Performance

Report

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| Name: | Arcare Birtinya |
| Commission ID: | 8233 |
| Address: | 14 Waterside Retreat, Birtinya, Queensland, 4575 |
| Activity type: | Site Audit |
| Activity date: | 23 January 2024 to 25 January 2024 |
| Performance report date: | 13 February 2024 |
| Service included in this assessment: | Provider: 1706 Arcare Pty Ltd  Service: 28334 Arcare Birtinya |

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 Katherine Richards, 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 consumers, representatives, staff, management, and others.

The provider advised they would not be submitting a response to the Site Audit report.

# 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

This Quality Standard is assessed as Compliant as 6 of the 6 requirements are assessed as Compliant.

Consumers said staff treat them with dignity and respect, understanding their backgrounds and needs. Staff demonstrated understanding of consumers’ identity and said they could learn from care plans and talking with consumers. Care planning documentation reflected cultural diversity, including information about consumer life events, relationships, and values.

Consumers and representatives said consumers’ life stories and cultural needs were discussed during admission and respected by staff. Staff could describe how consumer’s beliefs and cultural needs were recognised and documented to inform provision of culturally safe care and services. Policies and procedures guided staff understand, acknowledge, and respect consumers’ cultural needs.

Staff said information about consumer choices and important relationships was documented in care and services plans, and they continued to encourage and support independent decision-making. Consumers said they were supported to make and communicate decisions about who should be involved in their care and to maintain relationships on their terms. Care planning documentation reflected information in line with consumer and staff feedback.

Consumers said they were encouraged to live their best lives, including if this meant taking risks, with assessments and discussions to understand concerns and develop safe strategies. Staff said they respected consumers’ rights to take risks to engage in activities of choice, working in partnership with consumers and/or representatives to work out supports, and could give examples of consumers taking risks and strategies used for safety. Care planning documentation for consumers taking risk included a Dignity of risk form, with assessment by clinical and/or Allied health staff and included evidence of informed consent and individualised mitigating strategies.

Consumers and representatives said consumers received sufficient information through newsletters, calendars and menus, announcements, and during meetings, with information communicated in a style appropriate to consumer needs. Staff explained the importance of sharing information with consumers to enable them to make decisions, and communication style is adjusted for consumers with cognitive or sensory impairments to enable understanding. Information was observed to be readily available, displayed on posters, whiteboards, digital screens and on printed documents.

Consumers said staff respected their privacy and kept personal information confidential, giving examples of the discretion of staff when managing sensitive issues. Staff gave examples of how they respected consumers’ privacy, with care plans and observations available to guide them to identify when consumers may be uncomfortable. The service’s policies included information on privacy and data management to ensure information was kept confidential.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 requirements are assessed as Compliant.

Staff described how assessment and planning processes were used to identify consumer needs and risks and inform strategies for safe and effective care. Care planning documentation demonstrated comprehensive assessment to identify risk and inform care delivery with individualised risk mitigating strategies. Policies, procedures, and guidelines informed staff practice on use of assessment and planning processes to identify and consider risks.

Staff were aware of consumers’ needs, goals, and preferences in line with care planning documentation. Consumers said they had been offered the opportunity to discuss end-of-life care needs and preferences during care planning discussions. Clinical staff explained how they approached the topics of advance care directives and end of life wishes on admission, as needs changed, or as the consumer requested.

Consumers and representatives described how staff facilitated their involvement in assessment and planning processes. Care planning documentation evidenced input from others, including Allied health professionals, Medical officers, and external providers. Clinical staff explained the partnership with consumers and/or representatives to understand consumer history, goals, preferences, and needs and identify when other providers should be consulted.

Consumers and representatives said they understood what was in the care plan, and copies were provided or available. Staff described how reviews and changes to the care and services plan were communicated with consumer and representatives, with documentation readily available.

Consumers, representatives, and staff explained care and services were reviewed every 3 months or following incident, deterioration, or change. Care planning documentation demonstrated regular review was undertaken, with clinical staff advising the review process was used to make any changes necessary to continue to meet consumer needs.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 requirements are assessed as Compliant.

Staff described how they delivered individualised care and monitored consumers’ health to optimise their well-being, and received ongoing training to meet consumers’ needs and ensure best practice processes are used. Care planning documentation demonstrated effective assessment and monitoring processes were used to identify changes and optimise care. Evidence based work instructions and use of a multi-disciplinary team approach informed best practice clinical and personal care delivery that was safe and effective for each consumer.

Consumers and representatives detailed how staff managed the risk associated with their health and care. Staff identified risks for consumers, explaining how risks were communicated, and knew their responsibilities following incidents. Management explained the high impact and high risks for consumers within the service, identified through incident reporting and clinical indicators, and these are discussed within weekly staff meetings. Care planning documentation identified implementation of tailored and effective risk management processes.

Staff described how care delivery changed for consumers nearing end of life, focusing on pain management, comfort, and emotional and/or spiritual support. Staff were aware of how to access information on consumers’ end-of-life preferences to inform personalised care and respect wishes. The Palliative care policy and process was available to all staff, outlining responsibilities, referral pathways, and end-of-life care delivery.

Consumers and representatives said staff were responsive to deterioration in consumer condition. Care planning documentation and progress notes demonstrated timely identification and response to deterioration of consumer health. Staff confirmed they had access to work instructions and flow charts to identify deterioration or change in consumer condition, and this included escalation and evaluation guidance.

Staff explained how information about consumers was shared, such as through written and verbal handover processes and updating care and services plans. Consumers and representatives were satisfied information was effectively communicated and staff were familiar with changes to their needs or preferences. Care planning documentation and progress notes were accessible for staff and visiting providers such as Medical officers and Allied health professionals.

Clinical staff and management described referral processes and contact pathways for health professionals and external services. Consumers said they had access to a range of providers, including within the community, and were seen promptly when there was a need. Care planning documentation evidenced timely and appropriate referrals were made where necessary.

Consumers and representatives were aware of infection control measures to prevent outbreaks, and believed staff did all they could to keep everyone safe. Staff described infection control practices, including preventative measures, using pathology to confirm infection, monitoring types of infections, and practices to reduce antibiotic resistance. The Infection prevention and control lead explained preparedness for outbreaks. being supported by the organisation’s Infection control advisor and the Outbreak management plan directives when outbreaks had occurred.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 requirements are assessed as Compliant.

Staff explained how services and supports aided consumers to maintain independence. Care planning documentation identified choices, preferences, and needs to ensure social engagement was encouraged and supported.

Consumers described how their emotional and spiritual wellbeing was understood and supported. Staff said they recognised changes to consumers’ emotional states, provided support reflective of care planning documentation, and escalated for review where required. Care planning documentation demonstrated consumers at risk of isolation were recognised and connected to pastoral care or through additional one-on-one visits. Regular religious services were scheduled within the activities calendar.

Consumers detailed supports to do things of interest, including in the wider community, and maintain relationships. Staff demonstrated awareness of the importance for consumers to maintain friendships, stay in touch with loved ones, and keep up with hobbies. Care planning documentation included information about interests, relationships, and preferences. Lifestyle staff explained how consumer input and feedback was sought to develop an activity schedule.

Consumers said staff understood their preferences and were aware of changes to health. Staff explained how they communicated information about consumers, including with external providers such as the hairdresser, volunteers, and pastoral care visitors. Care planning documentation included sharing of information through care review notifications, progress notes, and lifestyle updates.

Staff explained processes for identification of consumer need and making referrals for external providers, such as volunteers or pastoral care for one-on-one visits. Care planning documentation identified referrals were timely and suitable for consumer needs.

Consumers and representatives said consumers enjoyed the meals, with options available to meet preferences and dietary needs. Staff explained the seasonal rotating menu was developed at organisational level with Dietitian input and adjusted following consumer feedback sought through questionnaires and food focus meetings. Kitchen staff said every effort is made to accommodate consumer requests, with notes kept on dietary forms on specific preferences. Management said additional food was available outside mealtimes or as an alternate to the menu. Consumer dietary likes, dislikes, and needs were captured within care planning documentation and this information was available to all kitchen and catering staff.

Consumers described equipment as safe, clean, and well-maintained. Staff said there was sufficient equipment, explaining cleaning processes between use, and damaged equipment is removed and reported for maintenance. Maintenance and cleaning logs demonstrated equipment was monitored, cleaned, and repaired in a timely manner.

# 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

This Quality Standard is assessed as Compliant as 3 of the 3 requirements are assessed as Compliant.

Consumers and representatives described the service environment as welcoming, easy to navigate, comfortable, and safe, and they were encouraged to personalise their rooms. Staff explained features of the service designed to support consumers’ physical, sensory, and cognitive differences. Indoor and outdoor communal areas, with seated areas, were available for consumers to engage with visitors and other consumers.

Consumers and representatives said the service was always clean and well-maintained, and they could access areas including the courtyard and nearby park. Staff described maintenance and cleaning processes whilst demonstrating awareness of hazards and infection control. The service environment was observed to be clean, and consumers were observed to be moving freely throughout areas.

Consumers and representatives said they find furniture and equipment to be safe, clean, well-maintained, and suited to consumer needs. Staff explained processes for checking and cleaning shared equipment and removing and reporting any items unsuitable for use. Sampled equipment was observed to have been checked and serviced in line with documented schedules.

# 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

This Quality Standard is assessed as Compliant as 4 of the 4 requirements are assessed as Compliant.

Consumers and representatives said they were encouraged and supported to raise concerns or give feedback and were familiar with available verbal and written pathways. Management said they regularly seek input and feedback from consumers and the workforce. Feedback forms and boxes were available at each nurses’ station.

Consumers and representatives were familiar with advocacy and language services as well as external complaint avenues, with information published in the Community handbook and newsletters. Staff demonstrated familiarity with contact processes for advocacy and interpreter services. Information on accessing advocacy and interpreter services was displayed on noticeboards and posters.

Management and staff described the complaints management and open disclosure processes, and consumers and representatives said the service communicated well and found appropriate responses to concerns. The feedback and complaint system demonstrated complaints were recorded and managed with resolution in a reasonable timeframe.

Consumers said feedback, suggestions, and complaints were discussed within consumer meetings and used to drive improvements. Management said feedback and complaints were analysed and used to develop activities to improve care and services, recorded in a Plan for continuous improvement register.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 requirements are assessed as Compliant.

Consumers and representatives reported there were enough staff to meet consumer needs in a timely fashion, and staff said they had sufficient time to provide safe and quality care. Management described processes to ensure shifts are filled, evidenced within rostering documentation, and scheduling considered consumer needs. Monitoring processes also included investigation of delayed responses to call bells, and weekly occupancy and workforce planning meetings.

Consumers and representatives said staff were kind, caring, and respectful. Staff explained, and were observed, ensuring interactions with consumers were kind, caring, and respectful of individual identity. Policies and procedures and the Charter of Aged Care Rights informed staff actions, and position descriptions outlined expectations of staff attributes and behaviours.

Management said staff qualifications and eligibility checks were conducted within recruitment processes to ensure staff are competent and capable to perform the role in accordance with the position description. Documented position descriptions detailed responsibilities, knowledge, skills, qualifications, and experiences. Consumers and representatives described staff as competent and knowledgeable about care provision.

Staff said they received sufficient training to meet care expectations, including on the Quality Standards, use of restrictive practices, incident reporting including obligations within the Serious Incident Response Scheme, and infection control. Management detailed the ongoing staff education program, offered through online and in-person presentations. Training records and personnel files demonstrated compliance with regulatory employment requirements.

Staff and management described formal performance monitoring processes through appraisals within probationary periods and at least annually thereafter, recorded in the electronic record system. Management explained actions taken when mistakes were made or areas for development were identified.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 requirements are assessed as Compliant.

Consumers and representatives explained how they had input into the development, delivery, and evaluation of care and services through consumer meetings and the new Consumer advisory body meetings, scheduled to commence meetings in February 2024. Management explained seeking input from consumers to drive initiatives and improvements.

Management described the structure of the governing body, and explained how information was reported, reviewed, and acted upon. Meeting minutes from Board meetings, Clinical risk meetings, and Clinical governance demonstrated monitoring processes to ensure compliance with the Quality Standards and regulatory requirements.

Governance systems included reporting structures, policies and procedures, and oversight through meetings for monitoring and discussion. Management explained processes through the financial governance structure to seek changes to budget or expenditure to meet consumer needs. Board meeting minutes demonstrated mechanisms in place to monitor and communicate changes to legislation.

Management and staff described risk management systems and practices, including incident management and prevention of abuse and neglect of consumers. The Risk management framework included policies outlining the organisation’s approach to existing and emerging risks and mitigating consequences. Risks were recorded on a risk register for analysis, and high impact and high prevalence risks were monitored through the Clinical governance committee and Executive leadership team meetings. Staff said they were provided regular training on elder abuse and neglect and incident management, including obligations to report through the Serious Incident Response Scheme. Processes were in place to support consumers to live their best lives through consideration of dignity of risk assessments.

The clinical governance framework consisted of policies, procedures, service delivery practices, and training. Antimicrobial stewardship practices were overseen by the Medication advisory committee, and Antimicrobial Stewardship committee meetings demonstrated monitoring of antimicrobial use.

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)