Performance

Report

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| Name: | Arcare Hillside |
| Commission ID: | 3569 |
| Address: | 50 Community Hub, SYDENHAM, Victoria, 3037 |
| Activity type: | Site Audit |
| Activity date: | 29 April 2024 to 1 May 2024 |
| Performance report date: | 9 June 2024 |
| Service included in this assessment: | Provider: 1706 Arcare Pty Ltd  Service: 2316 Arcare Hillside |

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 Hillside (**the service**) has been prepared by Katherine Richards, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management, and others; and
* The Approved Provider submitted an email dated 21 May 2024 with continuous improvement activities and the update to the Feedback register demonstrating follow up on concerns raised within the Site Audit report.

# 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 | |  |
| 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

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been found Compliant.

Care planning documentation reflected consumer’s identity and diversity. Staff demonstrated awareness of consumer identity and culture, explaining they demonstrate respect by treating consumers as they would want their loved family members treated. Overall, consumers described being treated with dignity and respect with understanding of their identity. One consumer said they considered staff to be kind and respectful but reported an incident with impact to their dignity, with management confirming awareness of this and responsive actions. The Approved Provider’s response demonstrates responsive continuous improvement activities undertaken, including staff reminders and training, and incident reporting and management.

Consumers said staff supported their cultural values and celebrations. Staff explained what is culturally important for consumers in line with care planning documentation, and explained how they coordinated cultural celebrations of importance to consumers.

Staff outlined how they encouraged and supported consumers to make informed choices about care delivery and encouraged connections with friends and family within scheduled events. Assessment and planning processes were used to capture preferences and supports to maintain relationships. Consumers described being supported to make decisions about care, and most reported being supported to maintain relationships of choice. In response to one consumer’s negative feedback on being supported to maintain a relationship, management actions included consultation, with development and review of actions to safely support privacy, with coordination of staff training on sexuality and dementia. The Approved Provider’s response includes evidence of completed actions, including assessments and outcomes, staff training, and the organisation has used the scenario as a case study to encourage staff to understand consumer’s intimacy preferences.

Consumers described being supported and respected choices, including those where risks were involved, explaining consultation to ensure they understood potential issues. Staff demonstrated awareness of risks taken by consumers and strategies used to minimise the potential for associated harm. Care planning documentation included dignity of risk assessments demonstrating consumers were informed of the risk and describing mitigating strategies.

Staff explained methods of sharing information in a timely manner suited to consumer’s communication needs. Printed information, such as lifestyle calendars, was available in large font format to facilitate reading, and consumers were reminded verbally of commencing activities. Consumers were provided visual representation of meal choices at each meal, supporting differences in communication skills and cognition in decision making.

Consumers gave examples of how staff respected their privacy, such as knocking on doors before entering rooms. Staff outlined how they ensured personal information was kept confidential, such as through securing documentation and electronic information on computers. Care planning documentation included supports for privacy. Privacy policies and training informed staff practice, with action taken in response to breaches.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant.

Staff described the care planning process in detail, explaining how it informs delivery of care and services. Care planning documentation demonstrated how assessments were used to identify the needs, goals, and preferences for consumers, including identifying risks and developing strategies. Supportive documentation to guide staff practice included a checklist for new consumers, ensuring all assessments were undertaken within a reasonable timeframe, and policies and procedures.

Care planning documentation identified current needs, goals, and preferences aligned with consumer feedback. Staff explained how they approached discussion on advance care and end-of-life planning during entry assessments and reviews. Representatives described consultation processes to coordinate advance care planning and understand consumer wishes.

Representatives confirmed they partnered with the service and other providers in assessment and planning processes. Staff described following processes to support consumers and representative involved in assessment and planning and reviews. Care planning documentation reflected consultation with consumers, representatives, Allied health staff, Medical officers, and specialist providers.

Consumers and representatives said staff explain consumer information in simple manner and with appropriate frequency, and care and services plans were routinely provided. Staff explained processes to ensure effective communication of assessment and planning, including offering a copy of the care and services plan. The outcomes of assessment and planning were recorded within the electronic care management system, which could produce a summary of the care and services identifying key information.

Care planning documentation evidence review on regular basis and when circumstances changed, or incidents occurred and reflected changes were made in response to changing needs. Staff explained how care and services were reviewed for effectiveness, including through case conferences. Representatives were aware of the review process, and verified changes were made to ensure management strategies were effective.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant.

Consumers and representatives reported consumers received safe and effective personal and clinical care tailored to needs. Staff demonstrated awareness of consumer needs and care strategies. Provision of best practice clinical care was underpinned by policies, procedures, staff training, and monitoring practices.

Staff explained high impact and/or high prevalence risks for consumers, along with mitigating strategies used. Representatives stated risks were effectively managed. Care planning documentation demonstrated monitoring practices, and assessment following incident.

Staff described care strategies for consumers nearing end-of-life, focusing on maintaining comfort, managing pain, and providing emotional support. Care planning documentation for a consumer on a palliative care trajectory demonstrated monitoring of pain and comfort, with provision of psychosocial supports.

Care planning documentation evidenced deterioration or change of consumer health was identified and responded to, with appropriate escalation for medical management. Staff explained how they monitored for signs or changes to indicate deterioration of consumer health. Policies and procedures guided staff in recognising and acting on symptoms of acute and chronic deterioration.

Consumers and representatives said staff work together to communicate consumer needs and preferences, avoiding need to repeat information. Staff explained communication practices, including documentation, written and verbal handover processes, and within meetings. Care planning documentation and written handover information outlined key information and changes. Staff, including Medical officers and Allied health practitioners, had access to consumer information within the electronic care management system.

Staff described referral processes for various providers, supported by policies and procedures. Care planning documentation demonstrated referrals were made in a timely manner following identification of consumer need, and this was verified by a representative.

Infection prevention and control practices were guided through policies, procedures, outbreak management plans, and the Infection prevention and control lead. Senior staff explained actions implemented to manage a recent outbreak, including isolation procedures, testing, additional cleaning, and liaising with the public health unit. Care planning documentation demonstrated actions to ensure appropriate antibiotic use, such as collecting pathology following reported symptoms and awaiting results. Staff were observed adhering to infection prevention and control practices.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant.

Staff explained how they partner with consumers to understand and support preferences. Consumers provided examples of how services and supports enabled participation and optimised independence by considering their physical needs.

Consumers outlined supports for their emotional and spiritual needs, including participating in religious services held on site. Staff described how the relationships they built with consumers enabled them to identify and meet emotional needs, including providing additional time with consumers demonstrating low mood. Management explained the partnership with an external organisation to optimise psychological well-being through referrals to counsellors.

Overall, consumers said they were supported to maintain relationships and participate in activities within the service and wider community. One consumer providing feedback relating to an activity they would like to undertake said they had not made staff aware of this, and management commenced responsive actions during the Site Audit. The Approved Provider’s response evidenced consultation and evaluation of actions with reported consumer satisfaction. Scheduled activities were designed to cater for consumer interests, captured within care planning documentation, and consumers were observed engaging with others during social events.

Staff explained methods for sharing information about consumers, such as using the message board, daily handover and meetings, and updating care planning documentation, with staff from different areas describing timely communication. Consumers said staff were familiar with their needs and preferences. Care planning information contained sufficient detail to inform staff, and other areas, such as the kitchen, maintain summaries of information specific to need.

Care planning documentation reflected timely referrals to providers to meet consumer needs. Staff explained partnerships and referral processes to a range of support workers, volunteers, and organisations, including psychological supports.

Consumers reported enjoying the quality, variety, and quantity of provided meals, and said they were offered choices and could access snacks. Staff described how the seasonal menu considered consumer dietary needs, preferences, and feedback. Choices of meals were offered, with alternates and snacks available to meet consumer needs.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been found Compliant.

Consumer and representative feedback considered the service environment to be welcoming and easy to understand, and engagement in the design of the environment through personalising rooms supported a sense of belonging. Management demonstrated the environment features to support independent navigation, such as signage, with well lit corridors, flat even flooring, and handrails. Consumers were observed interacting with others in communal areas.

Staff explained cleaning and maintenance processes to ensure the upkeep of a safe and comfortable service environment. Consumers expressed satisfaction with the cleanliness of their rooms and communal areas, and verified they could move freely through indoor and outdoor areas. Management explained design features to support independent access to the front door.

Furniture, fittings, and equipment were observed to be cleaned with preventative and reactive maintenance undertaken. Staff explained monitoring processes to ensure functionality, safety, and suitability for use, evidenced within documentation.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been found Compliant.

Consumers and representatives reported feeling safe and supported to provide feedback or make complaints and were aware of different avenues to do so. Staff described how they supported consumers and representatives to raise concerns or offer feedback, with management explaining ongoing reminders in conversations and newsletters are provided to consumers of the importance of feedback. Feedback forms and boxes were readily available, and management advised locked boxes were checked daily.

Whilst consumers were not aware of advocacy and support services, they stated this was because they were confident speaking with management. Management demonstrated advocacy services regularly attended to provide education sessions for both consumers and staff, with most recent consumer session in December 2023. Staff were familiar with available interpreter services, with information stored in each nurses’ station. Displayed pamphlets and posters promoted advocacy and complaint services available.

Consumers verified appropriate response and resolution of complaints or concerns. Documentation demonstrated timely and appropriate action to resolve issues. Staff demonstrated an understanding of the steps within the open disclosure process and how these would be applied following complaint or when things go wrong, aligned with policies and procedures.

Staff provided examples of actions taken in response to feedback and complaints, with management explaining how feedback was used to identify trend and develop improvement actions. The Continuous improvement plan log included evidence that consumer feedback was used to identify improvements and develop actions. Policies and procedures evidenced the commitment to using feedback and complaints to understand and address opportunities for improvement.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant.

Consumers and representatives reported sufficient staffing levels to meet consumer needs, and staff said they had enough time to complete their work. Management explained the rostering process to ensure sufficiency of staff to provide safe and quality care, and monitoring undertaken to ensure consumer needs were met in a timely manner. Documentation verified shifts were filled, management described strategies to cover vacant shifts, and staff said there had been a recent increase in the workforce through successful recruitment.

Consumers described staff as kind, caring, respectful, and gentle. Staff described the importance of building rapport with consumers. Policies and procedures informed staff conduct in providing safe and quality care for all consumers.

Management explained processes to ensure staff competency, including recruitment, monitoring of registration and legislative requirements, and onboarding training and supports. Position descriptions detailed required qualifications, competencies, and activities for roles. Consumers said staff were competent and knew their roles.

Staff explained training processes to support provision of quality care, including on topics relevant to the Quality Standards, such as infection control, restrictive practices, and mandatory incident reporting through the Serious Incident Response Scheme. Management said additional needs for training were identified through consumer feedback and staff requests, with mandatory training completion monitored for compliance.

Formal performance appraisals were mandatory for most staff, however, not for care staff, and relevant staff could describe the review process. Management explained processes to assess staff performance, including formal performance reviews, monitoring of training compliance, and informal monitoring undertaken for all staff, including care staff, through seeking feedback and oversight from the Quality team. Management also explained a range of options to investigate and manage poor staff performance.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant.

Consumers and representatives described involvement on service delivery through feedback and evaluation processes, and the consumer advisory body and focus groups offered input with positive response. Management described mechanisms through which consumer input was sought, including consumer meetings, feedback pathways, surveys, and individual consultation. Meeting minutes demonstrated consultation and feedback processes.

Management described the governance structure and systems to support the delivery of quality care and services. The mix of the Board included members with clinical backgrounds, who review clinical data within generated monthly reports submitted through the clinical governance committee. Management provided examples of communication from the Board to the service on clinical and legislative changes, and described how the Board acted on identified risks relating to falls through developing an organisational falls prevention focus group, producing new strategies and reference guides.

Effective organisational governance processes and mechanisms, including policies and procedures, were reflected within staff knowledge. Regulatory compliance was monitored, with collaboration by relevant teams and committees, including clinical governance and the Board, to develop and embed changes. The information management systems enabled staff access to relevant documents, such as policies and training materials, as well as consumer information, and systems for recording feedback and incidents provided oversight to relevant committees for accountability of improvement actions.

The risk management framework included established policies, procedures, and training, with monitoring processes to ensure identification of risks and appropriate responses. Risks were identified through monitoring, trending, and reporting of clinical data and audit outcomes. Staff demonstrated awareness of incident reporting obligations in accordance with policies and procedures and received mandatory training on recognising elder abuse and reporting through the Serious Incident Response Scheme. Actions to ensure consumers were enabled to live their best lives included supporting risks of choice, and monitoring satisfaction through surveys and feedback. High impact and/or high prevalence risks were identified through trending information, and used to develop mitigating strategies or improvements, such as additional staff training or revising protocols.

Clinical governance was overseen by a clinical governance committee, with a framework inclusive of policies, procedures, guidelines, training, and monitoring. Clinical performance for each service was benchmarked against national data and monitored against best practice resources. These actions supported effective understanding of restrictive practices and methods to minimise use. Antimicrobial stewardship was overseen through the medication advisory committee and monitored through daily clinical meetings. Staff were provided mandatory training on open disclosure application, and use was evidenced within feedback and complaints processes and documentation.

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)