Performance

Report

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| Name of service: | Arcare Castlemaine |
| Service address: | 25 Maldon Road McKENZIE HILL VIC 3451 |
| Commission ID: | 4033 |
| Approved provider: | Arcare Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 8 November 2022 to 10 November 2022 |
| Performance report date: | 8 December 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 Castlemaine (**the service**) has been prepared by V Stephens, 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; 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

# 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

Sampled consumers stated they are treated with dignity and respect and that their identity, culture, and diversity are valued. Staff consistently spoke about consumers in a way that indicated respect and understanding of their personal circumstances and life journey. Staff provided examples of how they provide culturally safe care and services. Staff were observed treating consumers with respect and demonstrating understanding of individual choices and preferences. Consumer care planning documents included information about individual preferences and important relationships.

Sampled consumers stated they are supported to exercise choice and make decisions regarding how care and services are delivered. Staff described how they support consumer decisions and care planning documents reflect consumer choices. Observations confirmed that staff assist consumers to maintain relationships.

Consumers said they are supported to take risks and are satisfied information provided by the service is current, easy to understand, and enables consumers to exercise choice. A range of notices were on display within the service and consumers are provided with information including food menus, lifestyle activity programs and newsletters. Staff described how they use different methods to communicate with consumers.

Consumers stated they are satisfied their privacy is respected and that their personal information remains confidential. Staff were able to demonstrate how they maintain consumer privacy. Observations of staff practice demonstrated staff respected consumer privacy.

# 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

Sampled care planning documents demonstrate risks are identified on admission and an interim care plan is developed. A comprehensive suite of assessments and care plans is completed within 28 days from admission which includes consumer goals, needs, preferences, consideration of risks and individualised interventions. Feedback from consumers and representatives indicates satisfaction with their involvement in assessment and care planning processes, including the identification and management of risks. Management and staff demonstrated knowledge of consumer risks and described strategies to deliver safe and effective care.

Sampled consumer assessment and care planning documents address consumer needs, goals and preferences, including advance care plans. Advance care planning is occurring according to consumer wishes. Consumers and representatives described their involvement in advance care planning and expressed confidence that staff understand their goals and preferences. Staff demonstrated knowledge of the needs and preferences of sampled consumers.

Consumers sampled stated they are involved in care consultations on a 3-monthly basis. Care documentation reflects partnership with consumers and/or their representatives in the initial assessment and care plan development and in subsequent reviews. Staff and management described the involvement of allied health professionals consumers wish to be involved in their care including physiotherapists, geriatricians and medical practitioners among others.

All sampled consumer care files contained a comprehensive care plan for each care domain and a summary care plan in an easy-to-understand format. All consumers and representatives interviewed said they have been informed of assessment outcomes and said they can access care plans. Clinical staff explained how they have ready access to electronic consumer care plans which are discussed with consumers and their representatives during care plan consultation and evaluation.

All consumers and representatives sampled provided feedback that staff are responsive to changes in consumer care needs and preferences. Management and clinical staff described established processes for the review of care plans every 6 months and as required following an incident or a change in consumer condition. File review demonstrated generally effective and regular evaluation of consumer care plans.

# 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

Although inconsistencies in wound care and pain management were identified for two consumers, consumer file review, care documentation and feedback from consumers demonstrate that generally skin integrity and pain are assessed, addressed and monitored. Input from medical practitioners and wound specialists is also apparent. The use of restrictive practice is effectively assessed, monitored and reviewed.

A review of sampled consumer files demonstrated that high impact and high prevalence risks are effectively identified, and risk minimisation strategies are developed. Consumers and their representatives expressed satisfaction with the management of risks. Management and staff identified falls, pressure injuries, changed behaviours, and medication management as high impact and high prevalence risks at the service.

Feedback from consumers and care planning documents reflect consumer wishes nearing the end of life include medical treatment orders, goals of care, and personalised strategies. Staff and management described how they would support consumers nearing the end of life and practical ways to maximise consumer comfort.

Care documentation reviewed and feedback from consumers demonstrate timely identification of, and appropriate response to consumer deterioration or changes in condition. Staff provided examples of how changes to consumer health or deterioration are recognised, actioned and communicated.

Care documentation reviewed provided information about each consumer’s health condition, needs, goals and preferences. This includes assessments, care plans, progress notes, handover sheets, medication charts, electronic care alerts and clinical correspondence from external health specialists. Staff can describe how they access and refer to consumer progress notes, charts and care plans.

Overall, consumers were satisfied they have access to external health providers and specialists as required. Care documentation reflects timely and appropriate referrals to medical practitioners, allied health practitioners, specialists and other external health services. Management and staff described processes and examples of referrals to allied health services. The Assessment Team observed a physiotherapist, medical practitioner, wound consultant, and dementia specialists visiting consumers during the site assessment.

Staff demonstrated knowledge and understanding of infection control practices and antimicrobial stewardship. Staff were observed wearing personal protective equipment safely and effectively and following infection control practices. The organisation has infection control policies and procedures that guide staff in the assessment, management and monitoring requirements of transmissible diseases with a focus on gastroenteritis and acute respiratory illness prevention such as influenza and COVID-19. The service has an antimicrobial stewardship policy and demonstrates appropriate practices to support appropriate antibiotic use.

# 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

The service demonstrated each consumer’s individual goals, needs and preferences are identified, documented, and communicated to staff. Sampled consumers and their representatives indicated that the consumer is provided with support to optimise their independence, health, well-being and quality of life. Lifestyle staff develop daily and weekly group activity calendars based on consumer preferences. Social and lifestyle care plans include individualised goals and preferences. Staff provided examples of how sampled consumers are supported to engage in activities and maintain their independence.

Sampled consumers stated the service supports their emotional, spiritual, and psychological well-being. Staff demonstrated knowledge of the emotional and spiritual needs of consumers and could describe how they support individual consumers. Care planning documentation included information on emotional, spiritual, and psychological needs and preferences. The Assessment Team observed staff talking to consumers about topics of interest and encouraging consumers to participate in activities.

Sampled consumers stated they receive services and supports which enable them to participate in the community, have relationships, and do things of interest to them. Staff described how they support consumers to participate in activities of choice, both within and outside the service environment, and to have social relationships. Care planning documents contained information on individual consumer interests and identified important relationships.

Sampled consumers expressed satisfaction with how information is shared. Staff said they are informed of changes to consumer needs through written notes, care plans, handover sheets and handover meetings.

The service demonstrated timely and appropriate referrals to individuals and other organisations and providers occur. Consumers and their representatives confirm that referrals occur promptly, and document review demonstrates a range of services and organisations are available. Staff described how referrals are made.

Consumers expressed satisfaction with the quality and quantity of meals provided. Staff are knowledgeable about individual consumer preferences and dietary requirements and special menus are in place for consumers with dietary needs. Care planning documents note the needs, dislikes, allergies, and preferences of consumers. Staff were observed assisting and encouraging consumers with nutrition and hydration during the site audit.

Sampled consumers and representatives said that equipment is safe, clean, well maintained and suitable for staff and consumer use. Staff were observed cleaning equipment during the site assessment. Cleaning documentation demonstrates regular cleaning of equipment occurs.

# 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

Consumers said they feel welcome and comfortable at the service and are encouraged to personalise their rooms. Consumers and visitors were observed using communal areas and moving independently around the service. The service is welcoming and provides comfortably furnished communal areas that optimise consumer interaction and engagement. The service provides accommodation for consumers with diverse needs and levels of mobility. The communal living area is readily accessible, with clear signage to assist navigation.

Consumers commented positively on the way the buildings and gardens are maintained, that they feel safe and that they can access garden areas. Preventative and reactive maintenance is scheduled with document review confirming regular preventative and reactive maintenance occurs.

Consumers said that furniture, fittings and equipment are well maintained and cleaned regularly. Staff discussed cleaning and maintenance systems and the process for equipment repair. Cleaning staff said they have cleaning schedules and clean bedrooms weekly and bathrooms daily. The Assessment Team observed equipment, furnishings, and fittings were clean and suitable for use.

# 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

Sampled consumers and representatives described the various avenues they use to provide feedback such as consumer surveys and forms, e-mails, consumer meetings and verbal feedback. Management said feedback gathered during consumer meetings and monthly consumer surveys are included in the meeting minutes and documented in the complaints and feedback register. The Assessment Team observed green feedback forms located throughout the service, as well as locked suggestion boxes which were easily accessible to consumers and staff. The resident handbook documents feedback mechanisms and how feedback plays a valuable role in improving the quality of care and services.

Consumers and representatives stated that they were aware of the various internal and external complaints mechanisms available to them. The consumer handbook and staff induction pack provide information on feedback mechanisms available including accessing internal and external complaints processes.

Consumers and representatives who have raised issues were satisfied actions had been taken to resolve their concerns. Staff demonstrated an understanding of open disclosure and management explained how staff are guided by policies on open disclosure and complaints management. Review of the service’s complaint register demonstrated staff response is consistent with the service’s open disclosure policy, and that appropriate action is taken.

Sampled consumers and representatives said they are contacted by the service in response to feedback raised and provided examples of how feedback has led to improvements. Management described the processes in place to escalate complaints and how they are used to improve consumer care and services. The plan for continuous improvement and complaints documentation reviewed identified prompt action taken by management and demonstrated how care and services are improved.

# 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

Sampled consumers and representatives expressed satisfaction with staffing levels at the service. Sampled staff stated there is sufficient staff and management described how they have planned and recruited staff to manage current care needs and anticipate future care needs as consumer occupancy increases. The Assessment Team reviewed a recent roster which identified sufficient staffing levels across the service and shifts being filled as required.

Consumers described in various ways how staff are kind, caring, and gentle when providing care. Staff demonstrated they are familiar with the individual needs of consumers. Staff were observed interacting with consumers in a polite and kind manner.

The service has effective systems to ensure staff are competent and have the qualifications and knowledge to perform their role. Consumers and representatives expressed satisfaction staff are competent and knowledgeable in providing quality care and services. Staff are supported by management and senior clinical staff to effectively perform their roles. Position descriptions include key competencies and the qualifications required for specific roles.

Sampled consumers and representatives expressed satisfaction that staff are trained, equipped, and supported to provide consumer care. Management described how they identify staff training needs through feedback received from staff, consumers and representatives, evaluation forms, performance appraisals, incident reports, audit results, and identified changes in industry legislation and organisational policies and work instructions.

Sampled staff said they have completed their performance appraisal ‘check in’. Staff expressed satisfaction with the support they receive from management and senior clinical staff at the service. Management described how each staff member has a personal professional development plan in place and that performance appraisals are scheduled.

# 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

The service focusses on providing a program of regular surveys to engage consumers, their representatives, and staff. Consumers described having opportunities to provide feedback through resident meetings and surveys. Although the service does not currently have consumer representation on committees or the opportunity to present to the Board, management described future plans to increase participation as consumer numbers increase at the service. Management also described how they seek feedback from consumers and representatives through meetings, surveys, and consumer lunches.

Sampled consumers stated they feel safe and are living in an inclusive environment with the provision of quality care and services. Oversight of clinical care is provided by senior clinical staff who are members of the Clinical Governance Committee. Management stated all consumer feedback collated from complaints and suggestions is captured in the monthly monitoring tool and reviewed at the regular clinical governance committee meeting.

There are effective governance systems in place which support information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service utilises an electronic care file and management system that incorporates several functions to track risks, feedback and complaints, continuous improvement, and staff training.

The service demonstrated effective risk management systems supported by clinical governance frameworks, policies and procedures with documented reporting mechanisms. Risks are reported and reviewed by management at the service level and are escalated to the organisation’s executive management including the board. Management and staff discussed how to identify and respond to allegations of abuse or neglect of consumers and how to document and report incidents.

Management described their clinical governance roles and responsibilities, clinical and quality meetings, and the review and monitoring of obligations to maintain safe and quality care. Management and clinical staff stated antimicrobial use for each consumer is registered in their electronic file. A monthly report is generated for review and trending analysis. Management and staff discussed how restrictive practices are minimised at the service.

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-1)