Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Arcare Belmont |
| Commission ID: | 8205 |
| Address: | 2B Maude Street, BELMONT, New South Wales, 2280 |
| Activity type: | Site Audit |
| Activity date: | 20 November 2023 to 22 November 2023 |
| Performance report date: | 9 January 2024 |
| Service included in this assessment: | Provider: 1706 Arcare Pty Ltd  Service: 28176 Arcare Belmont |

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 Belmont (**the service**) has been prepared by Denise McDonald, 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 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 team’s report received 5 January 2024
* Regulatory Bulletin – Regulation of restrictive practices and the role of the Senior Practitioners, Restrictive Practices – RB 2023-22
* *Quality of Care Principles 2014 –* Part 4A Behaviour support and restrictive practices – residential care and certain flexible care

# Assessment summary

|  |  |
| --- | --- |
| 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 | **Not Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 8(3)(c) – The service ensures its organisational governance systems are effective in identifying all consumers who are subject to environmental restrictive practices and the legislative requirements for those who are restricted, are met. This includes ensuring a consistent approach and understanding of individualised assessment, monitoring and management of restrictive practices.

# Standard 1

|  |  |  |
| --- | --- | --- |
| 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

Consumers confirmed staff treated them with dignity and respect, they were familiar with their identity and knew what is important to them. Staff spoke about consumers with familiarity and respectfully. Staff were observed referring to consumers by their preferred names.

Consumers and representatives confirmed care was provided by staff of specific gender, where this had been requested. Staff were familiar with consumer's culture and knew how this influenced care delivered to consumers. Care documentation contained consumers' backgrounds and cultural needs.

Consumers and representatives said they were given choices about how and when care was provided and were generally enabled to maintain relationships, but they would like to share a room with their spouse. Staff described how they supported married couples to spend time together during meals and activities and how consumers were encouraged to be independent. Care documentation evidenced consumer’s decisions on who was involved in their care including, when and how care is delivered had been recorded.

Consumers said they were supported to take risks, including continuing to drive, going out independently and self-managing medication. Staff were knowledgeable of strategies implemented to promote consumer safety when undertaking their chosen activities. Care documentation evidenced risk was discussed with consumers and they were enabled to live life they way they chose.

Consumers and representatives confirmed they were kept informed through verbal reminders and written information, with large font used to assist those with vision impairment. Staff described the ways in which information is provided to consumers in line with their needs and preferences. Noticeboards were observed to contain information about daily activity and meal availability, to enable consumer choice.

Consumers felt their privacy was respected. Staff gave practical examples of strategies used to promote privacy and to keep information confidential. Staff were observed locking computers and nursing stations when they were unattended and knocking on doors prior to entering consumer’s rooms.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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

Staff described using an assessment checklist to ensure all risks to consumers were identified. Consumers confirmed assessments were completed when they entered care. Care documentation generally evidenced a range of assessments were completed and were used to develop interim and comprehensive care plans, except in the case of one consumer whose risk of restrictive practice, had not been assessed. This is considered further under Requirement 8(3)(c).

Consumers and representatives advised consumers care goals and preferences, including for end of life (EOL) had been discussed with them. Staff demonstrated knowledge of the need to engage consumers in discussions regarding their advance and end of life care. Care documentation reflected consumer’s current care needs and their preferences regarding advance care.

Consumers and representatives said they provided input into assessment and planning of the consumers care to ensure their needs were being met. Staff advised, and care documentation evidenced, health and medical professionals are included in assessment, review and care planning processes. Policies and procedures for care planning guide staff on when the consumer and others should be involved.

Consumers and representatives said assessment outcomes were communicated to them and they were offered a copy of the consumer’s care plan. Staff advised, and care plans were observed to be readily available to them and others, through an electronic care management system.

Staff advised care strategies were evaluated during 3 monthly care conferences and care plans were reviewed annually. Care documentation evidenced, when an incident such as a fall occurred, the effectiveness of current care strategies was reviewed and update if required. While care plans were reviewed following falls, staff did not always follow procedures to review the consumer, post fall. This is further considered under Requirement 3(3)(b).

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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

Consumers interviewed said they received care which met their needs. Care documentation evidenced, pain was being managed and wound care provided, in line with directives. Staff demonstrated knowledge of best practice care delivery principles, however one consumer whose movement was restricted, was not being monitored as required when environmental restraint was applied. This is further considered under Requirement 8(3)(c).

Staff advised, the most prevalent risks for consumers was falls, unplanned weightloss and behaviours of concern. Staff described how these risks were managed and for consumers who had experienced falls, they had been provided with falls prevention equipment. However, care documentation evidenced, for 2 consumers, staff had not followed post falls management procedures as neurological observations had not been conducted consistently and the consumers had not been reviewed by medical professionals. Prior to the Site Audit, staff were provided with additional guidance and education to ensure post fall management procedures were followed.

A consumer’s representative said EOL care was provided in a way which preserved the dignity of the consumer, while they passed away. Staff described how they ensured consumers were kept comfortable during end of life, by providing oral and eye care and administering pain relief. Care documentation evidenced when consumers were at end of life, the provision of comfort care was monitored, and the religious wishes of the consumer were met.

Policies and procedures provided guidance to staff on how to recognise deterioration and what to do if it was detected. Staff demonstrated knowledge of the signs and symptoms which may indicate acute or gradual deterioration. Care documentation evidenced staff responded promptly when changes in condition or function were identified.

Care documentation contained adequate information to support consumer’s care needs were effectively shared between staff and others involved in their care. Consumer’s representatives felt staff communicated well as they were aware of consumers care preferences, without these having to be repeated. Staff were observed to handover information between shifts.

Consumers and representatives said they were appropriately referred to others, when required, and this was done in a timely manner. Staff demonstrated knowledge of referral pathways and described various means to escalate referrals. Care documentation evidenced consumers were referred to a range of health and medical professionals, however staff failed to refer 2 consumers to their medical officer, post fall. This is further considered under Requirement 3(3)(b) where it is most relevant.

Consumers and representatives said, and staff were observed, to practice hand hygiene routinely. Staff were knowledgeable of precautions to prevent and control infection, minimising the need for antibiotics. Policies and procedures guided staff practice to promote antimicrobial stewardship and manage infectious outbreaks.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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

Consumers and representatives said they were supported to complete their activities of daily living in line with their needs, goals, and preferences. Staff confirmed a lifestyle assessment was completed on entry to understand consumers activities of daily living and the assistance required. Consumers were observed undertaken activities independently.

Consumers and representatives said staff supported consumers emotional and spiritual needs. Care documentation included consumers' well-being needs, goals and preferences. Staff advised supporting consumers through individual interactions and by facilitating connections with people important to them, or religious services.

Consumers and representatives said they were able to access the community to do things of interest to them, including fishing and staff assisted them to maintain relationships. Staff described how consumers were supported to keep in contact with family or friends. The activity calendar evidenced consumers were taken into the community and provided with a variety of group and individual activities.

Most consumers and representatives said the consumers care needs and preferences were communicated effectively. Staff said consumer information is shared between themselves and others involved in care, through the electronic care management system. Care documentation evidenced changes to consumers condition or care needs was shared.

Consumers and representatives said they were referred to other organisations in line with the activities of daily living. Staff described referring consumers to libraries, pastoral services and volunteers to assist with social support. Care documentation evidenced consumer referrals were undertaken quickly.

Most consumers and representatives gave positive feedback on the quantity and variety of meals provided, with those who had raised previous complaints, confirming food quality had improved. Staff described how consumers were assisted to choose their meals for the day, contribute to menu planning and could access alternate meals. Dietary profiles contained consumers meal preferences and assistance needs.

Most consumers reported their mobility aids were well maintained and kept clean, except one who said their wheelchair was not cleaned regularly. Staff confirmed they have access to suitable equipment to support consumers activities of daily living. Equipment observed was clean and in good working order.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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

The service environment was observed to be welcoming, with sufficient lighting, the corridors had handrails to assist consumers to move around; common areas and rooms were clearly signed to assist with navigation. Consumers said they found it homely, and they were encouraged to decorate their own room using furniture, pictures, memorabilia and other items of interest to them.

Staff described the systems and processes used to maintain a clean and safe environment. Maintenance documentation evidenced items for repair were logged and attended to quickly and preventative inspections and servicing was completed routinely as scheduled. Consumers were observed to have free access to internal areas and external grounds, which were clean and appeared safe. Consumers were observed accessing the community; however, one consumer was restricted from leaving due to it being unsafe.

Consumers gave positive feedback on the cleaning and maintenance of furniture and equipment. Staff described their roles and responsibilities for cleaning and maintaining, equipment and fittings. Furniture was observed to be clean and suitable for consumers.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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

Consumers and representatives said they felt safe and comfortable to provide feedback and make complaints. Staff understood how to support consumers to raise concerns and confirmed they were encouraged to do so. Feedback forms were readily accessible to consumer and their representatives.

Posters and brochures displayed, and information contained within the consumer handbook guided consumers on the availability of external complaints agencies. Staff demonstrated knowledge on how to access interpreter services, but as all consumers spoke English, these services were not currently needed. Staff knew to act as advocates for consumers with impairments, however required further training to be provided, on the availability of formal advocacy services.

Consumers and representatives said their concerns or complaints were resolved quickly with apologies given during acknowledgement of the matter, however, one representative said they had lodged concerns with staff, but those complaints were not escalated by staff. Staff were knowledgeable of open disclosure principles. Policies and procedures guided staff on managing complaints and using open disclosure.

Consumers said their feedback had resulted in improvements to meal services and the creation of a supper club. Management advised, feedback and complaints regarding meals was the concern most raised by consumers. The complaints register evidenced, feedback through various sources was logged and when monitoring through to resolution was required, the complaint had been transferred onto a continuous improvement plan.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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

Most consumers and representatives said staff responded quickly and met the consumers care needs, with the current staffing allocation, however, some consumers indicated more staff would be beneficial. Staff advised there were sufficient staff allocated for them to complete their duties. Management described workforce planning strategies including those used to fill unplanned leave and use of agency staff, at last resort. Rostering documentation evidenced all shifts were filled and care minute targets were met for the existing occupancy rate.

Most consumers and representatives said staff were kind and gentle, with staff provided refresher training in response to one instance of negative feedback. Staff demonstrated familiarity with each consumer’s individual needs and identity. Staff interactions were observed to be respectful and kind.

Position descriptions described the qualifications and experience required for each role, with consumers advising they felt staff were skilled and competent. Management described competence is assessed through orientation, buddy shifts and training assessments. Personnel records evidenced registration and security vetting is monitored for currency.

Consumers and representatives said all permanent staff were well trained, however, a query was raised over agency staff training. Management advised staff were required to complete annual mandatory training, with education records evidencing staff’s completion. Staff said they had access to training through various means and confirmed attending training on incident management, including serious incidents and restrictive practices.

Management advised the performance of staff was monitored through probationary and annual performance reviews, however as the service had only recently commenced operations, no staff had completed an annual review. Staff confirmed completing their probationary review. Policies and procedures guided staff in performance review processes.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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. | Not 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

The Quality Standard is assessed as non-compliant as one of the 5 specific Requirements has been assessed as non-compliant. In coming to my finding, I have considered the information contained within the Site Audit report and the provider’s response submitted on 1 December 2023.

The Assessment Team recommended Requirement 8(3)(c) was not met, as governance systems had not effectively identified that the free movement of a consumer was impeded by living within a secured environment and the requirements for restrictive practices outlined in the *Quality of Care Principles 2014* had not been applied with behaviour support plans (BSP) being generic and did not support an assessed need, monitoring, review and use of a restrictive practice.

The consumer’s representative confirmed they had reached an agreement with staff regarding the consumer not being able to leave the service, with staff reporting, should the consumer attempt to leave, they would intervene and prevent them from doing so. This was due to the consumer’s cognitive decline and it being decided, it was unsafe for the consumer to access the community, independently.

Management advised the front door was either unlocked or secured by a keypad which required a code to unlock the door and for consumers, who were unable to recognise the code or operate the keypad, they were not considered environmentally restrained, unless they displayed exit seeking behaviours.

The provider’s response included a plan for continuous improvement (PCI) describing the actions undertaken, commenced or planned to ensure all consumers whose movement was restricted to within the internal service environment had been accurately identified and assessed to determine if a restrictive practice was applied.

The providers actions included auditing all consumers files and assessing each consumer against the perimeter restraint self-assessment tool, which identified a further 14 consumers were subject to an environmental restrictive practice, without the appropriate consent or required elements included within each consumer’s BSP.

It is acknowledged other actions taken to date, have included increasing operational management awareness of environmental restrictive practices, providing perimeter restraint training to management and staff, issuing revised work instructions and amending the electronic care management system to ensure staff consider and assess environmental restrictive practice when a consumer enters the service, or when their care is routinely reviewed.

While the service has undertaken responsive actions, some of these are yet to be fully completed and others will take time to demonstrate their effectiveness and sustainability.

Therefore, I find Requirement 8(3)(c) is non-compliant.

In relation to the remaining 4 requirements of this Quality Standard, I find them complaint as:

Consumers said the service was well run and they were given opportunities to make suggestions on its operations. Management described a variety of mechanisms in place to ensure consumers have input into how care and services were delivered. Meeting minutes and consumer surveys evidenced consumers were engaged in the design, development and evaluation services.

Consumers and representatives explained the measures used by the governing body to promote a safe and inclusive culture. Management described an organisational structure to facilitate oversight of the delivery of care and services, through monthly performance reporting. Meeting minutes evidenced audits and data against performance indicators were used to monitor compliance with the Quality Standards.

Management and staff understood and demonstrated application of the policies and procedures to ensure high impact and high prevalence risks were identified and managed. Incident management documentation evidenced serious incidents, including elder abuse and neglect were reported and investigated appropriately. Policies and procedures supported consumers to engage with risk and live their best life.

The service had clinical governance systems including frameworks, policies, and guidelines on antimicrobial stewardship, minimising the use of restraint, and open disclosure. Management and staff were knowledgeable of and gave practical examples demonstrating the application of the principles associated with reducing antimicrobial resistance, open disclosure and using restraint as a last resort. However, not all restrictive practices applied had been identified. This was further considered under Requirement 8(3)(c).

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)