Performance

Report

**1800 951 822**

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| Name: | Fairway Rise |
| Commission ID: | 8111 |
| Address: | 2 Toogood Drive, LINDISFARNE, Tasmania, 7015 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 4 October 2023 to 5 October 2023 |
| Performance report date: | 16 November 2023 |
| Service included in this assessment: | Provider: 163 Southern Cross Care (Tas) Inc  Service: 8024 Fairway Rise |

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 Fairway Rise (**the service**) has been prepared by D Utting, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

# Material relied on

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

* the assessment team’s report for the Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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

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 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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 |

Findings

The service was found non-compliant with requirements 3(3)(b) and 3(3)(d) following a site audit in January 2023 where they did not demonstrate that:

* medication was appropriately stored
* medical directives were always followed
* care planning documentation contained up to date information
* incidents reporting was completed within required timeframes
* staff were aware of the procedures for reporting and investigating incidents
* deterioration in the condition of a consumer was recognised and responded to in a timely manner

At the assessment contact conducted 4 to 5 October 2023, the Assessment Team found the service had implemented improvements to address the deficits identified at the previous site audit.

All consumers and/or representatives were satisfied that care is effectively managed including how the service responds to changes in the consumers’ condition. The service had processes to promote effective management of high impact or high prevalence risks such as, changed behaviours, falls, pressure injuries and weight loss. New systems for medication storage have been implemented.

Staff interviewed demonstrated understanding of high impact or high prevalence risks associated with consumers. The service is using validated assessment tools to assess and monitor risks of consumers. Staff feedback and consumer files demonstrated timely identification, assessment, and response to changes in consumers’ condition. A review of the education records confirmed education sessions were provided to clinical staff in relation to consumer deterioration.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with requirement 3(3)(b) and 3(3)(d).

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

The service was found non-compliant with requirement 4(3)(f) following a site audit in January 2023 where it did not demonstrate meals provided were of suitable quality and quantity.

At the assessment contact conducted 4 to 5 October 2023, the Assessment Team found the service had implemented improvements to address the deficits identified at the previous site audit. These improvements included the availability of sandwiches and snacks to consumers at all times, and the implementation of a new process for the delivery of meals to consumers rooms, to ensure the food is served at a suitable temperature.

Consumers said they are satisfied there is enough food, and they receive meals in accordance with specific dietary needs. Care plans contained current information regarding consumers dietary requirements. A seasonal menu is reviewed by a dietitian and staff interviewed demonstrated knowledge of consumers specific dietary needs consistent with what was documented.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with requirement 4(3)(f).

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

The service was found non-compliant with requirement 8(3)(d) following a site audit in January 2023 where they did not demonstrate:

* consumers were effectively risk assessed in relation to strategies used for restrictive practices, behaviour management, personal use of equipment
* the timely reporting of Serious Incident Response Scheme (SIRS)

At the assessment contact conducted 4 to 5 October 2023, the Assessment Team found the service had implemented improvements to address the deficits identified at the previous site audit. Improvements included SIRS education for registered nurses and incident management reporting education for care staff. The service has implemented daily reports to capture potential incidents and weekly clinical meetings to discuss high impact, high prevalence risks such as falls, medical incidents, clinical deterioration, mandatory reporting, wounds, and pressure injuries. Consumers choice to take risks were assessed and documented. The documentation relating to consumers subject to restrictive practices included individualised behaviour support plans, documented triggers and strategies. Staff had knowledge of how to support consumers with changed behaviours.

The services risk management system was observed to monitor consumer risk. Staff demonstrated knowledge of their obligations in relation to incidents and mandatory reporting. Staff had access to policy, flow charts, tools and management staff to guide the identification of incidents and priority reporting. The Assessment Team review of incident and SIRS registers demonstrated reportable incidents were identified, documented, and actioned as per legislative requirements.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with requirement 8(3)(d).

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