Performance

Report

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| Name of service: | Arcare Balnarring |
| Service address: | 51 Balnarring Road BALNARRING VIC 3926 |
| Commission ID: | 4025 |
| Approved provider: | Arcare Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 4 April 2023 to 6 April 2023 |
| Performance report date: | 04 May 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 Arcare Balnarring (**the service**) has been prepared by E Blance, 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; 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 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 | |  |
| 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

I find this Standard compliant.

Consumers say they are treated with dignity and respect and are valued as individuals. Staff spoke about consumers in a respectful way and demonstrated their understanding of consumers’ diversity and culture. Care plans reflected what is important to consumers to maintain their identity. Staff were observed interacting with consumers with familiarity to their preferences and routine.

Consumers and representatives say staff value consumers’ culture, personal values, and diversity which influences the delivery of care. Staff described consumers with diverse cultural backgrounds and how care is delivered with respect. Care plans reflected consumers’ cultural needs and preferences. Cultural and religious festivities and events such as Christmas, Easter, and Diwali are celebrated at the service.

Consumers are supported to make choices and preferences about the way care and services are delivered and who should be involved in their care. Staff demonstrated how they help consumers to make choices and assist them to be as independent as possible. Care plans included details and contact information for representatives and other primary contacts as well as evidence of consumers communicating their decisions and choices in how care and services are delivered.

Consumers are supported by staff to take risks and live the best life they can. Staff described areas in which consumers want to take risks, how the consumer is supported to understand the benefits and possible harm when they make decisions about taking a risk, and how consumers are involved in problem-solving solutions to reduce risk where possible. Risk assessments and mitigation measures are recorded in care plans.

Consumers receive up-to-date information. Staff remind consumers of daily activities of interest to them. Schedules of upcoming activities were observed on noticeboards throughout the service and in consumers’ rooms. Meeting minutes provided up-to-date information and feedback to consumer questions. Consumers with cognitive impairment or difficulty communicating are assisted by various communication methods, including communication cards, portable whiteboards, engaging with their representatives, and using straightforward language so consumers can better engage in conversation.

Consumers and representatives reported their privacy is respected, and they are confident their personal information is kept confidential. Staff described how they maintain a consumer’s privacy when providing care as well as including keeping computers locked, knocking on bedroom doors and waiting for a response before entering, and closing doors when providing care.

I have considered the information as assessed within the Site Audit report in coming to a decision of compliance.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| 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

I find this Standard compliant.

Assessment and planning processes include consideration of risks to consumers’ health and well-being which informs the safe and effective delivery of care and services. Risks are identified on admission and as consumer needs change using validated risk assessment tools and interventions. Consumers say they are involved in care planning and are receiving the care and services they need.

Care plans identify and address advance care planning and end of life planning. Consumers and representatives say staff involve them in the assessment and planning of care through regular conversations with clinical staff or management. Staff and management were able to describe the process involved in advance care planning and end of life planning including discussing health care wishes, the appointment of an enduring guardian or substitute decision-maker where necessary, as well as personal care and treatment goals.

Consumers and representatives confirmed their involvement in assessment and planning through case conferences and described the involvement of others. Care plans demonstrated involvement of a diverse range of external providers and services such as medical officers and allied health professionals.

Care plans are readily available to consumers and their representatives. Consumers and representatives say the service maintains communication with them, especially if there are changes in care, incidents, or medication changes. Staff and management say the outcomes of assessments are documented in case conference records and care plans for the consumer.

Consumers’ care and services are reviewed on a scheduled basis and when changes occur. Staff and management described how information relating to consumers’ conditions, needs and preferences is documented and communicated where the responsibility for care is shared.

I have considered the information as assessed within the Site Audit report in coming to a decision of compliance.

# Standard 3

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| Personal care and clinical care | |  |
| 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

I find this Standard compliant.

Consumers and representatives are satisfied with how the service meet consumer’s personal and clinical care needs and provided positive feedback about the service. Care plans reflected individualised care is safe, effective, and tailored to the specific needs and preferences of the consumer. Staff and management could describe consumers’ individual needs and preferences and how these were delivered in line with their care plans. Documentation demonstrated prescribed psychotropics to have an attributable diagnosis, behavioural support plan and signed consumer consent forms.

Effective management of high-impact and high-prevalence risks associated with each consumer’s care needs including falls, psychotropic medications, and specialised care needs, through regular clinical data monitoring, trending, and the implementation of suitable risk mitigation strategies for individual consumers occurs. Consumers and representatives say high impact or high prevalence risks are managed effectively. Risks are identified with mitigation strategies in place including but not limited to falls, pain, pressure injuries, diabetic and catheter care management.

Consumers and representatives confirmed the service has discussed their end of life wishes. Staff and management described care delivery for consumers nearing end of life including how comfort is maximised, and dignity preserved, through regular repositioning, pain management, eye and mouth care, and emotional and spiritual support. Care plans evidenced advance care planning incorporating the needs, goals, and preferences of consumers for end of life cares.

The service demonstrated effective management recognising and responding to deterioration in a timely manner. Consumers and representatives say the service recognises and responds to changes in condition in a suitable and timely manner. Care documentation evidence effective management of deterioration for consumers.

Consumers and representatives say consumers receive the care they need. Staff say information relating to consumer’s conditions, needs and preferences is documented in care plans, progress notes, and handovers and communicated where the responsibility for care is shared. Care plans identified staff notify the consumer’s medical officer and representatives when the consumer experiences a change in condition, a clinical incident, is transferred to or returned from the hospital, or is ordered a change in medication. Staff attend shift handover to ensure information regarding consumers is consistently shared and understood.

Management confirmed the service has referral processes in place for medical officers and allied health professionals and described how this informs care and services provided for consumers. Care plans confirmed the input of others and referrals where needed, including input from allied health professionals.

The approved provider has policies and procedures to guide staff related to antimicrobial stewardship, infection control and for the management of a COVID-19 outbreak. The service has an infection prevention and control lead. Consumers and representatives say the service is kept clean, and they see staff using personal protective equipment and practicing safe hand hygiene techniques like hand washing and sanitising. The service has a staff and consumer vaccination program.

I have considered the information as assessed within the Site Audit report in coming to a decision of compliance.

# Standard 4

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| Services and supports for daily living | |  |
| 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

I find this Standard compliant.

Consumers feel supported by the service to do the things of interest to them. Staff ask consumers about their needs and preferences, and they receive feedback at consumer and representative meetings. Care plans identify the needs and preferences of consumers. Consumers were observed engaging in a variety of group and independent activities.

Consumers feel supported in maintaining social, emotional, and religious connections, which are important to them. Staff identify and support consumers who are feeling low. Faith based visits are available to consumers who wish to speak to someone for additional support. Weekly faith based services are held at the service.

Consumers say the service offers services and supports which enable them to participate in the community, have relationships and do things of interest to them. Staff described how they support consumers to do the things of interest to them, participate within and outside the service environment, and have social relationships. Care plans contained information on individual consumers’ interests and identified the people important to them. The activity calendar offers activities of interest.

Staff are aware of consumers’ conditions and needs and any changes. Handover meetings and care plans identified consumers’ conditions, needs and preferences. Consumers say the staff know them well and support them to do the things they like to do.

Consumers say they receive timely referrals to other organisations including for recreational clubs; however, these have been affected due to ongoing restrictions due to COVID-19. Staff described what organisations, services and supports were available in the community should a need be identified for a consumer. Volunteers have attended the service to support consumers with activities.

Consumers are satisfied with the variety, quality and quantity of food. Staff seek feedback from consumers at mealtimes and relay this to the Chef. Staff say consumers are offered a choice of meals at each meal service as well as alternatives to the menu. Dietary information was current and reflected the preferences and needs of consumers.

Consumers say the service provides equipment that is safe, clean and well-maintained. There are processes in place for preventative and corrective maintenance. Bedrooms are cleaned regularly. Mobility aids and shared equipment such as lifting equipment, were clean and suitable for consumers' needs.

I have considered the information as assessed within the Site Audit report and information within other Requirements to form an overall view of compliance for the Standard.

# Standard 5

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| Organisation’s service environment | |  |
| 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

I find this Standard compliant.

Consumers feel welcome and comfortable at the service and are encouraged to personalise their rooms. The service provides comfortably furnished communal areas that optimise consumer interaction and engagement, as well as consumer bedrooms with ensuite.

Consumers say they could navigate easily around the service and move freely and independently, both indoors and outdoors. Staff described the process for documenting and reporting maintenance issues. The environment was observed to be safe, clean, well serviced and maintained at a comfortable temperature. The external service environment includes well-maintained walkways and gardens.

Consumers and representatives say the furniture, fittings and equipment are safe, clean, well-maintained, and suitable for them. Furniture, fittings, and equipment are assessed for suitability prior to purchase to meet consumers’ personal and clinical needs. The service has a schedule for preventative and reactive maintenance.

I have considered the information as assessed within the Site Audit report in coming to a decision of compliance.

# Standard 6

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| Feedback and complaints | |  |
| 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

I find this Standard compliant.

Consumers and representatives say they are supported to provide feedback and make complaints. Staff described the avenues available to make a complaint or provide feedback and how they support consumers in raising issues. Feedback forms and collection boxes were located throughout the service.

Staff are trained and aware of external advocates and are encouraged to help and inform consumers, and they can arrange for interpreter services if needed. Brochures about consumer advocacy services and signage were displayed in the service. The ‘community handbook’ contains information on the Charter of Aged Care Rights, substitute decision making, and external advocacy organisations and contact details.

Overall, consumers and representatives stated when feedback is provided, the service responds appropriately and in a timely manner. Most staff were able to explain the open disclosure principles and how they incorporate this in their daily practice. The feedback register, and incident management system showed open disclosure is used and there is timely management of complaints.

Consumers and representatives stated they had seen feedback and complaints used to improve the care and services. Staff described how feedback and complaints have resulted in improvements for consumers. The service was able to demonstrate feedback and complaints are trended, analysed, and used to improve the quality of care and services. The continuous improvement plan includes feedback from consumers and representatives which is regularly reviewed and monitored for effectiveness to improve care and service delivery.

I have considered the information as assessed within the Site Audit report in coming to a decision of compliance.

# Standard 7

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| Human resources | |  |
| 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

I find this Standard compliant.

While consumers, representatives and staff reported there have been issues with a shortage of staff at times due to unplanned leave, no impact to consumers’ care was identified. Consumer’s reported they receive the care they need in a timely manner. Registered nurses and care staff are allocated across a 24-hour period, and management described workforce planning strategies for planned and unplanned leave.

Consumers and representatives say staff engage with consumers in a respectful, kind, and caring manner, and are gentle when providing care. Staff demonstrated an in depth understanding of the consumers, including their needs and preferences. Staff were observed to engage with consumers and their family members in a respectful and personable manner.

Consumers and representatives say the care and clinical staff know what they are doing and provided positive feedback regarding the skills and knowledge of staff employed in other roles at the service. Management demonstrated a robust recruitment process to identify, recruit and employ staff with appropriate skills and knowledge. Ongoing monitoring of staff skills and qualifications occurs, including annual checks of professional registrations for relevant staff.

Staff are trained and equipped to perform their roles. Staff described how they have regular mandatory training sessions available to them, are confident they can access additional training as needed. The outcomes required by the Quality Standards are delivered by a workforce that is adequately recruited, trained, and supported. Mandatory training topics include Serious Incident Response Scheme (SIRS), open disclosure and restrictive practices. Position descriptions are provided on commencement, which assists staff in understanding their role.

The service has formal and informal processes for monitoring and reviewing the performance of each staff member. Ongoing performance is monitored through educational competencies and annual performance appraisals.

I have considered the information as assessed within the Site Audit report in coming to a decision of compliance.

# Standard 8

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| Organisational governance | |  |
| 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

I find this Standard compliant.

Consumers and representatives say the service is well run, they have ongoing input into how care and services are delivered, and they felt informed of any changes in care needs. Feedback is sought from consumers and representatives about the service through variety of sources including the consumer/representative meetings. A consumer engagement committee meets bimonthly.

The Board is accountable for the delivery of care and services and promotes a culture of safe, inclusive and quality-driven care. Consumers overall expressed feeling safe in the service and say the environment was inclusive. The organisation has implemented systems and processes to monitor the performance of the service. A review of documentation showed the service has an appropriate policy framework to assist the service to establish a culture of safe and inclusive care. The approved provider’s strategic plan 2023-2026, and values statement was reflective of promotion of a culture of safe, inclusive quality care and services.

Effective governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and management of feedback and complaints was evidenced. Staff confirmed they have access to the information needed to support continuity of care to consumers. The service maintains a continuous improvement plan which reflects a range of internal and external improvements identified and actioned in response to local initiatives, feedback, complaints, data analysis, audits, and incident reviews. The service is supported by effective financial management systems. The budget is reviewed regularly with the support of the finance manager. Effective workforce management systems are in place for the recruitment of staff as well as workforce planning and training. Changes to legislation and updates from the Department of Health and the Commission are communicated to staff. The approved provider has policies and procedures to support and guide staff in open disclosure, incident reporting (including SIRS), risk management, complaints management, restrictive practice and clinical governance. The service's documentation relating to regulatory compliance referenced and explained current relevant legislative requirements in suitable language for staff. The approved provider demonstrated a suitable management and reporting structure for the handling of feedback and complaints made by stakeholders.

The service has risk management systems in place to monitor and assess high-impact or high-prevalence risks associated with the care of consumers. Consumers stated they are supported to live the best life they can. Risks are identified, reported, escalated through clinical and service governance committee reviews, quality reviews and medication advisory committee meetings. Key performance indicators are reported to the Board, leading to improved consumer care and services. Staff were able to demonstrate their understanding of elder abuse and neglect and were able to describe their reporting responsibilities. Incident reports investigate root causes and are analysed to drive changes and manage those individual risks for consumers with specialised interventions.

The approved provider has a clinical governance framework and system in place to ensure the quality and safety of clinical care and promote antimicrobial stewardship, the minimisation of restrictive practices and the use of an open disclosure process. Staff were able to discuss and provide examples of open disclosure, minimising restrictive practices and antimicrobial stewardship practices. The approved provider has policies and procedures to guide staff practice.

I have considered the information as assessed within the Site Audit report and information within other Requirements to form an overall view of compliance for the Standard.

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)