Performance

Report

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| Name of service: | Freshwater Bay Nursing Home |
| Service address: | 67 Palmerston Street MOSMAN PARK WA 6012 |
| Commission ID: | 7850 |
| Approved provider: | Fresh Fields Projects (WA) No.1 Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 17 July 2023 to 19 July 2023 |
| Performance report date: | 4 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 Freshwater Bay Nursing Home (**the service**) has been prepared by J. Howard, 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, conducted from 17 July 2023 to 19 July 2023. 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.
* Other information and intelligence held by the Aged Care Quality and Safety 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 | | Compliant |
| 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

The Quality Standard is assessed as Compliant, as six of the six specific requirements were assessed as Compliant.

Consumers were treated with dignity, respect and staff valued them as individuals. Staff were respectful to consumers and understood their personal circumstances, life experiences, preferences and identities, all of which were recorded in care plans. Consumers confirmed they received culturally safe care and services. Staff understood how consumers’ cultural and religious preferences influenced the delivery of care. Consumers were supported to communicate their decisions about their care and maintain relationships of choice. Consumers’ care plans included information about how care should be delivered, who was involved in their care and how the service supported them to maintain personal relationships.

The service supported consumers to take risks, which enabled them to live their best lives. For consumers wishing to take risks, a risk assessment was completed and documented in their care plans. Consumers confirmed they were provided with information that was clear, easy to understand and enabled them to exercise choice. For example, activity schedules, menus, significant scheduled events and upcoming visits from external service providers were displayed on noticeboards within the service. Consumers’ personal information was kept confidential in the locked nurses’ station. Consumers confirmed staff respected their privacy and personal space by knocking on their doors and waiting for a response prior to entering the room.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

The Quality Standard is assessed as Compliant, as five of the five specific requirements were assessed as Compliant.

The service considered risks to consumers’ safety, health and well-being during the needs assessment and care planning process, the outcomes of which informed the delivery of care and services. Consumers were involved in the assessment and planning process, which identified their goals, needs and preferences. Consumers confirmed they received the care and services needed. Consumers’ care plans identified and addressed their current needs, goals and preference, which included end-of-life planning where they wished. The service partnered with consumers, their representatives and external service providers when assessing, planning and reviewing care needs. A review of care plans showed consumers partnered in a coordinated needs assessment which involved the input of a multidisciplinary team.

The outcomes of assessment and planning were documented in consumers’ care plans which were readily available to consumers and those involved in their care. Consumers confirmed they had access to their care plans and said staff explained matters to them if needed. Consumers and representatives confirmed they were involved in regular care plan reviews and notified when incidents occurred or care needs changed. Consumers’ care and services were reviewed bi-annually or following a change in circumstances.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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

The Quality Standard is assessed as Compliant, as seven of the seven specific requirements were assessed as Compliant.

Consumers received care that was safe and right for them and met their individual needs, preferences and optimised their health and well-being. Staff delivered care which aligned with consumers’ care plans and met peoples’ unique needs, preferences and care requirements. The service managed high-impact and high-prevalence risks to consumers such as falls and the use of psychotropic medications through clinical data monitoring and trending, along with risk mitigation strategies for individual consumers. Clinical staff understood risks to consumers and described applicable mitigation strategies, such as ensuring mobility aids are within reach for consumers at risk of falls. Consumers were satisfied with how the service managed risks associated with their care.

Consumers confirmed staff discussed advanced care planning and end of life preferences with them, which were recorded in their care plans. Staff who provided palliative care described how consumers nearing the end of life were supported. For example, staff made consumers comfortable by regular repositioning to minimise pressure injuries; regular personal care; pain monitoring and emotional and spiritual support. Changes in consumers’ conditions and care needs were responded to in a timely manner, which was confirmed by consumers, representatives and a review of care plans. Staff kept abreast of changes to consumers’ conditions through shift handover meetings, progress notes, monthly reviews, incident reports, clinical charting and feedback from consumers and their representatives.

Consumers confirmed information about their needs and preferences were effectively communicated between staff, as they received the care needed. A review of consumers’ files confirmed medical professionals and consumers’ representatives were informed of changes to individuals’ conditions. Consumers said referrals to other providers of care and services were timely, appropriate and occurred when needed, which was confirmed by a review of care plans. The service had processes in place to minimise infection-related risks and support the appropriate prescribing of antibiotics.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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

The Quality Standard is assessed as Compliant, as seven of the seven specific requirements were assessed as Compliant.

Consumers received safe and effective services that met their needs, goals and preferences and optimised their independence, health, well-being and quality of life. Staff understood how consumers’ preferences influenced care delivery and supported independence. Consumers confirmed they were supported to pursue activities of interest to them. Consumers confirmed they received the emotional, spiritual and religious supports needed to maintain their psychological well-being, such as spending time with friends and family, receiving visits from religious personnel and spending time with staff.

Consumers participated in their community, did things of interest to them and were supported to maintain personal relationships. A review of consumers’ care plans confirmed information about their activities of interest and people of importance to them was available to staff. Consumers were satisfied with the quality, quantity and variety of food provided by the service. Consumers were offered meal options from a seasonal menu and could request an alternative if the menu was not to their liking. Consumers confirmed they had input to the menu through meetings, surveys and feedback forms. Staff were trained in understanding consumers’ food allergies and special dietary requirements.

Where the service provided equipment, it was observed to be safe, suitable, clean and well maintained. Staff said equipment was regularly cleaned and maintained. A range of equipment such as mobility aids were clean and scheduled for maintenance on the preventative maintenance schedule. Staff said shared equipment was sanitised after each use.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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

The Quality Standard is assessed as Compliant, as three of the three specific requirements were assessed as Compliant.

The service environment was welcoming, easy to understand and promoted a sense of independence and belonging, which consumers confirmed. The service environment was easy to navigate, well-lit, had clear signage and handrails to assist consumers’ ease of movement. Consumers were observed using different areas of the service to enjoy meals, activities and access the outdoor areas. The Assessment Team observed consumers watching television together and socialising in various outdoor areas of the service.

Furniture, fittings and equipment were safe, clean, well maintained and suitable for consumer use. Consumers understood how to report maintenance issues to staff, who recorded requests in a daily maintenance logbook. Management advised maintenance issues are part of a standing agenda at all meetings. A review of the maintenance logbook showed where possible, issues were resolved on the same day as the report was made. Furniture, equipment and the general service environment was maintained under routine, preventative and reactive schedules. Staff said equipment was cleaned between uses and safely stored.

# Standard 6

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| Feedback and complaints | | Compliant |
| 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

The Quality Standard is assessed as Compliant, as four of the four specific requirements were assessed as Compliant.

The service encouraged consumers and representatives to make complaints and provide feedback. Consumers and representatives were comfortable raising concerns directly with staff. Feedback and complaints could be made via consumer committees, feedback forms and surveys. A review of the service’s feedback and complaints register showed consumers’ compliments, suggests and complaints were received internally and from external support mechanisms. Information about how to make an internal or external complaint, provide feedback and access advocacy and interpreter services was available in the consumer handbook, on posters and in pamphlets throughout the service.

The service took appropriate action in response to feedback and complaints and used open disclosure when something went wrong, which consumers and representatives confirmed. Staff completed training in complaints management and understood their responsibilities to consumers. A review of the service’s feedback and complaints register showed consumers’ concerns were acknowledged, investigated and management met with affected individuals to discuss the outcome and offer an apology. The service used feedback and complaints to improve the quality of care and services. For example, when consumers advised a bathroom door was difficult to open, action was taken to ensure ease of access.

# Standard 7

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| Human resources | | Compliant |
| 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 Quality Standard is assessed as Compliant, as five of the five specific requirements were assessed as Compliant.

Consumers confirmed there were adequate staff at the service to provide prompt, safe, quality care and services which met their needs. Staff said they worked together to ensure consumers were supported and their needs met. The service had 24/7 registered nurse coverage and when unplanned leave occurred, management used regular nursing agency staff. The Assessment Team observed staff were kind and respectful of consumers by knocking on their doors and waiting to be invited in, using preferred names and spending time with them to understand their needs.

The service’s workforce was competent and had the qualifications and knowledge to effectively perform their roles, which was reflected in positive consumer feedback. New staff participated in an induction process and had access to a welcome pack, position description and the service’s policies, procedures and resources. Nursing agency staff were provided with orientation to the service before commencing a shift. All staff completed annual training in medication management, manual handling, fire and evacuation procedures and infection control practices. A review of staff position descriptions showed all had required qualifications and desired knowledge relevant to their roles and responsibilities. All registered staff had current registrations with the Australian Health Practitioner Regulation Agency.

Staff were trained, equipped and supported to deliver safe, quality care and services. Management advised training was developed at an organisational level and delivered by a learning and development officer or onsite senior clinical staff. A review of training records showed staff completed mandatory competencies within 30 days of commencement at the service. The service regularly assessed, monitored and reviewed staff performance, which included informal and formal performance reviews.

# Standard 8

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| Organisational governance | | Compliant |
| 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 Quality Standard is assessed as Compliant, as five of the five specific requirements were assessed as Compliant.

Consumers and representatives were engaged in the development, delivery and evaluation of care and services. Input was provided via resident and representative meetings, care planning and case conferences, day-to-day feedback and surveys. Consumers and representatives confirmed change occurred in response to their feedback. The organisation’s governing body promoted a culture of safe, inclusive and quality care and services, for which it was accountable. The board of directors satisfied themselves the Quality Standards were being met via reports from senior management which addressed clinical indicators, internal audit results, risks to consumers, serious incidents, restrictive practices and consumers’ feedback and complaints. The service had organisation-wide governance systems that guided information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service had risk management systems, policies and procedures to monitor, assess and manage high-impact or high-prevalence risks associated with the care of consumers. The service maintained a clinical risk register which identified potential risks and to which Quality Standard they relate. Risks to consumers were discussed at staff meetings where mitigation strategies were identified, adapted or changed. Staff were guided in risk management by the service’s risk management policies and processes.

The service had systems in place to support clinical governance, the delivery of safe care, promote antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something goes wrong.

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)