Arcare Glenhaven

Performance Report

93 Glenhaven Road
Glenhaven NSW 2156
Phone number: 9133 1000

**Commission ID:** 1060

**Provider name:** Arcare Pty Ltd

**Site Audit date:** 31 May 2022 to 2 June 2022

**Date of Performance Report:** 12 July 2022

# Performance report prepared by

Michelle Glenn, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Non-compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Non-compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this 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 consumers, representatives, staff, management and others;
* an Infection Control Monitoring Checklist completed as part of the Site Audit undertaken from 31 May 2022 to 2 June 2022; and
* the provider’s response to the Site Audit report received 6 July 2022.

# STANDARD 1 NON-COMPLIANTConsumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

The Quality Standard is assessed as Non-compliant as one of the six specific Requirements has been assessed as Non-compliant.

The Assessment Team recommended Requirement (3)(a) in Standard 1 Consumer dignity and choice not met. The Assessment Team were not satisfied the service demonstrated each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Non-compliant with Requirement (3)(a). I have provided reasons for my finding in the specific Requirement below.

In relation to all other Requirements in this Standard, the Assessment Team found most sampled consumers considered that they can maintain their identity, make informed choices about their care and services, and live the life they choose.

Care and services were found to be delivered in a culturally safe manner. Care files sampled included information relevant to consumers’ emotional, spiritual, and cultural needs and background. Staff felt care planning included sufficient information about consumers’ cultural needs and preferences and most consumers felt staff were familiar with and understood their values and beliefs.

Consumers are supported to exercise choice and independence through making decisions about their own care, who should be involved in their care, and making connections and relationships with others. Staff described how they regularly engage consumers in making informed choices about their care and services through informal conversations in everyday care and support consumers to maintain relationships.

All consumers sampled confirmed they are supported to take risks and do not feel restricted in their movements or choice of activity. Where a consumer chooses to engage in an activity with an element of risk, consultation occurs with consumers and/or representatives in relation to risks involved, Allied health assessments are completed, where required, and strategies to mitigate risks are developed. Staff were knowledgeable of the service’s processes relating to dignity of risk.

Information provided to each consumer is current, accurate and timely, and communicated clearly, is easy to understand and enables consumers to exercise choice. Consumers receive information through a number of avenues, including meeting forums, newsletters and noticeboards. Staff descried how information is provided to consumers and how they assist consumers to understand the information, including those who have difficulty communicating. Consumers were satisfied staff ensure their privacy is respected and their personal information is kept confidential.

Based on the Assessment Team’s report, I find Arcare Pty Ltd, in relation to Arcare Glenhaven, to be Compliant with Requirements (3)(b), (3)(c), (3)(d), (3)(e) and (3)(f) in Standard 1 Consumer dignity and choice.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Non-compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

The Assessment Team were not satisfied the service demonstrated each consumer is treated with dignity and respect, with their identity, culture and diversity valued. The Assessment Team’s report provided the following evidence relevant to my finding:

* Five consumers and three representatives felt staff and services provided have left consumers feeling undignified, disrespected, embarrassed, and scared to speak up due to fear of retribution. Issues highlighted by consumers and representatives related to personal care, continence management, call bell response, cleaning of bathrooms and staff attitude.

The provider did not dispute the Assessment Team’s recommendation and acknowledges there are areas requiring continuous improvement. The provider’s response consisted of commentary directly addressing the deficits identified, a Plan for continuous improvement, including a description of planned and/or completed actions and outcomes and supporting documentation. Actions planned and/or completed include, but are not limited to, review of call bell responses, discussing trends and analysis through daily meeting forums; communications to staff, including in relation to treating consumers with dignity and respect and continence management; and implementing actions in response to consumers named in the Assessment Team’s report, including arranging case conferences.

I acknowledge the provider’s response. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, the service did not ensure each consumer was treated with dignity and respect, with their identity, culture and diversity valued.

In coming to my finding, I have placed weight on feedback provided by consumers and representatives indicating consumers have not been consistently treated with dignity and respect and the resulting impacts this has had on consumers. As such, I have considered that the service’s monitoring processes have not been effective in identifying the staff practices described which have impacted on consumers’ personal experience. The service should seek to implement processes to ensure they work with consumers in an inclusive and respectful way, and listen to and understand each consumer’s personal experience as it relates to the way care and services are being provided to them.

For the reasons detailed above, I find Arcare Pty Ltd, in relation to Arcare Glenhaven, to be Non-compliant with Requirement (3)(a) in Standard 1 Consumer dignity and choice.

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*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.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*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.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Quality Standard is assessed as Compliant as five of the five specific Requirements have been assessed as Compliant.

The Assessment Team found overall, consumers sampled considered that they feel like partners in the ongoing assessment and planning of their care and services.

Care files sampled demonstrated a range of assessments are completed on entry and on an ongoing basis. Additionally, a range of validated risk assessment tools are used to inform care planning, including in relation to pressure injuries, falls, delirium and depression. Information gathered through consultation with consumers and/or representatives and assessment processes is used to develop comprehensive, individualised care plans which include information relative to risks identified. Care plan alerts highlight areas of significant risk for consumers and provide guidance to staff on how to manage these risks.

Consumer files identified and addressed consumers’ needs, goals and preferences relating to care and services, and there are processes to identify consumers’ preferences relating to advance care planning and end of life planning. End of life care plans are commenced for consumers entering the end-of-life stage and reflect consumers’ wishes in relation to religious intervention, care intervention, who they wish to be involved, and how they wish their palliative stage managed. One representative said staff know the consumer very well and the things that are important to them with regard to their care, particularly that they wish to remain as independent as they can for as long as they can.

Care files demonstrated staff work with the consumer and/or representative to ensure care and service provision is in line with consumers’ needs and preferences. Involvement of other providers of care, including Medical officers and Allied health staff was also noted. Most consumers felt they had a say in who is involved in planning and discussions relating to their care needs and said they can access Allied health services within the home or the community. However, two representatives did not feel they were always involved in discussions relating to consumers’ care.

There are processes to ensure the outcomes of assessment and planning are communicated to consumers and documented in a care plan which assists staff to deliver care and services in line with consumers’ preferences. Care files demonstrated outcomes of assessments and changes to consumers’ care needs are communicated to relevant persons in an appropriate manner. Consumers said they can ask for a copy of their care plans if they want one.

There are processes to ensure care plans are up-to-date and meet the consumer’s current needs, including when changes are required due to an adverse event or a change in the consumer’s health condition. Representatives said reviews are undertaken regularly, with aspects of consumers’ care reviewed more often following adverse events, such as falls or changes in consumers’ condition.

Based on the Assessment Team’s report, I find Arcare Pty Ltd, in relation to Arcare Glenhaven, to be Compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

### Requirement 2(3)(b) Compliant

*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.*

### Requirement 2(3)(c) Compliant

*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.*

### Requirement 2(3)(d) Compliant

*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.*

### Requirement 2(3)(e) Compliant

*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.*

# STANDARD 3 COMPLIANTPersonal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Quality Standard is assessed as Compliant as seven of the seven specific Requirements have been assessed as Compliant.

The Assessment Team found overall, consumers sampled considered that they receive personal and clinical care that is safe and right for them. Consumers and representatives confirmed consumers’ receive quality care and services, tailored to their needs and preferences. Consumers and representatives also indicated consumers have access to Medical officers and other health professionals when they need them.

Care files sampled demonstrated effective management of diabetes, skin integrity issues, pain, and responsive behaviours. Consumers receiving psychotropic medications are identified, monitored and reviewed, and behaviour support plans are in place for consumers for whom restrictive practices are utilised. Clinical and care staff described clinical and personal care needs of sampled consumers and said they undertake regular training in various aspects of clinical care to assist them to understand current best practice care delivery. Most consumers and representatives were satisfied with the clinical and personal care provided and expressed satisfaction with specific aspects of care, including diabetes, mobility, wounds and medications.

High impact or high prevalence risks associated with the care of consumers are identified through assessment processes and management strategies are developed to ensure care and services are delivered in line with consumers’ assessed needs and preferences. Care files demonstrated appropriate assessment and management of risks relating to behaviour, weight loss, hydration and falls. Staff demonstrated an awareness of the high impact or high prevalence risks for consumers sampled and discussed specific strategies to mitigate the risks. Consumers and representatives said staff provide consumers the care they need and explain risks to their well-being to them.

The service has processes to identify each consumer’s needs, goals and preferences in relation to end of life. Staff described how care is delivered during this phase to ensure consumers’ comfort is maximised and dignity preserved. Care files sampled for two consumers identified as palliative included directives relating to their physical, psychological, and spiritual support needs, as well as individualised directives to guide staff in how to ensure the comfort of each consumer is documented. One representative stated the service has had discussions with them regarding the consumer’s palliative needs and conversations have been respectful, kind and caring.

Where changes to consumers’ health are identified, care files demonstrated, assessments and monitoring processes are implemented and timely referrals to Medical officers and/or Allied health professionals initiated. Clinical protocols are available to guide staff in the recognition and management of consumer deterioration and flow charts are used to assist in decision making regarding clinical practice. There are processes to ensure information about consumers’ condition, needs and preferences is documented and communicated where responsibility for care is shared. Consumers and representatives confirmed they provide consent for information to be shared and consumers are supported to access external providers for care and services that cannot be provided within the home.

#### The service demonstrated practices and processes which support the minimisation of infection related risks through implementing standard and transmission-based precautions to prevent and control infection, and practices to promote antibiotic prescribing and use to reduce the risk of increasing resistance to antibiotics. An Infection control monitoring checklist, completed as part of the Site Audit, demonstrated appropriate processes have been implemented specifically in relation to COVID-19, including outbreak management planning, infection control measures, workforce planning, personal protective supplies and use and communication and signage. Staff were observed adhering to infection control practices and described practical strategies to minimise use of antibiotics. Most consumers and representatives are satisfied the service communicates and manages infection related risk effectively.

Based on the evidence documented above, I find Arcare Pty Ltd, in relation to Arcare Glenhaven, to be Compliant with all Requirements in Standard 3 Personal care and clinical care.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*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.*

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

### Requirement 3(3)(d) Compliant

*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.*

### Requirement 3(3)(e) Compliant

*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.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*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.*

# STANDARD 4 NON-COMPLIANTServices and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

The Quality Standard is assessed as Non-compliant as one of the seven specific Requirements has been assessed as Non-compliant.

The Assessment Team recommended Requirement (3)(f) in Standard 4 Services and supports for daily living not met. The Assessment Team found the service was unable to demonstrate consumers are provided with meals which are varied and of a suitable quality.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Non-compliant with Requirement (3)(f). I have provided reasons for my finding in the specific Requirement below.

In relation to all other Requirements in this Standard, the Assessment Team found most consumers sampled considered that they get the services and supports for daily living that are important for their health and well-being and enable them to do the things they want to do.

Care files sampled included consumers’ goals, lifestyle and well-being preferences, important relationships and needs and preferences in relation to emotional, social, spiritual, and cultural support. Activities are planned, and risks assessed to ensure services and supports for daily living are safe and enjoyable for each consumer and in accordance with their preferences, needs and goals. Staff demonstrated an understanding of individual consumer's needs, preferences, life experiences and interests and described how they support consumers’ emotional well-being. Consumers confirmed they feel supported to be independent and are satisfied with the range of activities and social supports provided to them.

Consumers are provided with appropriate services and supports for daily living, including participating in their internal and external communities, doing things of interest them and maintaining social and personal relationships within the service and in the community. Activity attendance records are maintained to ensure consumers are not at risk of social isolation and Volunteers are available to provide one-on-one support for consumers who do not like to attend group activities. Consumers said they feel connected and engaged in meaningful activities that are satisfying to them.

Consumer files demonstrated information about consumers’ conditions, needs and preferences is documented and communicated within the service and with others where responsibility is shared and, where required, appropriate and timely are referrals are initiated. Consumers indicated their condition, needs and preferences had been identified by the service and were mostly known by staff and confirmed the service had referred them to outside services to supplement the lifestyle program.

There are processes to ensure equipment, required to support delivery of services, is clean, safe and suitable for consumer use. Internal monitoring processes ensure equipment provided is maintained and consumers confirmed equipment is safe, clean, and well maintained.

Based on the Assessment Team’s report, I find Arcare Pty Ltd, in relation to Arcare Glenhaven, to be Compliant with Requirements (3)(a), (3)(b), (3)(c), (3)(d), (3)(e) and (3)(g) in Standard 4 Services and supports for daily living.

**Assessment of Standard 4 Requirements**

**Requirement 4(3)(a) Compliant**

*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.*

**Requirement 4(3)(b) Compliant**

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

**Requirement 4(3)(c) Compliant**

*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.*

**Requirement 4(3)(d) Compliant**

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

**Requirement 4(3)(e) Compliant**

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

**Requirement 4(3)(f) Non-compliant**

*Where meals are provided, they are varied and of suitable quality and quantity.*

The Assessment Team found the service was unable to demonstrate consumers are provided with meals which are varied and of a suitable quality. The Assessment Team’s report provided the following evidence relevant to my finding:

* Nine of 14 consumers said they are not always satisfied with the meals provided. Most indicated meals are tasteless and bland and are sometimes served cold or not at a heated temperature which suits their preference. Textured, modified meals are unappetising with no greens served.
* One consumer, required to have a soft diet, said nine times out of 10 they cannot identify what it is they are eating. They said they receive three or four ice-cream scoops of something on their plate, sometimes the scoops are close to the same colour, and they usually all taste the same.
* When asked what the texture modified meal for the day was, one staff member said they had no idea as it all looked the same.
* Some consumers said the service has not learnt from complaints or made improvements to their service, specifically in relation to meal service and food.
* Management indicated consumers were being listened to and there had been recent changes to the meal service delivery following a review in May 2022.
* A Consumer experience survey and Food focus forum meeting minutes showed changes made in response to consumer feedback had been ineffective.

The provider did not dispute the Assessment Team’s recommendation and acknowledges there are areas requiring continuous improvement. The provider’s response consisted of commentary directly addressing the deficits identified, a Plan for continuous improvement, including a description of planned and/or completed actions and outcomes and supporting documentation. Actions planned and/or completed include, but are not limited to, increased frequency of food focus meetings; reviewing and updating consumers’ food preference and dietary requirement information; the Chef is attending the dining room to monitor process implementation and gather consumer feedback for immediate action; and implemented a fortnightly food focus survey.

I acknowledge the provider’s response. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, meals provided were not varied or of suitable quality. I have considered that meals and the dining experience are a significant part of consumers’ day-to-day life. As such, I have placed weight on feedback received from the majority of consumers indicating they are not always satisfied with the meals provided. I have also considered meals provided for consumers requiring a modified diet are not consistently presented in an appealing manner which has the potential to affect a consumer’s appetite and food consumption.

In relation to complaints and feedback relating to meals, I find this information is more aligned with Standard 6 Feedback and complaints Requirement (3)(c). As such, I have considered this information in my finding for that Requirement.

For the reasons detailed above, I find Arcare Pty Ltd, in relation to Arcare Glenhaven, to be Non-compliant with Requirement (3)(f) in Standard 4 Services and supports for daily living.

**Requirement 4(3)(g) Compliant**

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANTOrganisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

The Quality Standard is assessed as Compliant as three of the three specific Requirements have been assessed as Compliant.

The Assessment Team found overall, consumers sampled considered that they feel they belong in the service and feel safe and comfortable in the service environment.

The service environment is welcoming and easy to understand, optimising each consumer’s sense of belonging, independence, interaction and function. Communal areas and corridors have large windows to allow for natural light and most have garden views.

The service was observed to be safe, clean, well maintained and comfortable and the service environment supports free movement of consumers both indoors and outdoors. A large open outdoor courtyard is located on the ground level with garden areas and balcony spaces on the upper level. There are established systems to monitor environmental risks and hazards and to ensure cleaning of the environment is regularly undertaken. Fire, emergency and disaster management procedures are in place to maintain staff and consumer safety. Consumers said they can access outdoor courtyards, balconies, and garden areas freely without staff assistance. Most consumers were satisfied with the cleanliness of their rooms, and said communal areas, corridors and dining areas are also clean and well maintained.

Furniture, fittings and equipment were observed to be safe, clean and maintained Preventative and reactive maintenance processes are in place and staff described how they report and manage maintenance issues and hazards. Contracted services are utilised to maintain and inspect aspects of the environment and equipment.

Based on the Assessment Team’s report and the provider’s response, I find Arcare Pty Ltd, in relation to Arcare Glenhaven, to be Compliant with all Requirements in Standard 5 Organisation’s service environment.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 NON-COMPLIANTFeedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The Quality Standard is assessed as Non-compliant as one of the four specific Requirements has been assessed as Non-compliant.

The Assessment Team recommended Requirement (3)(c) in Standard 6 Feedback and complaints not met. The Assessment Team found the service was unable to demonstrate an effective system for managing and resolving complaints.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Non-compliant with Requirement (3)(c). I have provided reasons for my finding in the specific Requirement below.

In relation to all other Requirements in this Standard, the Assessment Team found overall, consumers sampled considered that they are encouraged and supported to give feedback and make complaints.

Most consumers and representatives said they are happy to raise any concerns with staff or by completing a feedback form. Staff described how they respond to complaints or feedback raised by consumers and/or representatives, including completing feedback forms on the consumer’s behalf or raising the issues with their supervisor. Consumers are also supported to provide feedback through surveys, meeting forums and care and service review processes.

Consumers are provided with information about internal and external feedback and complaints mechanisms, advocacy and language services on entry and on an ongoing basis. Feedback forms and external complaints and advocacy information was also observed on display. Consumers were aware of advocacy services and external complaints avenues.

Information from feedback and complaints is generally reviewed and used identify improvements to the quality of care and services. Management described the main areas where complaints had been made and continuous improvement processes implemented to rectify the issues. Some consumers provided positive feedback indicating management acted upon complaints, however, there are ongoing issues with the food where planned improvements have not been implemented in an effective manner.

Based on the Assessment Team’s report, I find Arcare Pty Ltd, in relation to Arcare Glenhaven, to be Compliant with Requirements (3)(a), (3)(b) and (3)(d) in Standard 6 Feedback and complaints.

**Assessment of Standard 6 Requirements**

**Requirement 6(3)(a) Compliant**

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

**Requirement 6(3)(b) Compliant**

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

**Requirement 6(3)(c) Non-compliant**

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

The Assessment Team found the service was unable to demonstrate an effective system for managing and resolving complaints. The Assessment Team’s report provided the following evidence relevant to my finding:

* Nine of 14 consumers were not consistently satisfied about the food provided and actions taken to resolve issues raised about the meal services. Consumers said they have raised issues at meeting forums, however, while some changes are made, these are not sustained, resolved or effective. Consumers indicated meals are still tasteless and bland and the meal service still lacks variety.
* Complaints and compliments documentation from January to May 2022 included five complaints relating to food and the meal service experience. There were inconsistencies with completeness of the complaints forms with some including actions taken and some with no actions listed.
* Meeting minutes reflect consumers have raised ongoing issues in relation to food quality and variety.
* Two representatives said they have raised concerns with management relating to the cleanliness of consumers’ rooms which have not been addressed to their satisfaction.

The provider did not dispute the Assessment Team’s recommendation and acknowledges there are areas requiring continuous improvement. The provider’s response consisted of commentary directly addressing the deficits identified, a Plan for continuous improvement, including a description of planned and/or completed actions and outcomes and supporting documentation. Actions planned and/or completed include, but are not limited to, increased frequency of food focus meetings; the Chef is attending the dining room to monitor process implementation and gather consumer feedback for immediate action; implemented a fortnightly food focus survey; and updated the feedback management.

I acknowledge the provider’s response. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, while a framework for open disclosure is in place, is understood by staff and is applied as required, the service did not demonstrate appropriate action is taken in response to complaints.

In coming to my finding, I have placed weight on feedback provided by nine consumers and two representatives who indicated they were not confident that appropriate action had been initiated in response to feedback and complaints. In relation to meals, consumers indicated, and documentation sampled demonstrated, that while some changes had been made in response to feedback or complaints, the changes had not been sustained, resolved or effective.

For the reasons detailed above, I find Arcare Pty Ltd, in relation to Arcare Glenhaven, to be Non-compliant with Requirement (3)(c) in Standard 6 Feedback and complaints.

**Requirement 6(3)(d) Compliant**

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Quality Standard is assessed as Non-compliant as one of the five specific Requirements has been assessed as Non-compliant.

The Assessment Team recommended Requirement (3)(a) in Standard 7 Human resources not met. The Assessment Team found the service was unable to demonstrate how they ensure the workforce is planned to enable the correct number and mix of members of the workforce deployed for the delivery and management of safe and quality care and services for consumers.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Non-compliant with Requirement (3)(a). I have provided reasons for my finding in the specific Requirement below.

In relation to all other Requirements in this Standard, the Assessment Team found workforce interactions with consumers are kind and caring. Consumers sampled indicated staff were compassionate, respectful, and kind in their interactions. Throughout the Site Audit, staff interactions with consumers were observed to be kind, caring and gentle, particularly when providing care.

There are processes to ensure the workforce have the skills and knowledge to effectively perform their roles. Job descriptions outline staff competencies required to undertake each role and there are processes to monitor staff qualifications, skills and knowledge annually. Clinical and care staff indicated they are sufficiently trained to provide care to consumers to meet their changing needs, and consumers stated they felt staff were competent and had the knowledge to assist them with their care needs.

The workforce is recruited and trained to ensure they have the necessary skills to deliver care and services in line with the Standards. Training needs, in addition to mandatory training components, are identified through various avenues and there are processes to ensure mandatory training is completed within the required timeframes. Staff described training they undertake on a regular basis to ensure currency in their competencies, and completion of mandatory training. The majority of consumers felt staff had the necessary skills to perform their roles when providing care to them.

The service has a staff performance framework which ensures staff performance is regularly assessed, monitored and reviewed. The process enables staff performance to be developed in line with their job role and ensures responsibilities are adhered to by all staff. Staff indicated performance reviews are conducted on a regular basis and provides them an option of further training to support their developmental needs.

Based on the Assessment Team’s report, I find Arcare Pty Ltd, in relation to Arcare Glenhaven, to be Compliant with Requirements (3)(b), (3)(c), (3)(d) and (3)(e) in Standard 7 Human resources.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-compliant

*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.*

The Assessment Team found the service was unable to demonstrate how they ensure the workforce is planned to enable the correct number and mix of members of the workforce deployed for the delivery and management of safe and quality care and services for consumers. The Assessment Team’s report provided the following evidence relevant to my finding:

* Three consumers and four representatives felt there was not enough staff to deliver safe and quality care and services in line with consumers’ needs and gave examples of how this impacted their care. Consumers and representatives also raised concerns relating to wait times to receive assistance with activities of daily living. Impacts to provision of personal care, medication management, continence and repositioning were described.
* A call bell monitoring report for a 16 day period in May 2022 included a total of 137 calls which had taken over 20 minutes to respond to. Of the 137 calls, 39 were in excess of 30 minutes.

The provider did not dispute the Assessment Team’s recommendation and acknowledges there are areas requiring continuous improvement. The provider’s response consisted of commentary outlining processes to ensure the right skills mix and staff numbers to provide care and services to review consumers’ care needs and resourcing levels daily. The provider’s response consisted of commentary directly addressing the deficits identified, a Plan for continuous improvement, including a description of planned and/or completed actions and outcomes and supporting documentation. Actions planned and/or completed include, but are not limited to, ensuring the call bell escalation system is functioning and calls over five minutes escalated; and implemented corrective actions for consumers highlighted in the Assessment Team’s report.

I acknowledge the provider’s response. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, the service did not effectively demonstrate there were adequate numbers and mix of staff to deliver safe and quality care and services.

In coming to my finding, I have placed weight on feedback provided by consumers and representatives indicating insufficient staffing numbers to provide quality care and services which has resulted in impacts for consumers. I have also considered that feedback provided by consumers and representatives was supported by call bell data which demonstrated for a 16 day period, 137 call bell response times were noted to be over 20 minutes. As such, I find call bell monitoring processes have not been effective in identifying staffing deficiencies or impacts for consumers.

For the reasons detailed above, I find Arcare Pty Ltd, in relation to Arcare Glenhaven, to be Non-compliant with Requirement (3)(a) in Standard 7 Human resources.

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 COMPLIANTOrganisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Quality Standard is assessed as Compliant as five of the five specific Requirements have been assessed as Compliant.

The Assessment Team found overall, consumers sampled considered that the organisation is well run and they can partner in improving the delivery of care and services. Consumers are engaged in the development, delivery and evaluation of care and services through a range of different avenues, including meeting forums, feedback processes, surveys and care and service review processes. One consumer described being an active participant in the Consumer engagement committee which has recently been implemented to gain knowledge from the consumers’ perspective.

The governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The organisation is governed by a Board of directors which is supported by an executive team. The Board reviews reports prepared by the executive team to address issues or concerns that are identified with care or service delivery. Strategic priorities are set and the governing body monitors improvements and care and services in the best interest of consumers.

The organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. There are processes to ensure these areas are monitored and the Board is aware and accountable for the delivery of services.

The organisation demonstrated effective risk management systems and practices in relation to managing high impact or high prevalence risks; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can and managing and preventing incidents, including use of an incident management system. Staff sampled were aware of policies relating to these aspects and described how they implement these within the scope of their roles.

The organisation has policies and procedures to guide staff practice in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Management and staff sampled were aware of systems and processes relating to these aspects and through evidence presented in other Standards, described how they implement these within the scope of their roles.

Based on the Assessment Team’s report, I find Arcare Pty Ltd, in relation to Arcare Glenhaven, to be Compliant with all Requirements in Standard 8 Organisational Governance.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*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.*

### Requirement 8(3)(d) Compliant

*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.*

### Requirement 8(3)(e) Compliant

*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.*

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

**Standard 1 Requirement (3)(a)**

* Ensure consumers are provided care and services in a way which ensures they are treated with dignity and respect, with their dignity, culture and diversity valued.
* Ensure staff have the skills and knowledge to provide care and services to consumers in a way which ensures they are treated with dignity.
* Ensure staff interactions with consumers are monitored to ensure kind, caring and respectful interactions are maintained at all times.

**Standard 4 Requirement (3)(f)**

* Ensure meals provided are varied and of suitable quality.
* Monitor consumers’ satisfaction with meals provided and the overall dining experience.

**Standard 6 Requirement (3)(c)**

* Ensure feedback and complaints are appropriately actioned and actions implemented in response are monitored for effectiveness.

**Standard 7 Requirement (3)(a)**

* Ensure appropriate and adequate staffing levels and skill mix are maintained to deliver care and services in line with consumers’ needs and preferences.