Arcare North Lakes

Performance Report

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**Commission ID:** 5587

**Provider name:** Arcare Pty Ltd

**Assessment Contact - Site date:** 31 January 2022

**Date of Performance Report:** 17 February 2022

# Performance report prepared by

Kimberley Reed, delegate of the Aged Care Quality and Safety Commissioner.

# 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 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | 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 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
* other information and intelligence held by the Commission in relation to the service.

# 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 in this Standard, therefore a compliance rating or summary 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 care and treatment which met their needs and preferences, was safe and optimised their ability to live the best life they could. Consumers’ care documentation reflected consumers were receiving individualised care that was safe, effective and tailored to their specific needs and preferences. Staff demonstrated individual knowledge of consumers’ personal and clinical care needs and how they met these needs. Staff had access to policies and procedures, work instruction manuals and guidelines: and they discussed clinical issues at handover and at daily systems meetings.

The organisation had policies, procedures and tools in place to support the delivery of care provided, for example, policies, procedures and guidelines in relation to restrictive practices, pressure injury prevention and management, and a pain management policy that incorporated ongoing pain assessment to guide staff practice. Copies of the monthly clinical indicators reports from July 2021 to January 2022 identified the service trended, analysed and responded to high impact and high prevalence risks. Clinical indicators were discussed at staff monthly meetings and were used to identify improvements in the delivery of consumer care. Consumer meeting minutes and consumer survey responses captured consumers’ feedback and satisfaction with clinical care provided and the feedback was positive.

Actions had been taken to address the previous non-compliance with this requirement identified on 5th October 2021 in relation to the service not adequately demonstrating the use of restrictive practices was effectively identified, managed, planned or monitored.

Review of documents including, sampled consumer’s care planning documents, education records, the service’s Plan for Continuous Improvement, interviews with consumers/representatives, management, staff, and observation of the environment was undertaken.

The service collected clinical outcome data and analysed clinical risks such as falls, behaviour incidents, medication incidents, wounds, infections, pressure injuries, weight loss, restrictive practice and serious incidents through incident entry and tracking reports. Management advised this was previously monitored and analysed monthly basis and is now done on a weekly basis.

These reports identified consumers who were impacted by adverse outcomes and management provided an ongoing management plan once the data had been analysed. Information obtained from analysis of the data and evaluation of implemented strategies informed clinical indicator reports, corporate reporting and the service’s Plan for continuous improvement.

The service engaged a Clinical Pharmacist to provide onsite education to Registered staff, commencing 22 October 2021. Training for registered staff included restrictive practices, policies and work instructions, behaviour support plans, the language of dementia, opioid medication and wound care.

A review was completed in November 2021 in relation to care delivery and documentation for all consumers with a restrictive practice in place. The review included restrictive practice authorisations, Behaviour support plans, referrals to medical specialists and medication reviews. Care documentation for consumers was current with appropriate input from the consumer, their representative and Medical officers. Case conferences were arranged for all consumers subject to a restrictive practice which were finalised on 27 October 2021.

Resources available on the Aged Care Quality and Safety Commission website in relation to Restrictive Practices was discussed at staff meetings in October 2021. Interviews with staff confirmed their awareness of the resources, their understanding of restrictive practices and they had received training on Restrictive Practices.

A review of all behaviour support plans was undertaken in liaison with the organisation’s Dementia Consultant where appropriate. One consumer with behaviours including absconding was reviewed by the Dementia Consultant. Consumers requiring chemical restraint were referred to a geriatrician for review. Consumers prescribed opioid medication were reviewed and added to the psychotropic medication self-assessment tool for ongoing monitoring.

A new protocol wad developed fore registered staff and medical officers to evidence regular reviews of psychotropic medication and restrictive practices. This process was evident in progress notes documentation.

Based on the information contained above, it is now my decision this Requirement is Compliant as the service has an effective system for monitoring, identifying and managing consumers who require restrictive practices.

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

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

Consumers felt safe and the high risks to their health and well-being were being managed well by the service. Care documentation demonstrated effective strategies were implemented to manage key risks related to personal and clinical care of each consumer. 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.

Management advised clinical incidents were discussed at daily systems meetings and data was collected and analysed weekly to ensure safe and effective clinical and personal care delivery. The service collected clinical outcome data and analyses clinical risks such as falls, behaviour incidents, medication incidents, wounds, infections, pressure injuries, weight loss, restrictive practice and serious incidents through incident entry and weekly tracking reports. Reports identified consumers who were impacted by adverse outcomes and management provided an ongoing management plan once the data had been analysed. Information obtained from analysis of the data and evaluation of implemented strategies informed clinical indicator reports, corporate reporting and the service’s plan for continuous improvement.

Consumers who entered the service and were identified as being at risk of falls were reviewed promptly by the physiotherapist who completed falls risk assessments and manual handling guidelines. Registered staff were provided with training relevant to their roles and would seek advice from senior clinical staff, Medical officers and allied health professionals when they had concerns in relation to consumers’ personal or clinical care delivery. Staff were aware of individual consumer’s risks and the risk management strategies documented in their care plans. Care documentation demonstrated effective strategies implemented to manage key risks related to personal and clinical care of each consumer.

Actions had been taken to address the previous non-compliance with this requirement identified on 5th October 2021 in relation to the management of consumers with high impact and high prevalence risks. Actions included the implementation of a monitoring tool that captured clinical incidents on a weekly basis, resulting in proactive trending and management of risks. Consumers who sustained a pressure injury were reviewed by the physiotherapist and referred to a wound specialist following recommendations by the medical officer. A complex care spreadsheet has been formulated and was monitored by management weekly. Catheter care plans have been reviewed and this was evidenced in consumer care plans and the complex care spreadsheet. Consumers with diabetes had their care plans reviewed by the Nurse manager and review by the consumers’ medical officers also occurred. This resulted in ensuring instructions for staff when blood glucose levels were recorded outside documented parameters were documented and actioned appropriately.

Call bell data was analysed and monitored on a weekly basis, feedback recorded form consumer meetings indicated positive feedback in relation to call bell response times. Weekly stocktakes of clinical supplies were undertaken by a specific staff member ensuring adequate stock of clinical equipment including urinary catheters. Weight loss data was reviewed weekly and referrals made to allied health professionals as required. Various education and training has been provided to the registered staff members including restrictive practices, catheter care, diabetes management and nutrition and hydration.

Based on the information above, it is my decision this Requirement is now complaint as the service is managing consumers with high impact and high prevalence risk effectively.

# 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.