Performance

Report

**1800 951 822**

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| Name: | Arcare Civic Manor |
| Commission ID: | 3770 |
| Address: | 7 Civic Drive, EPPING, Victoria, 3076 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 5 June 2024 |
| Performance report date: | 27 June 2024 |
| Service included in this assessment: | Provider: 1706 Arcare Pty Ltd  Service: 5912 Arcare Civic Manor |

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 Civic Manor (**the service**) has been prepared by N Eastwood, 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.
* the provider’s response to the assessment team’s report received

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **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** |
| **Standard 8** Organisational governance | **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 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 |

Findings

Consumers confirmed they are treated with dignity and respect by staff. Consumer care documents are developed with consumers and specify their cultural preferences for activities and care provision. There was evidence of training related to privacy, dignity and confidentiality and the Code of Conduct for Aged Care.

Staff explained they understand consumer preferences relating to consumer care needs, through conversations, providing choice and options to consumers. The Site Audit

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Requirement 1(3)(a).

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

Clinical and care staff explained how they manage risks related to falls, weight loss, and changed behaviours, including for those consumers subject to restrictive practices. Consumer care documentation demonstrated staff use consistent practices to manage high-impact, high-prevalence risks associated with the care of each consumer.

There was evidence of validated assessment tools in assessing falls risk with supporting mitigation strategies and documentation consistent with staff knowledge and local handover reports. Clinical management demonstrated regular consumer weight monitoring with registered nurse review of weight status and interventions. There was evidence of collaboration with representatives, medical officers, geriatricians and Dementia Support Australia (DSA) to develop comprehensive behaviour support plans with regular review of psychotropic medications where chemical and environmental restraint is in place. Where risk of pressure injury was identified pressure relieving devices and prevention strategies were identified.

Information is analysed to identify risk mitigation strategies for consumers and continuous improvement opportunities and management demonstrated robust clinical governance processes at the service and organisation levels.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Requirement 3(3)(b).

# 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 representatives said they were satisfied with the level and mix of staffing. Management carries out a daily review of the roster to consider care needs of consumers and the allocation of staff reflected sufficiency and appropriate skill mix across all shifts.

Management explained that the service has a dedicated staffing model, with staff rostered to a residential unit and allocated to a group of consumers that fosters continuity of care and establishes a therapeutic relationship for both the consumers and the staff. Rostering reflects consideration to care minutes and there is review of call bell response times through regular reporting. The service is supported by organisational workforce policies, processes and organisational business units.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Requirement 7(3)(a).

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

The service demonstrated robust management systems, with practices in place that identify, manage and report high impact and high prevalence risks and incidents. Management demonstrated actions to investigate and analyse risks that inform and drive continuous improvement and deliver training opportunities for staff. Risks are reported, escalated, and reviewed by executive clinical and quality committees at the organisational level.

Management described the embedded processes to manage and prevent incidents with review of progress notes, incident reports and associated charting and care reviews attended by senior nurses and management. The organisational clinical and quality committees have oversight of all reported incidents and use the outcomes of the trends and analysis to review organisational policies and processes to ensure risks are mitigated and managed in line with best practice.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Requirement 8(3)(d).

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)