Arcare Epping

Performance Report

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EPPING VIC 3076  
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**Commission ID:** 3770

**Provider name:** Arcare Pty Ltd

**Assessment Contact - Site date:** 27 January 2021

**Date of Performance Report:** 24 February 2021

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 6 Feedback and complaints** |  |
| Requirement 6(3)(c) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(e) | Compliant |

# Detailed assessment

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

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

The following information has been taken into account in developing this 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 approved provider’s response to the Assessment Contact - Site report received 5 and 18 February 2021.

# STANDARD 6 Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

One of the four specific requirements have been assessed as Compliant.

As not all requirements under the Quality Standard were assessed an overall rating is not provided.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

The Assessment Team found that most consumers and representatives who had made formal complaints were satisfied with the process used to resolve issues. Staff described using open disclosure principles in the handling of complaints, including working collaboratively with consumers and representatives and apologising when necessary. Documentation reviewed, demonstrated engagement with complainants in writing and face-to-face meetings to discuss complaints. The organisation demonstrated that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

The response submitted by the approved provider indicates ongoing improvements are being implemented to ensure complaints are managed effectively.

I have considered all the evidence provided. While some representatives indicated that they were not always satisfied with the outcome their complaints, the approved provider was able to demonstrate that appropriate actions are taken in response to complaints and a commitment to ongoing engagement with consumers and their representatives. On balance I find this requirement is met.

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

Three of the five specific requirements have been assessed as Compliant.

As not all requirements under the Quality Standard were assessed an overall rating is not provided.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

Overall, consumers and representatives expressed satisfaction with the care provided. Generally, consumers and representatives said staff are responsive. However, some issues were raised in relation to staff responsiveness in one unit of the service, where vacant shifts are currently being filled by causal and agency staff. Staff did not identify any issues regarding the adequacy of staff numbers. The approved provider demonstrated that roster review continues with improvements made as required, and that monitoring of call bell response time has been strengthened.

While some consumers expressed concerns regarding staff responsiveness, I have also considered the actions taken by the approved provider to address this issue. On balance I find this requirement Compliant.

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

Most consumers and representatives said staff know what they are doing. The workforce is recruited to specific roles requiring qualification, credentialing or competency. Staff described how they work within their qualification, skills and knowledge. Care staff described how they support care and demonstrate an understanding where the skills of a registered nurse are required.

Having considered all of the available information I find this requirement Compliant.

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

Management said they follow up consumer feedback in relation to staff performance. Staff performance is also monitored through observation and review of incidents and action taken as required. A staff performance review process is in place.

Having considered all of the available information I find this requirement Compliant.

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.