Performance

Report

**1800 951 822**

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| Name of service: | Faversham House |
| Service address: | 27 Shierlaw Avenue CANTERBURY VIC 3126 |
| Commission ID: | 3096 |
| Approved provider: | Boroondara Aged Services Society |
| Activity type: | Assessment Contact - Site |
| Activity date: | 30 August 2023 |
| Performance report date: | 21 September 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 Faversham House (**the service**) has been prepared by N Eastwood, 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 - 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 provider’s response to the assessment team’s report received 11 September 2023 acknowledging and accepting the assessment team’s recommendations.

# Assessment summary

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| Standard 3 Personal care and clinical care | 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)(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 |

Findings

The service was previously found non-compliant with this requirement following a Site Audit performed between 13 September and 16 September 2022 (the Site Audit). At the time of the Site Audit the service did not demonstrate effective management of restrictive practices and consumer changed behaviours.

The service has implemented several remedial actions in response to the non-compliance including a review of as required psychotropic medication, staff training related to behaviour support plans and chemical restrictive practice, completion of personalised behaviour support plans (BSP) and an audit of BSP and care plan documentation.

A review of documentation reflected consumer changed behaviours and use of restrictive practices were effectively assessed and managed. Consumers and representatives confirmed they had provided consent after discussing the risks and benefits of the relevant restrictive practice. Management and clinical staff confirmed the completion of BSP’s for all consumers and described a range of alternative strategies to manage consumer changed behaviours as outlined in care plans. Staff described personalised strategies for specific consumers to prevent escalation consistent with document care planning documentation. The Assessment Team observed a current restrictive practice register which accurately identified consumers subject to restrictive practice including chemical restraint.

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

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)