Performance

Report

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| Name of service: | Performance report date: |
| Arcare Burnside | 5 September 2022 |
| Commission ID: | Activity type: |
| 3695 | Site audit |
| Approved provider: | Activity date: |
| Arcare Pty Ltd | 27 July to 29 July 2022 |

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 Burnside (**the service**) has been considered by Melissa Frost, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 | | Compliant |
| 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 and their representatives said consumers are treated with dignity and respect, and their culture and identity is valued. Staff described how they tailor care delivery based on consumers’ preferences and culture. Care planning documents included details on consumers’ identity, background and culture. Staff were observed providing care in a respectful and comforting manner.

Consumers said they are supported to exercise choice and independence regarding how their care and services are delivered, and to maintain connections and relationships. Staff assist consumers to maintain contact with people important to them, encourage consumers to make choices, and involve representatives and interpreters when required.

Consumers said they are supported to take risks to live the life they wish. Staff described how they support consumers to understand and minimise risks. Care plans contain risk assessments completed in conjunction with consumers, representatives and health professionals.

Information is provided to support consumers to make daily choices regarding their care needs, meals and lifestyle activities. Care planning documents demonstrated the service provides interpreters and interventions to support consumers with language, communication and cognitive barriers. Newsletters, posters and flyers were observed.

Consumers said their privacy and confidentiality is respected. Staff were observed knocking on consumers’ doors prior to entry and closing the door during provision of personal care. Consumers’ confidential information is secured and restricted to relevant staff.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

Assessment and planning processes that identify consumers’ needs, goals, preferences and relevant risks are utilised to inform delivery of safe and effective care. Advance care and end of life planning is included in care planning documents, where the consumer wishes.

Consumers and their representatives confirmed they are involved in assessment and planning discussions, and have access to care documents if they wish. Care plans include directives and recommendations from allied health professionals, medical officers and specialist services.

Assessments are completed on entry to the service. Care conferences occur every 3 months and care plans are reviewed every 6 months, or more frequently if consumers’ needs change. Care plans reflect reviews occur when deterioration or changes to consumers’ health and well-being are identified.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 and their representatives said consumers receive care that is right for them and meets their needs and preferences. Care planning documents reflected consumers receive safe and individualised care. Staff said they are guided by policies and procedures to deliver care that is best practice. Consumers subject to restrictive practices have relevant consent and behaviour support plans in place, and arrangements are regularly reviewed. Care plans reflected consumers receive suitable wound care and pain management.

Staff described relevant high impact and high prevalence risks for consumers. Care plans reflected tailored strategies are applied to manage risks. The service monitors clinical indicator data to identify risks and implements initiatives to reduce risk.

Care planning documents reflected consumers receiving end of life care have their preferences and goals recognised and comfort maximised.

Care plans and progress notes reflected staff identify and respond to deterioration or changes in consumers’ condition. Representatives confirmed they are informed of changes.

Consumers and their representatives are satisfied consumers’ needs and preferences are effectively communicated between relevant people. Staff described how information is shared through progress notes, handover, and with other health professionals to support effective care.

Care planning documents reflected referrals to other health professionals are timely and occur when needed. Staff described how they complete referrals and how any resulting recommendations are documented and followed.

Staff described how they minimise infection related risks and support appropriate use of antibiotics.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 said services and supports for daily living meet their needs and preferences, allow them to be independent and do the things they want to do. Care planning documents identify what consumers enjoy and the support needed. Staff are familiar with consumers’ interests, tailor activities and support consumers to attend. Consumers were observed engaging in group and individual activities, socialising and interacting with each other.

Consumers said they receive support for their emotional and spiritual well-being aligned with their preferences. Staff said they identify changes in a consumer’s mood and provide additional support if a consumer is feeling low. Staff were observed reassuring consumers in a caring way. A memorial was observed to support consumers to celebrate the lives of those who had passed away.

Consumers and their representatives said consumers are supported to maintain their wellbeing through contact with family and friends, and by participation in community activities both inside and outside the service. Care plans include details of consumers’ preferred community engagement. Staff described how they engage consumers and their families in developing activities and outings.

Information about consumers’ dietary and lifestyle preferences, and additional support they receive is reflected in care planning documents and shared with staff and other relevant providers.

Referrals are made to other services and providers to optimise consumers’ well-being. Activities are supplemented by volunteers and external organisations.

Mixed feedback was provided regarding the quality, quantity and variety of meals provided, with consumers saying the service is taking action to address their feedback. Care planning documents reflected consumers’ dietary needs and preferences. Staff described how they accommodate consumers’ needs and obtain through surveys and monthly food focus meetings. The kitchen environment was observed to be clean and relevant health and safety guidelines were adhered to by staff. Staff provided dining assistance in a patient and respectful manner.

Equipment provided for consumers to engage in activities of daily living was observed to be appropriately stored, safe, suitable, clean and well maintained. Consumers and staff said they had access to sufficient and suitable equipment and relevant maintenance occurs.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 handrails and signage to support consumers to move independently. Consumers said they feel comfortable and at home in the environment, and it is easy to navigate. Consumers are supported to personalise their rooms with photographs, artwork and ornaments.

The service’s indoor and outdoor areas were observed to be safe, clean, free of hazards and well-maintained. Consumers were observed moving freely, including to outdoor areas and gardens. Consumers said the environment is clean and safe. Cleaning occurs consistent with a schedule.

Furniture, fittings, and equipment were observed to be safe, clean, and suitable. Consumers said the equipment is suitable, and furniture is clean and comfortable. Staff described how they clean shared equipment and report maintenance needs. The service’s maintenance system reflected maintenance occurs in a timely manner.

# Standard 6

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| Feedback and complaints | | Compliant |
| 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 their representatives said they are encouraged to provide feedback and are comfortable to do so through means such as feedback forms, consumer meetings and speaking to management. Staff described how they support consumers to give feedback and raise complaints. Brochures, flyers and pamphlets about complaints are available at reception and on noticeboards. Suggestion boxes are accessible for anonymous complaints.

Most consumers and their representatives were aware of advocacy, language and external complaint services. Information about the services is communicated in multiple languages, and contained in the consumer information book. Staff described how they guide consumers to access the relevant resources.

Most consumers and representatives said the serviced takes appropriate action when complaints are made, and staff apply open disclosure. Staff described action taken following complaints and feedback and how they apply feedback to inform continuous improvement. Meeting minutes and the complaints register reflected the feedback and complaints received and the corresponding action taken, and showed consumers are engaged in finding solutions. The service’s continuous improvement plan also reflects ongoing improvements occur.

# Standard 7

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| Human resources | | Compliant |
| 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

Overall consumers and their representatives said there were enough staff and the care is timely. They said staff are kind, caring and gentle when delivering care. Staff said they generally have sufficient time to complete their duties and they work together to meet consumers’ needs. The service has processes to fill vacant shifts. Call bell records reflected responses are generally prompt, and extended times are analysed.

The service has position descriptions for each role, listing capabilities and competencies. Staff are required to meet experience and qualification requirements. Staff competency is monitored through consumer feedback, completion of mandatory training and observations.

Staff said they receive training in relevant topics, and can access additional training to increase their knowledge and skills. The service has processes to monitor training completion and training records showed most staff had completed mandatory training.

Staff performance is measured through annual performance appraisals. Staff said their professional development is supported.

# Standard 8

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| Organisational governance | | Compliant |
| 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

Consumers and their representatives said the service is well run and gave examples of how they are engaged in the development and delivery of care and services. Management described how they use consumers’ suggestions to inform improvements.

The governing body promotes a culture of quality care and is accountable through engaging undertaking regular review and monitoring the service’s performance via audits, committee meetings and reports.

The service has effective governance systems relating to information management, financial and workforce governance. Continuous improvement occurs, incorporating data gathered from consumer feedback, surveys, and complaints. Regulatory compliance is maintained through communication and staff training.

The service has a documented risk management framework. The service utilises risk data to inform mitigation strategies, identify opportunities for improvement and support consumers to live their best lives. Staff described training received regarding incident reporting and management.

The service has a clinical governance framework and staff provided examples of how they apply policies related to open disclosure, antimicrobial stewardship, and minimising use of restrictive practices.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)