Performance

Report

1800 951 822

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Performance report date: |
| Arcare Caboolture | 29 September 2022 |
| Commission ID: | Activity type: |
| 5773 | Site audit |
| Approved provider: | Activity date: |
| Arcare Pty Ltd | 9 August 2022 to 11 August 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 Caboolture (**the service**) has been considered by Kathryn Spurrell, 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

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

|  |  |  |
| --- | --- | --- |
| 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 considered they are treated with dignity and respect, can maintain their identity and make informed choices about their care and services.

Staff demonstrated knowledge of each consumer’s identity and were able to explain how they meet the individual needs of these consumers. Staff were observed interacting respectfully with consumers and demonstrated an understanding of their care preferences. Consumers felt their culture and diversity is valued and gave examples of how the service supports their diverse backgrounds.

Consumers and representatives provided positive feedback and gave examples of how the service supports consumers to be independent and make decisions about the care and services, including activities involving risk. Consumers felt supported to make and maintain connections and relationship, both within and outside of the service.

The service demonstrated that timely, current, and accurate information is provided to consumers and consumers and representatives were satisfied with the way the service communicated information about their care and services to them.

Consumers said they feel that their privacy is respected, and personal information is kept confidential. Staff also knock on the door before entering and seek permission to enter. Electronic files are password protected, only relevant staff have access to the corresponding information and all conversations are private and confidential.

# Standard 2

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

# Care plans demonstrated effective, comprehensive assessment and care planning processes that identify the needs, goals, and preferences of consumers, including identified risks. Consumers confirmed that their care plans identify their goals and preferences including clinical and personal care, nutrition preferences, and lifestyle choices. Consumers expressed that they are supported to complete Advance Health Directives and the service is aware of their wishes.

Care plans detail ongoing partnership with consumers and their representatives, including providers of other services. Consumers were satisfied with how assessment and care planning is coordinated and expressed they can include people the want in decisions about their care,

Consumers and representatives reported they were thoroughly involved with the care planning process and representatives mentioned they have a copy of the care plan and are kept up to date with changes, consumer input into care plans is evident in the documentation as observed by the Assessment Team.

Care documents demonstrate consumers and representatives are consulted when the consumer’s care and service plan is reviewed and reflect referrals, upcoming specialist requests and other relevant information.

Review of care plans confirmed that they are reviewed following critical points in care such as after an incident, cognitive decline, medical decline, an acute hospital admission, or periodically as required.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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 representatives expressed that they received care that was safe, managed risks to the consumer’s health and met consumer needs and preferences. Care planning documentation confirmed that the service provides individualised care that is safe, effective and tailored to the specific needs and preferences of the consumer.

Consumers subject to restrictive practices had appropriate consent and reviews in place. Care planning documents revealed that consumers with behaviour concerns have effective non-psychotropic medication strategies applied.

Staff were able to describe how they know care is safe and effective and provided examples which included the monitoring of weight, pain assessments, pressure care observations, a reduction in challenging behaviours, and improvement in mobility. They also described strategies to help manage behaviour such as providing support. Care plans for consumers at risk of falls include directives for care staff such as manual handling instructions, falls prevention, mobility and transfers, monitoring equipment, and referrals to a physiotherapist for review.

Consumers and representatives agreed that symptoms such as pain are managed well and that if their condition deteriorates their wishes are known and staff are aware of the supports that are required. Representatives confirmed being able to support consumers in palliative care decisions, and staff are skilled in providing any care needed.

Consumers expressed that the staff know them and would recognise a change in their condition, listen and act on any concerns they have about their health, and would respond with appropriate actions and care when needed. Staff described how they refer consumers accordingly to the Medical Officer for reviews and make updates to the consumer care plan to inform all relevant staff of changes.

Care documentation provide adequate information to support effective and safe sharing of the consumer’s condition, preferences and care needs. Care planning documentation noted referrals to allied health and other service providers, directives and planned review dates.

Consumers expressed confidence in the organisation’s ability to manage an infectious outbreak and reported they have been provided information on how to minimise the spread of infections. The service has implemented policies and procedures to guide staff related to antimicrobial stewardship, infection control management, and for the management of COVID-19 outbreaks.

# Standard 4

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

# Staff provided examples of how they know what consumers want and how they support them to do those things safely. Staff described the cultural and religious preferences of consumers and stated that this information is included in care plans. Staff indicated that when they identify a change in a consumer’s demeanour and are concerned for their emotional or psychological well-being, they address the issue through documented strategies included in the care plan.

Various activities were observed being undertaken during the Site Audit, including bus trips to the wider community and family visiting loved ones. Staff were able to describe how updated and relevant information is shared as consumers move between care settings, such as returning from hospital. Consumers and their representatives expressed that their services and supports are consistent and they have continuity of service provision.

Staff demonstrated awareness of other support providers for specific consumers. Consumers were satisfied with communication between the service and their other providers of care and supports. Consumer records demonstrated engagement with external specialist service providers.

Consumers were satisfied with the variety, quality and quantity of food provided at the service, and felt the meals met their individual needs and preferences.

Consumer representatives expressed satisfaction with the quality and cleanliness of equipment provided.

# Standard 5

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

Consumers and representatives felt that the service environment is welcoming and easy to navigate. Signage throughout is simple and easy to understand and information about the service activities and events is on display in communal areas.

Consumers and their representatives were satisfied that the environment is safe, clean, well maintained, and comfortable allowing consumers to move about freely and comfortably. The environment was observed to be clean, with a recent refurnishing, new paint and reflooring of some areas.

Staff were observed to wipe down equipment and furnishings after use and were aware of the maintenance processes and procedures. Consumers and their representatives were satisfied with the suitability of the equipment.

**Standard 6**

|  |  |  |
| --- | --- | --- |
| 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 shared recent examples of the feedback and complaints process where the outcome was to their satisfaction. Staff were confident and felt comfortable raising concerns with management.

Consumers and representatives confirmed they are aware of, and have access to, advocates, language services and other methods for raising and resolving complaints. Staff provided examples of bulletins being provided to consumers in their own languages, such as Dutch, Croatian and German, and they have received positive feedback in relation to these.

Care plans contained examples of consumer feedback and preferences being incorporated into their care delivery. Staff had received training in open disclosure and understood under what circumstances they should use open disclosure.

Opportunities for improvement based on feedback and complaints are captured both at a site and organisational level. Complaints and feedback are trended and analysed, and opportunities to improve systems and processes are identified and implemented. Staff said management are responsive to their needs and feedback and gave examples of improvements as a result. Consumers and representatives said they are confident the management will follow up their concerns and issues to improve service delivery.

**Standard 7**

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

Whilst consumers and representatives reported there are sometimes delays in call bell response, they felt there are sufficient staff to provide care in accordance with their needs and preferences. When required, management are responsive to adjusting staffing numbers to changed consumer needs by using contingency staff, such as overtime or agency staff as required.

Consumers and their representatives found the majority of staff kind, caring and respectful at all times and staff were observed to interact with consumers in a respectful way.

Staff records include position descriptions, qualifications and reference checks. Ongoing training is provided according to a mandatory training program as required in response to consumers’ changing needs, performance feedback and the continuous improvement program. Consumers and representatives said they are satisfied that the workforce is competent and have the appropriate qualifications and knowledge.

Staff advised they attend orientation and feel supported in their roles. Consumers and their representatives said they are confident staff are trained and equipped to deliver care and training records showed that all staff in attendance with active shifts have attended the required mandatory training program.

The service generally monitors and reviews staff performance in accordance with the organisational goals and individual position descriptions. The service is currently rolling out a new electronic performance assessment system. The Assessment Team spoke with staff who were aware of the new system and management had already scheduled their annual online performance review.

**Standard 8**

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

Management described how consumers are engaged in the design, delivery and evaluation of services, and provided examples. Service and organisational records reveal consumer and representative feedback is captured and sent through to senior management as necessary.

Staff noted management promotes inclusive and quality care provision and provided examples of attending values training.

The service was able to demonstrate that is has effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service has a risk management framework with policies regarding management of high impact and high prevalence risks. Staff demonstrated an understanding of consumers with high impact or high prevalence risks and examples provided by consumer representatives demonstrate how staff implement the service's policies in alignment with best practice. Staff described training received in identifying abuse, reporting incidents and supporting consumers to live their best lives.

Staff are provided with training on open disclosure, so they understand their obligations. The service actively works to minimise the use of chemical restraint in partnership with the consumer, decision makers and the Medical Officer. A framework is in place and all clinicians are responsible for ensuring the use of antimicrobials is minimised

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)