Arcare Logan Reserve

Performance Report

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**Commission ID:** 9603

**Provider name:** Arcare Pty Ltd

**Assessment Contact - Site date:** 16 July 2021

**Date of Performance Report:** 11 August 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 1 Consumer dignity and choice** |  |
| Requirement 1(3)(a) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | 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 provider’s response to the Assessment Contact - Site report received 02 August 2021
* information and intelligence held by the Commission in relation to the service.

# STANDARD 1 Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

The Assessment Team did not assess all Requirements under this Standard and therefore a compliance rating or summary is not provided.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

Consumers were treated with dignity and respect, and each consumer’s identity, culture and diversity was valued. Consumers confirmed they were also treated in a kind manner and were valued as individuals, including being addressed by their preferred name and respecting their preferences. Consumers stated staff demonstrated an interest in learning about their background and what was important to them.

Staff interviewed spoke about consumers in a way that was respectful and demonstrated an understanding of the personal circumstances and life journey of consumers. Management confirmed the service had a diversity working group and policies and procedures to guide safe in the delivery of inclusive care. Staff stated they would report any concerns regarding the conduct of other staff to management.

Consumers were notified in a variety of ways in relation to their rights, including the right to be respected and have their dignity maintained, and how the service identified and supports each consumer’s culture and diversity. The service displayed the Charter of Aged Care Rights, the organisation’s values statement and diversity statement in the entrance foyer and throughout the service. All staff were observed wearing badges displaying the organisational values. National Aborigines and Islanders Day of Observance Committee week posters were displayed throughout service and activities to celebrate the week had been incorporated in the activities calendar.

On entry to the service, consumers were provided with an information booklet which included information about the delivery of inclusive, safe and person-centred care, and outlines the Charter of Aged Care Rights. The organisation’s ‘Diversity and Inclusion’ policy, checklist and action plan provided guidance on person-centred outcomes for consumers, expectations of the service and actions and strategies to ensure the delivery of inclusive care.

Review of care planning documentation for consumers reflected the diversity of the consumers, including information on what and who was important to them, their life journey, cultural background, spiritual preferences, family relationships, activities of interest to them, and individual personal preferences.

Staff were observed engaging with consumers in a respectful and patient manner, knocking before entering rooms, addressing them by their preferred names, and sharing jokes and stories. Review of education records identified on commencement at the service staff were provided education on the Quality Standards, the organisation’s values, and cultural and diversity training.

It is my decision based on the information contained above, this Requirement is Compliant.

# STANDARD 2 Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Assessment Team did not assess all requirements and therefore an overall compliance rating and summary for this Quality Standard is not provided.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

Assessment and planning processes were implemented to inform the delivery of safe and effective care and services, and include consideration of risks to the consumer’s health, safety and well-being. Review of care planning documentation for consumers demonstrated effective and comprehensive assessment and care planning processes were used to identify the needs, goals and preferences of consumers, including risks to the consumer’s health, safety and well-being.

Care planning documentation demonstrated clinical management staff completed initial assessments on entry to the service to identify the consumer’s needs, goals, preferences and risks. Thereafter, care and service plans were scheduled to be reviewed three monthly, as care needs changed or when an incident occurred. Initial assessments and reviews included input from consumers and representatives, Medical officers and allied health professionals where appropriate.

Consumer care planning documentation was individualised and included the identified risks specific to the sampled consumers. Care and service plans included risk management strategies agreed upon by consumers and /representatives, including falls, diabetic management, pressure area prevention and challenging behaviours. Consumers and representative confirmed they were involved in initial and ongoing assessment and care planning processes and expressed confidence that the care delivered met the consumers’ individual needs.

Clinical management and registered staff demonstrated a shared understanding of the commencing assessments, the review process, and how they identified risks to the consumer’s health, safety and wellbeing to enable staff to deliver safe and appropriate care. Staff confirmed they had received training on how to use the service’s electronic care planning system, which encapsulates the consumers’ care planning documentation and a suite of evidence-based assessments tools available for use.

Staff received information about new consumers and updates regarding a change in consumers’ care needs during shift handover, staff meetings, and through review of consumer care planning documentation. Clinical management staff described their process for reviewing identified consumer risks and incidents, including through the use of a risk register, daily review of progress notes and incident reports, and discussions at daily meetings with key service personnel. These processes were used to identify trends, initiate referrals and ensure all those involved in the consumer’s care were consulted.

The organisation had a suite of documented policies, procedures and guidelines in regard to assessment and planning to guide staff practice. Review of the service’s assessment and care planning guideline identified the assessment and care planning process over a 28-day period for new consumers who enter the service, and included the involvement of the consumer/representative, Medical officer, allied health professionals and other specialists relevant to the needs of the consumer. The electronic care planning system alerted staff when assessments were due for completion, and care and service plans required review.

Based on the above information, it is my decision this Requirement is Compliant.

# STANDARD 3 Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Assessment Team did not assess all requirements and therefore an overall compliance rating and summary for this Quality Standard is not provided.

### Assessment of Standard 3 Requirements

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

*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.*

Consumers received safe and effective personal and clinical care that was best practice, tailored to meet the individual consumer’s needs and optimised their health and well-being. Review of care planning documentation including assessments, care and service plans, progress notes, medication charts, monitoring records, and relevant communications reflected care delivery was safe and effective.

Assessments linked to best practice models of care are used in assessing and developing consumer care and service plans with strategies and directives documented to ensure the care and services meets the individualised consumer’s needs, goals and preferences. Care planning documentation and progress notes included referrals and recommendations from specialist services and demonstrated directives were being implemented and followed.

Consumers and representatives confirmed consumers were receiving care that was safe and right for them, and that met their needs and preferences. This included effective pain management, falls prevention, pressure area care and diabetes management.

Processes to monitor consumers were receiving safe and effective personal and clinical care included the rostering of a senior registered nurse at all times. Staff were aware of the after-hours support services available to them, such as the ability to receive after-hours advice from management, Medical officers and local hospitals.

Progress notes and clinical monitoring records were reviewed daily, including wound charting and diabetes management, to ensure staff were following directives outlined in consumer’s care and services plans and follow up was completed. Assessment tools provided in accordance with organisational policies, procedures and flowcharts were evidence-based and linked to best practice models of care. The service’s electronic incident management system was reviewed on a daily basis to ensure incidents were investigated and appropriate actions were taken in a timely manner. Referrals occurred to Medical officers and other allied health professionals as required. A daily meeting was conducted with management and other key personnel at the service to communicate any clinical issues, incidents and changes to individual consumer’s care needs and preferences. Regular analysis of call bell response times occurred, and investigations of the cause for any responses which were over the service’s benchmark of eight minutes were completed. Clinical indicators were reviewed monthly for trends and discussed at staff meetings.

Staff demonstrated an understanding of individual consumer’s personal and clinical care needs, such as consumer’s pain relief, pressure area care, wound management, nutritional, transfer/mobility and hygiene care needs and preferences. Staff confirmed they followed a work log, generated by and monitored through the electronic care planning system, which reminded staff of the tasks they were required to complete for each consumer, in accordance with the consumers’ care and service plans, during their shift. Care staff said registered staff are responsive to their requests for assistance and/or in relation to reports of a consumer’s changed care needs. Staff stated they were notified of a consumer’s changed care needs via shift handover, documented handover information, and meetings that they attended in person.

Staff who commenced employment at the service at the time of its commissioning said they completed an intensive two-week training course which included training, education and practical competencies related to organisational policies and procedures, clinical and personal care delivery, and use of the electronic care planning system. Thereafter, staff have received in-person toolbox training sessions and completed online modules relevant to the care needs of the consumer cohort.

The organisation had documented policies, procedures and tools to support and guide staff in the delivery of clinical and personal care. Policies, procedures and guidelines in relation to minimising the use of restraint, skin integrity, wound management, pain management, and falls prevention and management provided guidance to staff practice. Staff confirmed they had received training on these policies and procedures and were able to access them via the organisation’s intranet.

Review of the service’s education records and training calendar identifies that training was available to support care that was safe, effective and best practice, and is regularly delivered to staff electronically and in-person via toolbox sessions. Review of the service’s monthly clinical indicator report identifies the service trended, analysed and responded to clinical indicators, incidents and risks. Clinical indicators were discussed at staff meetings and were used to identify improvements in the delivery of consumer care.

Restraint management:

Information in relation to restraint usage at the service was available during the Assessment contact. Management advised that no consumers were subject to chemical restraint, and one consumer used a reclining chair which constituted a physical restraint. Authorisation and consent had been obtained for the consumer using the reclining chair, and regular review of the restraint was occurring. There were no consumers currently residing in the service’s Memory support unit.

Care and registered staff demonstrated a shared understanding of the requirements around the use of restrictive practices and stated that restrictive practices were only to be used as a last resort intervention, following appropriate steps and documentation including authorisation and consent had been completed.

Review of the service’s psychotropic register demonstrates 20 consumers were prescribed a psychotropic medication and had a diagnosis to support the prescription and use of the medication. The psychotropic register identified the consumer’s diagnosis, medication prescribed, alternatives trialled and review by a Medical officer.

Skin integrity:

Registered staff complete all wound care, and wound charts were used to track healing progress. Consumers’ wound healing progress was consistently monitored, all wounds were attended to, reviewed, photographed and documented in accordance with directives outlined in their care and services plans.

Care staff confirmed they were responsible for the delivery of pressure area care, and reported that they used repositioning, hygiene care, barrier creams, pressure relieving equipment and limb protectors to manage consumers’ skin integrity. Care staff stated they reported wounds, skin breaks or changes in consumer’s skin integrity to Registered staff promptly and treatment was commenced. Staff reported they had received education on skin integrity and wound care and were confident they had the knowledge, skills and equipment to provide safe and effective wound care.

Clinical indicators reports for May and June 2021 identify that the service trended information relating to wounds, and there was an increase in wounds between May and June 2021. Management reported the increase in reported wounds coincided with the increase in the number of consumers at the service, with several consumers entering the service with externally acquired pressure injuries.

Pain management:

The organisation’s pain management procedure guided registered and care staff through the assessment and management process, including the use of specialised tools for consumers who could not verbalise pain. The procedure included information on the use of non-pharmacological and pharmacological pain management strategies.

A review of care planning documentation confirmed, consumers’ pain needs was regularly assessed to identify any new or unmanaged pain. Pain assessments were completed following a fall and when consumers had verbally or physically indicated signs of pain, the assessments were reviewed and evaluated thereafter to determine whether a referral to a Medical officer or review of the consumer’s care and services plan was required.

Based on the information recorded above, it is my decision this Requirement is Compliant.

# 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

The Assessment Team did not assess all requirements and therefore an overall compliance rating and summary for this Quality Standard 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.*

The workforce at the service was planned and adequate in number to enable the delivery and management of safe and quality care and services. Consumers stated they knew the members of the workforce that cared for them and they received quality care and services from staff who were kind and knowledgeable. Consumers and representatives confirmed the workforce had time to deliver the care and services the consumers’ needed, and they felt staff were not rushed or short on time.

Staff stated they had enough staff rostered and adequate time to be able to attend to consumers’ personal preference and care needs. Management confirmed the hours for the roster were calculated on a base roster that had the capacity to be flexible to meet an increase in the number of consumers or an increase in consumer acuity.

Management confirmed that as a commencing service, recruitment of permanent and casual staff was ongoing to meet the changing service requirements. Management confirmed they ensured the staffing levels were balanced and staff had the capacity to meet consumers’ needs before new consumers entered the service.

The service managed planned and unplanned leave, primarily by using a pool of casual staff. Staff reported that while they can be busy at times, they had enough time to respond to the consumers in a timely manner, complete their duties and staff unable to attend their shifts were replaced.

Staff received extensive onboarding support and orientation on their commencement at the service, including buddy shifts and the opportunity to attend other services to gain experience. Environmental, hospitality and lifestyle staff expressed satisfaction with rostered staffing levels, reporting they had sufficient time to complete their duties and confirmed that they had been supported as their workloads increase with the new consumers. Registered staff felt supported by management at the service to deliver safe and effective care, including after hours.

Review of the roster and staff allocation sheets for staff evidenced consumers currently resided in one wing of the service, and staff were allocated to this area only. Review of the rosters for the past four weeks recorded staff on leave had been replaced. The service utilised a mix of Registered staff and care staff to provide care. Registered staff were allocated to work across a 24-hour period. The service had environmental, hospitality, lifestyle and administration staff who supported consumer care and services and provided the required operational assistance to the service.

Review of call bell reports identified the service monitored staff response times. Following a review of initial call bell response times, the service implemented improvement actions, including daily monitoring of call bell response times, discussions at all staff meetings, and review, analysis and follow up of all response times over the benchmark time. Cal bell response times were improved following this initiative.

Staff were observed to be sitting and talking with consumers, responding promptly to requests for assistance from consumers. Medications were observed to be administered as scheduled, meal and beverage services were in accordance with scheduled timeframes. Activities occurred as per the activity schedule. Staff were observed to be receiving education during the Assessment contact.

Based on the information recorded above, it is my decision this Requirement is 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.