Performance

Report

**1800 951 822**

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| Name: | Arcare Burnside |
| Commission ID: | 3695 |
| Address: | 2 Nicol Avenue, BURNSIDE, Victoria, 3023 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 6 October 2023 |
| Performance report date: | 21 November 2023 |
| Service included in this assessment: | Provider: 1706 Arcare Pty Ltd  Service: 5845 Arcare Burnside |

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 prepared by M Nicholas, 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 (performance assessment) – 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 3 Personal care and clinical care | 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 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 their representatives expressed satisfaction with clinical and personal care received, indicating care is provided in line with consumer needs and preferences. Staff demonstrated knowledge of individual consumer care needs, choices, preferences, and interventions to provide safe and effective care. A review of documentation demonstrated individualised strategies to manage and minimise restrictive practice, manage skin integrity and pain. The Assessment Team noted processes and systems ensure consumers receive care that optimises their health and wellbeing.

A review of restrictive practice documentation demonstrated current authorisations, informed consent, individualised behaviour support plans, regular review of behaviour assessments and behaviour charting. The Assessment Team noted the service maintains a psychotropic medication register. Clinical staff demonstrated regular monitoring, review, and evaluation of psychotropic medication in collaboration with medical officers, geriatrician, consumer and/or representatives. Staff indicated they have received restrictive practice training and have access to related guidelines.

Clinical staff indicated skin assessments are undertaken on admission, during assessment reviews and as required. Consumer care documentation demonstrated skin assessments, wound photography, wound treatment plans, pressure area care directives and referrals to wound care consultants and allied health professionals. Consumer representatives are noted to be updated regarding wound care consultations. The Assessment Team noted reports are reviewed weekly to ensure wound care compliance and required follow up is undertaken.

Consumer care documentation identified regular pain assessment using verbal and non-verbal validated assessment tools, pain charting and evaluation of as required medication effects. Staff described validated pain assessments and individualised pharmacological and non-pharmacological strategies to manage consumer pain in line with consumer pain management plans.

Staff discussed the process of continence charting and continence aid ordering, allocation, and storage. The Assessment Team noted updated and accessible information regarding consumer continence aid allocations. Consumers and their representatives expressed satisfaction with frequency of changing continence aids and supply.

With consideration to the available information summarised above, I find the service compliant with requirement 3(3)(a).

# 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 their representatives indicated satisfaction with staffing levels and call bell response times. The Assessment Team noted the workforce is planned to ensure adequate staffing levels and suitable mix of skills. Staff described strategies implemented by management to support the delivery of safe and quality care and services.

Management discussed the service’s workforce planning process with planned and unplanned leave covered by existing permanent staff from other sites or staff from the casual pool. A review of the master roster and staff allocation sheets indicated adequate staffing levels. Management described the service’s recruitment process and strategy for retainment of care and clinical staff.

Management described the process of reviewing call bell response time and actioning call durations that exceed the organisation target. Management reported call bell data is discussed during daily clinical staff meetings. A review of the service’s call bell report for the previous month indicated most call bells were responded to within the organisation’s expected timeframe with those exceeding the organisation’s benchmark investigated in accordance with the organisation’s policy. The Assessment Team observed call bells were responded to in a timely manner throughout the assessment contact.

With consideration to the available information summarised above, I find the service compliant with requirement 7(3)(a).

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)