Performance

Report

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| Name: | Fairview Inc |
| Commission ID: | 3070 |
| Address: | 30 Sargeant Street, WARRAGUL, Victoria, 3820 |
| Activity type: | Site Audit |
| Activity date: | 13 November 2023 to 15 November 2023 |
| Performance report date: | 19 December 2023 |
| Service included in this assessment: | Provider: 1004 Fairview Village Limited  Service: 1829 Fairview Inc |

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 Fairview Inc (**the service**) has been prepared by A. Douglas, 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
* the provider’s response to the assessment team’s report received 14 December 2023
* other information and intelligence held by the Commission in relation to the service.

# 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 said staff valued consumers’ diversity and treated them with dignity and respect. Staff were knowledgeable of consumers’ life histories and cultural backgrounds. Care documentation reflected consumers’ lives prior to entering the service and included tailored information regarding consumers’ preferences, identity, and cultural practices.

The service demonstrated consumers received care and services that were culturally safe. Staff shared an understanding of consumers’ cultures and described how care and services were adapted to be culturally safe for each consumer. Care planning documentation was individualised and reflected consumers’ cultural preferences.

Overall, consumers said they were supported to exercise choice and independence when making and communicating decisions about their care, who should be involved, and maintaining relationships. Staff assisted consumers to maintain contact with people important to them and described supporting consumers to exercise choice through following their preferences. Consumers were observed spending time with visiting family and with other consumers.

Consumers and representatives said the service supported consumers to take risks and demonstrated an awareness of the risks associated with their decisions. Care plans reflected relevant risks to consumers and mitigation strategies. Staff described risks relevant to consumers.

Consumers and representatives confirmed they were kept informed of care and services through printed information, verbal reminders, and correspondence via emails and telephone calls. Staff described the various ways information was delivered to consumers, including those with cognitive impairments. Staff were observed using electronic devices to access service information.

Consumers and representatives said the service respected their privacy and maintained their personal and confidential information. Staff described how they maintained a consumer’s privacy and dignity when providing care. Staff were observed conducting their roles in a way that protected consumer privacy, such as knocking on bedroom doors before entering.

# 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

Care planning documentation evidenced initial and ongoing assessment and care planning that was individualised to consumers, and included current needs, goals and risks. Staff were observed accessing and updating consumers’ charts, assessments and care plans. Care planning documentation mostly evidenced the assessment and planning process considered risks to consumers’ health and well-being.

Care documentation described consumers’ needs, goals and preferences, including those relating to advance care planning and end of life (EOL) wishes. Most consumers and representatives were satisfied with their involvement in assessment and planning processes. Care documents contained an advance care plan for sampled consumers, including EOL care if applicable.

Care planning documents reflected ongoing partnerships with input from consumers, representatives and other organisations and services, including recommendations or directives from various health professionals. Consumers and their representatives said staff explained information regarding care and confirmed they had access to care planning documents.

Consumers and representatives confirmed the service was proactive in communicating changes related to consumers’ care and services. Staff said outcomes of assessments were documented in care consultation records and communicated to consumers and representatives through telephone calls, face to face discussions and electronic correspondence.

Care documentation evidenced care and services were reviewed regularly, when incidents occurred, and when circumstances changed. The service’s assessment and care planning policies and procedures set out review, reassessment and monitoring processes. Care planning documentation evidenced monthly reviews for continued effectiveness.

# 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 said they received safe and effective care that was best practice, tailored to their needs and optimised their health and well-being. Management and staff demonstrated an understanding of the delivery of best practice care in relation to the management of restrictive practices, skin integrity and pain. Care planning documentation reflected comprehensive care plans which were individualised, safe, effective, and tailored to the consumer’s needs.

Consumers said the care provided was safe and confirmed risks were assessed, explained, and managed well. Management described analysing clinical indicators to identify prevalent risks and implement care strategies. Care documentation reflected appropriate risk assessments and interventions tailored to consumer need, including involvement by allied health professionals.

Staff demonstrated an understanding of how they recognised and addressed the needs and preferences of consumers nearing EOL. The service had policies and procedures which outlined the palliative care process and guided staff practice. Consumers and representatives expressed satisfaction with the provision of EOL care.

Care documents evidenced deterioration or changes in consumers’ health was recognised and responded to in a timely manner. Consumers and representatives said staff were responsive to consumers’ needs, and representatives confirmed they were kept well informed of changes to the consumer’s health needs. Staff described how changes in consumers’ care and services were communicated in progress notes and at handover, including the identification of consumers whose condition had deteriorated.

Consumers and representatives said consumers’ care needs and preferences were effectively communicated between staff and external providers of care. Staff were knowledgeable of signs of deterioration and care documentation evidenced their prompt response to changes in a consumer’s condition. Care planning documentation provided adequate information to support the effective and safe sharing of the consumer’s information to support care.

Consumers and representatives said referrals were timely and appropriate, and confirmed they had access to a range of health professionals. Staff described the process for referring consumers to health care professionals and how this informed the care and services provided to consumers. Management and clinical staff described how care at the service was supplemented by other providers of care and services. Care documents and progress notes showed the timely involvement of medical officers (MO), allied health professionals and other providers of care, where needed.

Consumers and representatives said they were satisfied with the service’s infection control measures. The service had documented policies and procedures to guide staff in relation to antimicrobial stewardship and infection control management. Staff demonstrated an understanding of the precautions required to prevent and control infections within the service and described strategies to ensure the appropriate use of antibiotics. Visitors and staff underwent viral screening at entry and staff were observed practising 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

Consumers and representatives confirmed consumers received safe and effective services and supports for daily living which met the consumer’s needs, goals, and preferences. Care documents included information regarding the services of importance to consumers, and their preferred activities to optimise their independence, quality of life, health and well-being. Consumers were observed actively engaging in activities occurring throughout the duration of the Site Audit.

Consumers said they were provided with services and supports that benefited their emotional, spiritual, and psychological wellbeing. Care plans accurately captured consumers’ emotional, spiritual, and psychological needs. Lifestyle staff were able to describe the various religious and non-religious well-being activities offered to support consumers’ emotional and spiritual well-being.

Overall, consumers and representatives felt the service assisted consumers to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and do things of interest to them. Consumers were observed maintaining social relationships within and outside of the service. Care planning documentation identified the consumer’s individual choices regarding when care was delivered and who was involved in their care.

Consumers and representatives felt staff were well informed about consumers’ needs and preferences. Staff explained how they stayed informed about changing consumer needs and preferences and identified where they could access up to date information about consumers. All staff had access to the service’s electronic care management system (ECMS) which contained information regarding consumers’ care needs and preferences and service delivery requirements.

Staff outlined the external organisations involved in the provision of lifestyle services and supports for consumers. Care documents identified the involvement of external organisations and providers of care and services to support the diverse needs of consumers. Consumers confirmed they would be referred to an external provider if the service was unable to provide the support they required.

Overall, consumers said they were happy with the quality and quantity of the food, and the service accommodated for their preferences. Care planning documents reflected consumers’ dietary needs and preferences, and this information was also displayed for kitchen staff. Various opportunities were identified for consumers to provide feedback about meals.

Consumers said equipment was safe, suitable, clean, and well maintained, and confirmed they had access to mobility aids to assist with activities of daily living. Staff confirmed mobility equipment was cleaned after use. A range of equipment, such as walkers, wheelchairs, medication trolleys and leisure and lifestyle equipment, was observed to be suitable, clean and well maintained.

# 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 said the service environment was welcoming and easy to understand. Management and staff were able to describe features of the service that helped each consumer to feel welcome and optimise their sense of belonging, independence, interaction, and function. Consumer rooms were decorated with personal belongings to enable the consumer to feel at home.

Consumers and representatives expressed satisfaction with the cleanliness and maintenance of the service, and confirmed they could move freely around the service. Staff confirmed the service environment was cleaned daily through a schedule. Cleaning staff were observed cleaning communal spaces and consumer rooms.

The service was able to demonstrate furniture, fittings and equipment were safe and well maintained. Staff maintained the service’s equipment through various schedules, including proactive and reactive maintenance registers which were up to date. Most consumers and representatives expressed satisfaction with the condition and cleanliness of the furniture, fittings, and 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

Consumers and representatives said they were comfortable providing feedback or making a complaint and knew the relevant processes. Staff described avenues available to provide feedback or make a complaint, and the process they follow should a consumer or representative raise an issue with them directly. Information regarding how to make a complaint or provide feedback was observed on display around the service.

Consumers and representatives were made aware of, and had access to, advocates, language services and other methods for raising and resolving complaints. Staff described how they assisted consumers who had a cognitive impairment or difficulty communicating to raise a complaint or provide feedback. Information regarding internal and external complaints, feedback processes and advocacy services was displayed on noticeboards and brochures in communal areas.

Most consumers and representatives said management promptly addressed and resolved their concerns after lodging a complaint, or when an incident had occurred. Staff demonstrated an understanding of open disclosure and described providing an apology and implementing actions to prevent recurrence of the incident or complaint.

Overall, consumers and representatives expressed satisfaction with the service’s feedback and complaints process, including how they are reviewed to improve the quality of care and services. Most feedback and complaints were trended, analysed, and used to improve the quality of care and services. The service’s plan for continuous improvement (PCI) included entries obtained from various sources such as feedback and complaints, consumer meetings, and internal audits.

# 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

The service was able to demonstrate there was adequate staffing levels and mixes to meet the personal and clinical care needs of the consumers. Most consumers expressed satisfaction with staffing levels and call bell response times. Staff said management called on agency replacements when they were short-staffed, and this assisted with managing their workload. Staff rosters and allocation sheets for the 14 days preceding the Site Audit showed there was one unfilled care staff shift, and no unfilled clinical staff shifts.

Consumers and representatives confirmed staff were kind, caring and gentle when providing care and services. Staff were observed interacting with various consumers in a respectful and gentle manner. Staff demonstrated an awareness of each consumer’s personal preferences and this feedback aligned with care planning documentation.

Consumers and representatives expressed confidence with the ability of staff to perform their roles and meet their care needs. The Assessment Team advised the service had documented policies in relation to the key qualifications and knowledge requirements for each role. Staff advised they had the necessary skills to perform their roles and meet the consumer’s needs.

Consumers and representatives confirmed staff were skilled to meet the clinical and personal care needs of consumers. Staff interviewed were able to describe their understanding of key topics undertaken as mandatory training. While the service’s mandatory completion rates were lower than normal, management cited improvement measures which were implemented in July 2023 to actively address this deficit.

Consumers and representatives did not express concern in relation to staff performance. Management described how they continue to regularly assess, monitor, and review the performance of staff outside of the formal appraisal process using observations and feedback from consumers and other staff members. Staff demonstrated an awareness of the performance appraisal process and ongoing opportunities for feedback about their performance.

# 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

The service demonstrated the development, delivery, and evaluation of care was made in consultation with consumers. Overall, consumers and representatives said the service was run well, and they were mostly satisfied with their level of engagement. Management and staff described the ways in which consumers were encouraged to be engaged and involved in decisions regarding the delivery of care and services.

The organisation’s Board engaged with the service’s management to promote a culture of safe, inclusive, quality care and services. The organisation monitored the service’s performance through regular monthly reporting and internal site audits. Multiple communications between the governing body and the service confirmed the governing body retained oversight of the service’s operations.

Management and staff described processes and mechanisms in place for effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service had an effective communication management system, continuous improvement framework and PCI, established financial governance arrangements, and processes for workforce governance, feedback, and complaints.

The service had a risk management system, with supporting policies and procedures. Staff received training regarding elder abuse and risk management procedures, including managing and reporting incidents. Staff described how they managed high impact and high prevalence risks and supported consumers to live their best lives.

The service demonstrated it had a clinical governance framework and supporting policies in place which addressed antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff said they were educated in these areas and provided examples of how it applied to their day-to-day work.

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)