Performance

Report

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| Name of service: | Arcare Helensvale |
| Service address: | 103 Lindfield Road Helensvale QLD 4212 |
| Commission ID: | 5643 |
| Approved provider: | Arcare Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 1 November 2022 to 3 November 2022 |
| Performance report date: | 9 January 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 Helensvale (**the service**) has been prepared by James Howard, 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 in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | | Compliant |
| 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 and representatives felt staff were kind, caring and treated consumers with dignity and respect. Staff spoke about consumers respectfully and understood their personal circumstances and life journeys.

Care planning documentation identified consumers’ backgrounds, preferences, identities, cultures and preferences. Consumers and representatives indicated staff were respectful of consumers’ cultures, values and identities.

Consumers and representatives considered they were supported to exercise choice and independence, could make their own decisions and maintain personal relationships. Care planning documentation evidenced datils and contact information for nominated representatives and other primary contacts.

Staff outlined the supports provided to consumers who chose to engage in activities that included an element of risk, and how consumers were supported to understand the benefits and potential harm when making decisions about risks. Consumers indicated they were supported to take risks to enable them to live the best life they could.

Staff described the various ways information was communicated to consumers, in line with their needs and preferences. Consumers advised they received information to make decisions regarding their care and services.

Consumers and representatives confirmed consumers’ personal privacy was respected. The Assessment Team reviewed the service’s privacy policy which outlined the service’s information sharing processes and the consumers’ right to confidentiality.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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 and representatives confirmed they were involved in the assessment and care planning process and advised that care delivered met consumers’ needs. Staff demonstrated a shared understanding of the assessment and care planning processes, which identified risks to consumers’ safety, health and well-being.

The service demonstrated assessment and planning identified and addressed consumers’ current needs, goals, and preferences, including advance care planning if consumers wished. Management described the processes for assessing consumer’s needs, which included end of life planning.

Care planning documentation demonstrated consumers and representatives were consulted throughout assessment and care planning and, when required, staff sought input from health professionals. Consumers and representatives reported they were involved in the assessment and care planning process on an ongoing basis.

Consumers and representatives confirmed the outcomes of assessment and planning were communicated to them and they could access consumer care plans upon request. The Assessment Team observed the service’s shift handover process, where outcomes of assessment and planning were communicated and discussed, including changes in consumers’ needs, goals and preferences.

Care planning documentation confirmed care plans were reviewed on a regular basis, when consumers’ circumstances changed, or incidents occurred. Consumers advised staff communicated and explained information regarding changes to their care and services.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 and representatives were satisfied they received care that was safe and met their needs and preferences. Care planning documentation reflected safe and effective care that was tailored to consumers’ needs.

Management and staff demonstrated an understanding of the high impact or high prevalence relevant risks to consumers and the strategies in place to manage these risks. Care planning documentation showed the service effectively identified and managed high impact or high prevalence risks.

Consumers and representatives advised they discussed their needs, goals and preferences regarding palliative and end of life care with the service. Staff described changes made to the delivery of care for consumers who required end of life care.

Deterioration or changes in consumers’ health were recognised and responded to in a timely manner, as confirmed by care planning documents reviewed by the Assessment Team. Consumers expressed confidence that staff would recognise and address any changes in their care needs.

Staff described how changes in consumers’ care and services were communicated through the verbal and documented handover processes. Consumers felt their needs and preferences were effectively communicated between staff.

Care planning documentation demonstrated timely referrals to medical officers, allied health therapists and other providers of care and services. Consumers and representatives confirmed they had access to the required health care supports.

The service had policies and procedures in place which guided staff practices on antimicrobial stewardship and infection control management. Consumers with satisfied with the service’s practice to minimise and manage infections.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 stated they were supported to participate in activities that met their preferences. A review of the service’s activity calendar evidenced a wide range of activities offered to consumers.

Consumers described the services and supports which promoted their emotional, spiritual and psychological well-being. Care planning documentation identified information regarding the emotional, spiritual and psychological needs and preferences of consumers.

Care planning documentation identified activities of interest to consumers and their relationships of importance. The Assessment Team observed friends and family members were able to freely visit consumers at the service.

Consumers felt their care needs were effectively communicated between the service and external organisations, where responsibility for care was shared. Clinical staff described the ways they were kept informed of the changing health conditions, needs and preferences of each consumer.

Care planning documentation identified the involvement of other organisations and providers of care and services. Consumers indicated they had access to external organisations and providers of care.

A review of care planning documentation by the Assessment Team showed the service captured information regarding consumers’ meal preferences and dietary requirements. Consumers were generally satisfied with the meals provided and indicated they were of suitable quality and quantity.

Consumers indicated the provided equipment was safe, suitable, clean and well maintained. Management advised equipment issues could be lodged for follow up and repair via the service’s online portal or through maintenance forms which are available to consumers, representatives and staff.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 indicated they felt at home within the service and could easily navigate throughout the facility. Management outlined the service’s features that were designed to support function for impaired consumers.

Consumers advised the service environment was safe, clean and well maintained, and they could move freely, both indoors and outdoors. Staff explained the process they would follow if they identified a hazard or safety issue.

The Assessment Team reviewed the preventative maintenance schedule, which showed the regular maintenance of equipment. Staff described how shared equipment was cleaned between uses and how they knew equipment was safe for use.

# Standard 6

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| Feedback and complaints | | Compliant |
| 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 and representatives indicated they felt comfortable providing feedback and complaints to the service, and described multiple ways in which they could provide feedback. Staff described the process they followed when they were notified of an incident or provided with feedback.

Consumers were made aware of advocacy and language services via the service’s welcome pack and by information displayed throughout the service. Management described the services available to assist consumers that had difficulty communicating or required interpreter services.

The service’s electronic complaint management system showed complaints were documented alongside any feedback and the actions taken to address the issue. Consumers and representatives provided positive feedback regarding the service’s action in response to feedback and complaints.

Management described a range of methods used to review and analyse feedback and complaints to ensure due consideration is given to each item raised. Consumers provided examples of how the service had used their feedback to improve care and services.

# Standard 7

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| Human resources | | Compliant |
| 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 were satisfied the workforce was planned to enable the delivery and management of safe and quality care and services. A review of staff rosters and call bell response times demonstrated the service had sufficient staff to provide quality care.

The Assessment Team observed staff interacting with consumers in a kind and caring manner; this observation was consistent with feedback received from consumers and representatives. A review of the service’s second quarter 2022 consumer, representative and staff survey results indicated that consumers felt staff treated them with respect and supported their needs.

Consumers expressed confidence with the ability of staff to perform their roles and meet their care needs. A review of documentation demonstrated the service had appropriate recruiting and training processes to ensure staff were competent and capable of performing their roles.

Management described how staff were recruited in accordance with position descriptions and key selection criteria. A review of the service’s training database by the Assessment Team evidenced the service ensured staff remained up to date with training requirements.

Management described a range of mechanisms for review of staff performance including clinical and staff meetings, handovers, incident review, consumer and representative feedback, staff survey results, informal and formal performance reviews. Staff indicated the service had a strong team culture and performance reviewed occurred on an annual basis.

# Standard 8

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| Organisational governance | | Compliant |
| 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 felt they were engaged in, and could contribute to, the development, delivery and evaluation of care and services. The Assessment Team reviewed meeting minutes for consumer meetings and confirmed consumers and representatives attended meetings and provided feedback.

The service’s governing board (“the Board”) was made up of a range of members that provided value and inclusiveness, including members with business, finance, clinical and legal backgrounds. The service’s policies and procedures outlined the Board’s role in promoting a culture of safe, inclusive and quality care and services.

The service had a range of governance systems in place in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management.

Management and clinical staff described prevention strategies and monitoring for identified high impact or high prevalence risks, including how these strategies were measured for effectiveness, and what to do if an incident or escalation of the risk occurred. The service provided the Assessment Team with documented risk management frameworks, including policies which guided the management of high impact or high prevalence risks, abuse and neglect, supporting consumers to live the best lives possible, and managing and preventing incidents.

The service demonstrated it had a clinical governance framework and supporting polices in place, which addressed antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated a shared understanding of these policies and their application in a practical setting.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)