Arcare Logan Reserve

Performance Report

17- 27 Halcyon Way
Logan Reserve QLD 4133
Phone number: 07 3451 8100

**Commission ID:** 5799

**Provider name:** Arcare Pty Ltd

**Site Audit date:** 13 December 2021 to 15 December 2021

**Date of Performance Report:** 14 January 2022

# Performance report prepared by

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# Publication of report

This Performance Report **will 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** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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 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 Site Audit; 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 Commission regarding the service

# STANDARD 1 COMPLIANT 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

Consumers were treated with dignity and respect, could maintain their identity, make informed choices about their care and services and live the life they chose. Consumers confirmed staff know what is important to them including respecting their lifestyle choices, spirituality and their diversity. Consumers advised they are supported by the service to exercise choice and independence and their personal privacy is respected.

Staff consistently demonstrated ways in which they respected consumers’ culture and privacy and supported consumers to exercise choice, independence and maintain relationships. For example, staff advised some consumers chose to utilise the ‘do not disturb’ notices and place them on the outside of the door handles to their rooms.

Care planning documents demonstrated consumers were supported to make decisions about their own care including taking risks to enable them to live their best life.

The organisation had policies and other guidance information including a Diversity and Inclusion Framework and Action Plan, and staff training that acknowledged diversity and the delivery of culturally safe care. The service had a risk policy which described the service’s duty of care to empower consumers to make their own choices and decisions.

Observations made at the time of the Site Audit included staff interacting with consumers respectfully and demonstrating respect for consumers’ privacy by knocking on doors before entering rooms and closing doors when care was being provided.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

## 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.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*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.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*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.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT 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

Consumers and their representatives said the service involved them in the assessment and care planning for consumers and these were reviewed regularly and when circumstances changed. Consumer and representative feedback confirmed they were informed about the outcomes of assessment and planning and had ready access to the consumer’s care and services plan if they wish.

Staff demonstrated an understanding of the service’s assessment and care planning processes, including how consumers, representatives and other providers of care and service are involved. For example, consumer care plan reviews are completed three-monthly and the service involves the consumers and representatives through case conferences, telephone calls or one-on-one discussions.

Care planning documents reflected consumers and their representatives were involved in assessment and planning and included other providers of care and services such as medical officers and allied health specialists. Assessment and planning considered individual risks to the consumer’s health and well-being, included end of life planning, and consumers’ care and services were reviewed when circumstances changed, or incidents occurred.

Observations made at the time of the Site Audit included mobility care plans available for staffs’ reference in consumers rooms.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## 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.*

### Requirement 2(3)(b) Compliant

*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.*

### Requirement 2(3)(c) Compliant

*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.*

### Requirement 2(3)(d) Compliant

*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.*

### Requirement 2(3)(e) Compliant

*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.*

# STANDARD 3 COMPLIANT 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

Consumers and representatives considered consumers received personal care and clinical care that was safe and right for them, and optimised their ability to live their best life. For example, consumers and representatives advised staff explained care and managed risks to optimise the consumers’ sense of wellbeing. Consumers and representatives said consumers’ needs and preferences were effectively communicated between staff, and changes in consumers health and/or wellbeing was responded to in a timely manner, including referral to relevant health professionals as appropriate.

Staff described how they ensure care is best practice, including accessing policies, procedures and care pathways to guide consumer care and service delivery. Staff demonstrated understanding of individual consumers’ risks and the service used clinical outcome indicator data, consumer feedback and incident management data to evaluate the effectiveness of individual risk minimisation strategies and consumer care. Staff provided examples of practices to prevent and control infections such as maintaining a clean environment, increasing fluid intake for consumers, the use of personal protective equipment and isolating consumers who showed signs of infection.

Review of care documentation demonstrated documentation such as progress notes, care plans and handover information, provided adequate information to support effective and safe sharing of the individual consumer’s information to support safe and effective care delivery.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

### 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.*

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

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

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

### Requirement 3(3)(d) Compliant

*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.*

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

*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.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*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.*

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

Consumers considered they received the services and supports for daily living that were important for their health and well-being and that enabled them to do the things they wished to do. Consumers felt supported by the service to do the things of interest to them, which included participating activities as a part of the service’s lifestyle program and maintaining personal and previous community connections. Consumers and representatives advised they had input into the service’s lifestyle programs, facilitated some activities including choosing venues for bus outings.

Consumers advised staff were kind and caring and they felt comfortable talking to staff should the need arise. Consumers provided positive feedback in relation food and confirmed it was of adequate quantity, high quality and provided variety.

Consumers’ condition, needs and preferences was communicated within the organisation and where care was shared. Consumers were referred to appropriate individuals, organisations or providers to meet their changing services or support needs. Equipment to support consumer lifestyle was observed to be safe, suitable, clean and well-maintained.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*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.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*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.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

Consumers and representatives considered the service environment was welcoming, clean and well maintained and that equipment and furniture was safe, clean and meet the needs of individual consumers.

Staff described the process of reporting maintenance requests, including when a hazard or risk to staff or consumers that had been identified and confirmed maintenance issues are documented on a maintenance request form.

Maintenance staff described how they ensured the environment is safe and well maintained through scheduled preventative maintenance and reactive maintenance schedules.

The service environment was observed to be generally clean and consumers rooms were observed to be decorated with personal items reflecting their individuality. Communal areas included lounge and dining areas, outdoor gardens and an on-site hairdresser and coffee shop. There were multiple gardens and outdoor areas with level pathways to assist consumers who access these areas with mobility aids and sheltered areas for consumers use during adverse weather conditions.

The service had a maintenance schedule and review of documentation confirmed maintenance was conducted as scheduled and maintenance issues were addressed in a timely manner.

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT 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

Consumers were encouraged and supported to give feedback and make complaints, and that when they had, appropriate action was taken including changes made as a result their feedback. Consumers advised if they had a complaint or a concern, they would provide feedback via the services feedback forms, attending the consumer/representative meetings or speak directly to management.

Information explaining the service’s complaint and feedback system is provided to consumers via a consumer handbook and posters and brochures displayed at reception and noticeboards throughout the service.

Management takes action in response to complaints and demonstrated an understanding of the organisation’s open disclosure process. Feedback and complaints are logged on a register, and the service demonstrated action has been taken in response to complaints. Review of the service’s plan for continuous improvements evidence feedback and complaints which had resulted in actions by the service to improve the quality of care and services.

The organisation had a ‘Comments and Complaints Policy’ to guide staff practice.

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

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

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

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANT 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

Consumers and representatives considered they received quality care and services when they need them from people who were knowledgeable, capable and caring. They confirmed there are sufficient staff to provide consumers with the care they need including being prompt in responding to calls for assistance.

New staff were required to meet the service’s minimum qualification requirements and were provided with an induction to the service and to their role. Staff had access to a range of training programs, including staff orientation, mandatory training modules and supported buddy shifts and students completing clinical placement at the service received the same training program. Consumers and representatives said they are consulted in relation to student programmes at the service.

The staff roster was based on the number of consumers at the service and their care and service needs, included a registered nurse rostered on all shifts across seven days of the week. Systems were in place to identify training needs, provide education to staff and monitor staff performance. Training records demonstrated staff had been trained in COVID-19, dementia language training, behaviour management, the quality standards and the Serious Incident Response Scheme.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## 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.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### 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.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

Consumers were engaged in the development, delivery and evaluation of care and services. Consumers considered the organisation was well managed and that they could partner in improving the delivery of care and services. For example, consumers advised they had been involved in assisting with tours of the service for new consumers and attended lifestyle activity planning meetings.

The service demonstrated the organisation’s governing body promoted a culture of safe, inclusive care and was accountable for their delivery. The governing body exercised accountability for the delivery of safe and quality care and services through regular reporting on the service’s performance in relation to service performance and mandatory reporting including notifications made under the Serious Incident Response Scheme.

Governance systems were in place in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The organisation has a documented risk management framework, including policies describing how high impact or high prevalence risks associated with the care of consumers are managed; abuse and neglect of consumers is identified and responded to; and consumers are supported to live the best life they can.

The organisation has a documented Clinical Governance framework which is supported by policies to guide staff practice including in relation to antimicrobial stewardship, restraint minimisation and open disclosure. Staff were familiar with these policies and could describe how they applied to the work that they do.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*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.*

### Requirement 8(3)(d) Compliant

*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.*

### Requirement 8(3)(e) Compliant

*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.*

# 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.