Performance

Report

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| Name of service: | Arcare Birtinya |
| Service address: | 14 Waterside Retreat Birtinya QLD 4575 |
| Commission ID: | 8233 |
| Approved provider: | Arcare Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 15 August 2023 |
| Performance report date: | 11 September 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 Birtinya (**the service**) has been prepared by P. Sherin, 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 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.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 5** Organisation’s service environment | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | Not applicable as not all requirements have been assessed |

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 |

Findings

Consumers and representatives said consumers are treated with dignity and respect and provided examples of how they feel valued and supported to maintain their identity and culture at the service.

Care documentation identified information to guide staff practice in relation to each consumer’s individual history, background, and personal preferences.

Staff were aware of individual consumers’ background and preferences, and confirmed they receive regular reminders and training on dignity, respect, and cultural diversity.

The service has a staff code of conduct, policies, procedures, and other documentation available to guide staff practice regarding behavioural expectations and ensuring consumers are treated with dignity and respect.

The Assessment Team observed staff interacting with consumers in a kind, caring and respectful manner.

# 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 |

Findings

Consumers and representatives considered consumer care is safe, effective, and tailored to consumer needs.

Care planning documentation identified safe and effective care delivery in relation to consumers’ clinical needs including wound care, catheter care, diabetes, and pain management.

Where restrictive practices are used, the service demonstrated appropriate assessments, authorisation, and monitoring practices in place.

Staff demonstrated knowledge of individual consumers’ clinical care needs and strategies in place to manage risks and support care delivery.

The service provides access to clinical care policies such as in relation to restrictive practices and wound management to guide staff practice.

# Standard 5

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| Organisation’s service environment | |  |
| 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 |

Findings

The service is within a modern building with 3 levels and overlooks a lake with many rooms providing access to water views. The service facilities include a café open 7 days a week and a hairdressing salon. The service provides an electronic call bell system and utilises security cameras to monitor the service environment and ensure consumer safety.

Consumers and representatives commented positively on the service environment and confirmed consumers can move freely both indoors and outdoors.

Maintenance staff described the service’s reactive and preventative maintenance systems. Review of maintenance records identified any maintenance requests are attended to promptly.

The Assessment Team observed the service’s internal and external environment to be clean, comfortable, and well-maintained. Consumers were observed freely accessing indoor and outdoor areas of the service. Walkways and fire exits were free of obstructions.

# 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 |

Findings

Consumers and representatives said there are enough staff at the service and staff are always available when needed.

Staff said there are adequate staff numbers to provide care and services in accordance with consumers’ needs and preferences. Staff confirmed they feel supported by management and can access staff from other areas of the service on shift, when needed.

The service utilises an electronic rostering system to ensure adequate staff with the right skill mix are rostered across all shifts. The service has a pool of casual staff and can access agency staff to fill unplanned leave where required.

Management advised the workforce is planned and adjusted as occupancy increases at the service; call bell response times are monitored; and audits conducted to benchmark across the organisation.

Review of rosters for the week prior to the assessment contact identified registered staff are available 24 hours a day 7 days a week, and all shifts were filled with a mix of registered and care staff.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)