Performance

Report

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| Name of service: | Arcare Cheltenham |
| Service address: | 161a Centre Dandenong Rd CHELTENHAM VIC 3192 |
| Commission ID: | 3616 |
| Approved provider: | Arcare Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 21 March 2023 to 23 March 2023 |
| Performance report date: | 11 May 2023 |

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 Cheltenham (**the service**) has been prepared by G Hope-Simpson, 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.
* 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 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

Consumers said staff treated them with respect and dignity and they believed staff valued their culture. Staff were observed being respectful when addressing consumers and knew which consumers were from culturally diverse backgrounds, and how to deliver care aligned with their cultural preferences. Care planning documentation contained information about consumers’ backgrounds and preferences.

Consumers said staff respected their beliefs and values and they felt culturally safe residing at the service. Lifestyle staff aimed to incorporate activities that suited consumers from different cultural backgrounds into the service’s activity schedules, such as celebrating a range of holidays significant to different cultures, or scheduling time for prayer. The service had policies and procedures to support staff to engage in inclusive practices.

Consumers said staff supported them to make decisions about their care and staff communicated their decisions to their representatives, loved ones, other staff and providers. Staff supported consumers to make choices, maintain their independence and sustain their relationships. The service had policies and procedures that supported consumers to make informed choices about their care, communicate their decisions, and maintain meaningful relationships. Consumers were observed participating in various activities of their choice.

Consumers said the service enabled them to take risks and live fulfilling lives. Staff knew the service’s processes to support consumers who wanted to take risks and the service had policies and processes to support consumers who wanted to take risks.

Consumers said staff communication was clear, accurate and prompt, and that they were satisfied with the information staff provided to them. Staff kept their colleagues informed about consumers’ changing conditions using a variety of methods, including handovers, clinical monitoring, system alerts and digital messaging, among other methods. Information within care planning documentation showed that staff communication about consumers’ needs was effective, and staff regularly updated consumers’ care plans. The activity schedule and menu were on display in various areas of the service for consumers to access up-to-date information.

Consumers said the service respected their privacy and kept their information confidential. Staff worked under various protocols designed to preserve consumers’ privacy and confidentiality, including using password protected computers and care management systems, knocking on doors and asking permission before entering. The service had policies to protect consumers’ information and 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

Consumers said the service involved them in assessment and care planning, and the service’s care met their needs. Staff knew the service’s assessment and care planning processes, and the associated processes for identifying consumer risks. Care planning documentation contained individualised care information, including information about consumers’ individual risks. Staff documented and investigated risk incidents, and they reviewed care and services plans regularly, updating them when they identified new risks.

Consumers said clinical staff regularly discussed their needs, goals and preferences, including their end-of-life wishes. Staff knew the service’s assessment and care planning process, including end-of-life planning and how to initiate end-of-life discussions with consumers and their families. Care planning documentation included information regarding the consumer’s end-of-life wishes and the service had policies to guide staff in delivering care as part of the end-of-life phase.

Consumers said staff engaged them about assessment and planning for their care on an ongoing basis. Staff said they engage customers and their representatives in assessing and planning consumers’ care using a range of strategies, including through care consultations, one on one discussions, formalised assessments, via surveys, and through the service’s dedicated feedback channels. Care planning documentation showed evidence the service consulted representatives as part of the care planning process, and that it involved members of its multi-disciplinary team.

Consumers said staff explained their care well, and that they could access their care plans if they wanted. Staff consulted consumers and their representatives as part of the assessment and review processes and care planning documentation contained information about the outcomes of assessment and planning including evidence that staff engaged consumers and their families throughout the planning process.

Consumers said staff engaged them about significant events related to their care, including as part of their care plans reviews, following incidents tied to their care, and when their care needs changed. Clinical and care staff knew the services review process. Care planning documentation showed evidence of regular reviews and reviews in response to changes of circumstance or incidents.

# 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

Consumers said the service provided safe and effective personal and clinical care that reflected their needs and preferences. Staff said the service provided them with support, resources and training, which ensured they were up to date with best practices. Management knew its responsibilities to meet its legislative requirements, and how care should be delivered to be consistent with best practice.

Consumers said they were satisfied with how the service managed risks associated with their care. Care planning documentation contained information about key risks for each consumer, including information about restraint management, pressure injuries, falls, dysphagia and challenging behaviours. The service had policies and processes to manage high impact, high prevalence risks.

Consumers said they had discussed their end-of-life wishes with staff. Staff knew the service’s process to support end-of-life care, including how to involve families and other health professionals. The service had guidance and process documents to assist staff when planning for and delivering end-of-life care. The service was observed paying respects to a consumer who had recently passed away by honouring them with photographs and candles in one of its lifestyle rooms.

Consumers said the service recognised their complex care needs and addressed them promptly. Care staff knew how to recognise and respond to changes in consumers’ conditions, including by observing consumers, completing assessments, providing appropriate referrals and notifying medical officers and the consumers’ representatives. The service maintained guidance documents to support staff to monitor and address consumer deterioration.

Consumers said staff effectively communicated their care needs and that they received the care they needed. Clinical staff communicated changes to consumers’ care during handovers and by using the service’s online progress notes application. Care planning documentation including progress notes, and handover reports provided adequate information to support effective and safe sharing of the individual consumer’s information to support care.

Consumers said they were satisfied they got the care they needed, including through referrals to external health professionals. Staff knew the service’s referral process and could cite recent examples of consumer referrals to specialist providers. Care planning documentation showed records of appropriate and timely referrals to external health providers.

Consumers said they were satisfied with the service’s infection control practices. Clinical staff received mandatory training in various domains connected to infection control, such as antimicrobial stewardship, infection minimisation, hand hygiene, and personal protective equipment, among others. The service had an infection prevention control lead who worked to sustain the service’s infection prevention and control initiatives. Staff and consumers had recent COVID-19 vaccinations.

# 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

Consumers said the service supported their daily living needs, goals and preferences and it aimed to optimise their independence, well-being and quality of life. Lifestyle and care staff catered their services and supports to each consumer. Care planning documentation contained information on consumers’ preferences, health and goals. Staff were observed supporting consumers to help them navigate the service and participate in their chosen activities.

Consumers said the service supported their emotional, spiritual and psychological well-being. Lifestyle staff scheduled a range of activities and supports for consumers. Care planning documentation showed information about consumers’ interests and their lives, enabling staff to remain informed about consumers’ unique identities. Consumers were observed actively participating in activities throughout service.

Consumers said the service supported and encouraged them to participate in activities within and outside the service, to pursue personal and social relationships, and to do things that interested them. Lifestyle and care staff understood consumers’ needs and helped facilitate their connections within and outside the service. Staff conducted a lifestyle assessment for new admissions and reviewed the assessment in line with the service routine review schedule, or when consumers’ circumstances changed.

Consumers said staff delivered care that met their needs and staff communicated effectively about their preferences, including amongst each other and with external providers and representatives. Care staff remained informed about the changing conditions of consumers using a range of methods, such as handovers, digital messaging, progress notes, system alerts and others. Care planning documentation contained accurate information about consumers’ needs and preferences.

Consumers said staff referred them to external organisations promptly and appropriately. The service had a process to support consumers to access external supports, which included maintaining a network of referent providers, conducting consumer assessments, making referrals and examining the outcomes of referrals. Care planning documents and observations showed staff had made timely and appropriate referrals to external organisations.

Most consumers said they were satisfied with the service’s meals. Catering staff had appropriate working practices to communicate with consumers about their dietary preferences, and meal selections. The service’s kitchen was observed to be clean and staff stored, prepared, and served food according to appropriate hygiene and quality standards.

Consumers said the service was safe, clean and well-maintained. Clinical, care and lifestyle staff said they had access to equipment when they needed it and the service’s maintenance records showed its equipment was appropriately maintained. The service had preventative maintenance systems, which included scheduled equipment inspection and maintenance.

# 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 felt safe living at the service, and that it felt like home. They said they were able to navigate the interior of the service facility easily, and that they could access indoor and outdoor areas as they pleased. Staff were observed supporting consumers to move freely throughout the service. Consumer rooms were tidy and consumers had personalised them with pictures, furniture and décor. The service’s common areas were neat and well-furnished.

Consumers said staff cleaned the service’s common areas and their rooms every day and that these areas were well-maintained. Cleaning staff ensured the service was clean and well-maintained using a schedule of daily, weekly and monthly duties. The service’s cleaning records showed staff completed their cleaning responsibilities as per schedule. The service environment was safe, clean and well-maintained, with clear corridors and pathways. Consumers were observed accessing and using in the service’s outdoor areas, and moving around the service freely.

Consumers said the service’s furniture, fittings and equipment were safe, clean and well-maintained. They said that if something was not operating correctly, the service addressed the issue promptly. The service had processes for staff to log cleaning and maintenance concerns, and staff knew how to use these. Maintenance staff applied preventative and reactive maintenance approaches, conducting both regular, scheduled maintenance and carrying out ad-hoc repairs and replacements for damaged equipment. Furniture, fittings and equipment were well-maintained, clean and safe for consumer 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

Consumers said they felt comfortable raising their concerns with staff or providing feedback to the service. The service’s feedback processes were accessible to consumers, and management welcomed feedback. Consumers could provide feedback through various channels including direct to staff, during meetings, via the service’s dedicated feedback forms, and through external advocacy groups if desired. The service located feedback forms and suggestion boxes in various areas throughout the facility.

Consumers said they were aware of the available advocacy and translation services and they knew how to access them. Staff knew the various advocacy and translation channels available to consumers, and they supported consumers to access them as required. The service had a community handbook which included information about how to raise complaints and the various advocacy and interpreter services available to support consumers in making complaints.

Consumers said the service took appropriate action in response to complaints. Management and staff showed a good understanding of complaints handling processes, including of the need to document complaints, use open disclosure and provide an apology when things went wrong. The service had a feedback and complaints register, which captured information about the nature of complaints and the actions staff took to rectify them. The service resolved complaints in a timely manner.

Consumers said the service reviewed feedback and complaints and used them to improve the quality of its care. Management used information from complaints to improve the quality of the service’s care. The service’s policies encouraged staff to seek feedback and complaints, and use them to inform its continuous improvement activities.

# 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

Consumers said the service had adequate staff, and staff responded to their needs and answered call bells promptly. Staff said there were enough personnel rostered on for each shift and that they had sufficient time to deliver quality care to consumers. Management filled shift vacancies using existing permanent and casual staff when possible, and by using agency staff if the need arose. The service’s rosters and staff scheduling documents showed it had sufficient staff to fill shifts to deliver safe and quality care and services.

Consumers said staff interacted with them in a kind, caring and respectful way, and that staff accommodated their individual needs and cultural backgrounds. The service trained its staff to be kind, caring and respectful to consumers, and staff were observed being respectful and courteous in their interactions.

Consumers said staff knew what they were doing, and the service’s recruitment records showed staff had appropriate qualifications, knowledge, and experience to perform their duties. The service had a process for ensuring it recruited suitable, competent staff, which included maintaining position descriptions, monitoring staff performance, using a 6-month probation period, and providing training, among other methods.

Consumers said staff had been adequately trained and equipped to do their jobs. The service trained and equipped its workforce as per its learning and development policy, through online learning and face-to-face training. Clinical and personal care staff said they received adequate training to perform their assigned duties.

Management regularly assessed, monitored, and reviewed staff performance to help ensure the service provided high quality care for consumers. Staff knew the processes governing their performance reviews, including how their individual development plans contributed to long term goals, and the service’s broader responsibilities. The service had policies and procedures to guide its staff in providing safe and quality care and services for consumers.

# 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

Consumers said the service was well-run and they were confident it would act on their feedback and suggestions for change. The service had various channels to engage consumers, including food focus groups, meetings, feedback forms, surveys and verbal feedback. Records arising from these channels showed the service made changes or improvements based on feedback from consumers and data derived from its performance monitoring systems.

Consumers said they felt safe at the service and they received the care they needed. The service’s clinical governance policies outlined the involvement of its governing body in delivering its care and services. The clinical governance framework indicated that the organisation’s governing body played a role in promoting a culture of safe, inclusive and quality care and services, and that it was accountable for their delivery.

The service has an effective organisation-wide governance system in place that guides information management; continuous improvement; financial governance; workforce, regulatory and legislative compliance and feedback and complaints management. Management described how the organisation demonstrates compliance through their risk management system and the organisational governance system. The organisation is paper-based and utilises hard copies and manual processes to generate risk management systems and data to allow the governing body (Board), executive team, management, and staff to have access to information.

The service had a risk management framework which it used to design, implement and monitor its’ risk management systems which supported staff to mitigate risks and monitor the service’s performance against clinical indicators. Management and staff knew the service’s processes to identify and manage high-impact and high-prevalence risks, including those related to abuse, neglect, incidents, falls, medication, and other risks. The service had established reporting lines through which staff escalated risks to management and the service’s governing body.

The organisations’ documented clinical governance framework has been implemented at the service, and management and staff apply the principles of the framework when providing clinical care. Documented policies include infection control management, antimicrobial stewardship, restrictive practices, diversity, and cultural inclusion. The staff described processes in relation to the clinical governance framework such as minimising restrictive practices, implementing antimicrobial stewardship strategies, and providing open disclosure to consumers and representatives when things go wrong. Documentation such as committee meeting minutes reflected key discussions and strategies for implementing this framework.

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)