Performance

Report

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| Name: | Arcare Glenhaven |
| Commission ID: | 1060 |
| Address: | 93 Glenhaven Road, Glenhaven, New South Wales, 2156 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 5 March 2024 |
| Performance report date: | 15 April 2024 |
| Service included in this assessment: | Provider: 1706 Arcare Pty Ltd  Service: 22821 Arcare Glenhaven |

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 Glenhaven (**the service**) has been prepared by Therese Solomon, 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 8 April 2024.

# 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** |

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

Requirement 1(3)(a) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

Consumers and/or representatives spoke highly of staff members, nurses, and the management team, and reported they feel valued, accepted, and have a sense of belonging at the service. Consumers and/or representatives stated they feel their dignity, identity, culture, and diversity is respected and valued, and said they have no major complaints.

Staff demonstrated an understanding of consumer identity, culture, and diversity. Most of the care and clinical staff members have been employed at the service for many years and showed they are familiar with consumer’s needs and preferences and have built good relationships. Staff confirmed they have received training and education in dignity, identity, culture, and diversity and were able to describe how they practically implement the training.

Observations and documentation supported the positive feedback provided by consumers and representatives. Consumers were observed to be active and engaged in activities throughout the service and staff conversations and interactions with consumers were friendly and respectful.

# 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

Requirement 3(3)(b) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

Observations, consumer and representative feedback and a review of care and service documentation was reflective of the service’s ability to demonstrate the effective management of high-impact and high-prevalence risks. Management identified their high-impact and high-prevalence risks were associated with falls and falls management, skin integrity and wounds, weight loss and medication management.

A review of care and service documentation for consumers who have had falls reflected they were managed as per the organisation’s falls policy and procedure. Management advised that falls were consistently monitored both at a service and an organisational level. There is a falls reference guide in place which is used to advise staff on how to manage and prevent falls from occurring. There are regular clinical risk meetings which occur on a service level and a monthly working group which occurs on an organisational level.

Consumers who have had falls had vital signs and neurological observations attended as per the organisation’s policy and procedure. Assessments after a consumer experiences a fall are appropriate and timely. Consumers who have had a fall were referred to their local medical officer and physiotherapist for review which occurred within a 48-hour period. The consumer’s falls risk assessment tool was updated accordingly, and further prevention strategies were documented. Some consumers were transferred to hospital for further assessments and treatment. Consumers were observed to have preventative measures such as a neck pendant, crash mats, bed and beam sensors in place.

Management advised when a new skin injury occurs, organisational procedure includes the creation of an incident form, consultation with the consumer’s representative and medical officer, and the creation of a new wound chart for each wound. Care and service records reflected strategies and interventions in place to reduce or prevent further risk of injury. This included scheduled pressure area care and continence care, toileting plans for consumers who need support or have behavioural issues, the use of pressure relieving devices such as air mattresses, booties and pressure relieving cushions. Referrals were made for consumers who had longstanding, chronic and complex wounds of any kind.

Clinical and care staff were able to demonstrate their knowledge of each consumer and their needs to the Assessment Team and were able to identify consumers in their care who are at high risk of skin injuries, and strategies each consumer has in place to prevent injuries/further injuries from occurring. Feedback from consumers and their representatives were overwhelmingly positive, reflecting staff knowledge and care.

The service is currently monitoring monthly weights in line with their resident of the day program as the main process of identifying weight loss. Care and service documentation for consumers who have been identified with weight loss indicated reviews by a medical officer, dietitian, and speech pathologist, as well as the implementation of appropriate strategies. The service has work policies, procedures and guidance materials for weight loss, nutrition and hydration.

Service management reported when a medication incident occurs, the impacted consumer receives immediate review and medical attention, and an incident form is completed. Residential medication management review meetings occur on an annual basis and medication review and discussions are held with consumers and/or representatives three monthly and whenever a change occurs.

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