of life planning is discussed on admission if the consumer is comfortable to do so and during review processes, or change in health status for the consumer, reflecting their current needs. Care planning documents reflected end of life care wishes and advance care directives were in place for consumers.

Care planning documents reflected the involvement of consumers, representatives and other health professionals and external providers in the assessment and planning process. Staff described processes for partnering with consumers, representatives and external providers in care planning to ensure quality care was being delivered. This was reflected in consumer and representative feedback.

Consumers and representatives said staff explain information about care and services and communicate changes. Staff described how they effectively communicate outcomes of assessment and planning to consumers and their representatives. The service demonstrated that care and services plans are readily available to consumers.

Care planning documents evidenced they were reviewed on a regular basis and updated when circumstances change. Management advised care planning documents are reviewed every 3 months, or as required. Consumers and representatives confirmed care and services were reviewed when changes occurred.

# 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives said they were satisfied with the personal and clinical care consumers receive which is tailored to their needs and optimises their health and well-being. The service had processes in place to manage restrictive practices, skin integrity and pain management which were in line with best practices. Care planning documents reflected individualised care that is safe, effective and tailored to the specific needs and preferences of the consumer. For consumers subject to restrictive practices, care planning documents included restraint authorisation, informed consent, and a behaviour support plan.

Management and staff described how the service manages high impact or high prevalence risks including regular meetings to discuss analysis of clinical data each month to identify gaps and apply safeguard measures. Staff outlined how they identify, assess, and apply strategies to mitigate risks, including the use of exercise programs to improve mobility for those consumers who are at risk of falls.

Care planning documents evidenced consumers receiving palliative care support, their comfort is maximised, and their wishes and needs were supported. Management and staff described how they deliver end of life care to consumers in line with their needs, goals and preferences. Consumers and representatives confirmed the service had initiated end of life planning and recognised consumers’ wishes.

Staff described how they identify and respond to deterioration or change in a consumers’ condition. Consumers and representatives said the service recognised and responded to change or deterioration in a consumer’s condition in an appropriate and timely manner. The service had a policy for clinical deterioration and change in a consumer’s health condition to guide staff in further care planning.

Care planning documents contained adequate information to support effective and safe sharing of the consumer’s information in providing care. Staff described how information about consumers’ needs, conditions, and preferences are documented and communicated within the service and with others where responsibility for care is shared.

Consumers and representatives said referrals are timely and appropriate and consumers have access to a range of health professionals. Management and staff described the process to refer clinical matters to other providers. Care planning documents evidenced the involvement of health professionals and other providers of care, with timely referrals completed when required.

The service had policies and procedures in place to guide staff in relation to antimicrobial stewardship, infection control management and for the management of an infectious outbreak. Consumers and representatives were satisfied with the service’s management of COVID-19 precautions and infection control practices. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. Staff were observed using appropriate personal protective equipment and practiced hand hygiene.

# 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers confirmed they were supported to participate in lifestyle activities they like and were provided with appropriate supports for daily living that meets their needs, goals and preferences and optimises their independence, health, well-being, and quality of life. Staff said they partner with consumers to conduct lifestyle assessments on admission to identify consumers’ individual interests and preferences, and could explain what they like to do which aligned with their care plans.

Consumers and representatives said consumers were provided emotional support when they are feeling low, and described how the service promotes their emotional, spiritual, and psychological well-being. Staff said if they identify a change in a consumer’s mood or emotional need, they provide additional support such as spending time with them and have one-to-one conversations. Care planning documents included information on consumers’ emotional, spiritual and psychological well-being needs, goals and preferences.

Consumers said they felt supported to participate in the community within and outside the service, stay connected with the people who are important to them, and do the things of interest to them. Care planning documents identified the activities individual consumers enjoy, their specific interests and who they wish to maintain relationships with. Staff described specific interests of consumers and identified who is important to them, which aligned with care planning documentation.

Management and staff described how communication of consumers’ condition, needs and preferences occurs via shift handover, care planning documents and dietary folders. Consumers and representatives said consumers’ needs and preferences are effectively communicated within the service, and with others where responsibility of care is shared. Care planning documents provided information to support safe and effective care.

Care planning documents evidenced the service collaborates with external providers of other care and services. Staff described how they work with external organisations and services, including volunteers to contribute to lifestyle activities, to enhance the consumers’ experiences at the service. External organisation staff were observed engaging with consumers and facilitating activities.

Consumers were satisfied with the quality, quantity and variety of food provided at the service, and there are multiple options to choose from the menu to meet their food preferences. Staff were aware of consumers’ dietary needs and these were included in care planning documents. Meals were observed to be of suitable quality, quantity and variety, being enjoyed by consumers.

Equipment was observed to be safe, suitable, clean, and well-maintained, with adequate stock available for use. Staff described how equipment is cleaned and maintained. Consumers said they felt safe using the service’s equipment which is readily available when required.

# 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

This Quality Standard is compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers and representatives confirmed that the service is welcoming, creates a sense of belonging and is easy to understand. The service environment was observed to have environments that reflect dementia enabling principles of design, including hallways with accessible handrails, and appropriate signage to assist with navigation of the service. Management and staff described aspects of the service environment that makes consumers feel welcome and optimises their independence, interaction, and function, with communal areas for consumers to interact, indoors and outdoors.

Consumers and representatives said the service environment is safe, clean, well maintained and allows consumers to move freely through the service. Staff described and documentation evidenced the processes for cleaning, documenting, reporting, and attending to maintenance issues promptly. Consumers were observed moving freely in all areas of the service and leaving the service with visitors.

The service demonstrated furniture, fittings and equipment was safe and well maintained. Consumers said they have access to safe, clean and well maintained equipment to meet their needs. Staff said they ensure equipment is regularly maintained, in good working order, is safe and fit for purpose. Documentation evidenced the service had a preventative maintenance schedule in place to regularly monitor equipment. Staff were observed cleaning personal care equipment.

# 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

This Quality Standard is compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers and representatives said they know how to provide feedback and make complaints and feel comfortable and safe doing so. Management described how they encourage and support consumers to provide feedback and make complaints are gathered through, feedback forms, surveys, care plan review conversations, meetings, written and verbal communication to management and staff. Feedback forms and a secure feedback box, brochures and posters for internal and external complaints services were observed displayed upon entry and on noticeboards throughout the service for consumers to access.

Consumers and representatives said they were aware how to access advocates, they are happy to raise concerns with management or staff directly. Management described the advocacy and language services available to consumers and information brochures were made available to them in the languages spoken at the service. Documentation and observations identified that the service promotes advocacy services with information easily accessible to consumers and representatives.

Consumers and representatives provided examples of when they have provided feedback or complaints through the service’s feedback mechanisms and were satisfied that appropriate action was taken by staff and management. The organisation had documented policies in relation to consumer feedback and open disclosure to guide staff practice. Staff and management provided examples of the process that is followed when feedback or a complaint is received, staff acknowledged and demonstrated an understanding of open disclosure principles and how they have been applied.

Consumers reported their feedback has been used to improve care and services. Management described detailed processes in place to escalate complaints, and how feedback and complaints are used to improve the care and services. Documentation reflected the various ways the service captured feedback and how trending analysis is used to inform improvements.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives said they were satisfied there is enough staff to meet consumers’ care needs and answer call bells promptly. Observations indicated that staff were available when consumers required staff assistance. Management and staff described how they ensure there is enough staff to provide safe and quality care to consumers, ensuring shifts were covered. Management explained how call bell data is monitored, with strategies implemented to ensure call bells are answered within appropriate timeframes.

Consumers and representatives said staff are kind, caring and gentle when providing care. Staff were observed interacting with consumers in a kind, caring and respectful manner addressing consumers by their preferred name, demonstrating familiarity with each consumer’s individual needs and identity. Staff have completed training in relation to dignity, diversity, and respect.

Consumers and representatives said staff perform their duties effectively and are sufficiently skilled to meet their care needs. The service detailed processes for ensuring the workforce are competent and have the qualifications or knowledge to effectively perform their roles and described ways in which they ensure staff at the service are competent. Documentation demonstrated staff have appropriate qualifications, knowledge, and experience to perform their duties.

Staff said they were competent to perform their roles providing care consumers need, well trained and up to date with mandatory training requirements and additional training available to them. Management described the annual face to face mandatory training and online training resources for staff to complete and how completion of mandatory training is monitored. The service had a documented training program that included mandatory training and demonstrated the workforce is satisfactorily recruited, trained, equipped, and supported.

Documentation demonstrated performance of staff is regularly assessed, monitored, and reviewed in line with the service’s policy and procedures. Management described how staff’s performance is monitored through annual reviews and ongoing observations of staff practice. Staff demonstrated an awareness of the service’s performance development processes, including performance appraisals which include discussions of their performance and areas where they would like to develop their skills and knowledge.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives said the service consistently engaged with them in the development, delivery and evaluation of care and services. Management and staff described the ways consumers and representatives are engaged, including annual case conferences, meetings, feedback, and surveys. Documentation evidenced consumers and representatives are engaged by the service on an ongoing basis.

Management described an organisational structure which facilitates the oversight and governing of the delivery of quality care and services across the service and the service gathers quality indicator data to ensure the service is meeting the Quality Standards. The organisation had central policies, procedures and tools developed with the governing body to promote a culture of safe, inclusive, and quality care and services and is accountable for their delivery.

The service had policies and procedures to support effective organisation wide governance in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. For example, in relation to financial governance, management said the service has a budget which is monitored by the financial officer and the service can make requests for additional funding. The service recently requested funding to build a pergola in the communal outdoor areas to provide additional shade and the service had no issues obtaining approval for the renovation.

The service had a documented risk management framework, including policies describing how high impact or high prevalence risks associated with the care of consumers are managed and how incidents are managed and prevented, supporting consumers to live the best life they can. Staff said risks are reported, escalated, and reviewed by management at the service level and the organisation’s executive management level, including the governing body. Staff explained the processes of risk management at the service, including key areas of risk that are identified, responded to, and reported in the incident management system. Staff detailed their responsibilities in identifying and responding to abuse and neglect of consumers.

The service had a clinical governance framework that included policies and procedures on antimicrobial stewardship, minimising use of restraint and open disclosure. Staff demonstrated an understanding of these policies by describing how they applied them in their day-to-day work with specific examples.

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)