Performance

Report

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| Name: | Arcare Hillside |
| Commission ID: | 3569 |
| Address: | 50 Community Hub, SYDENHAM, Victoria, 3037 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 16 September 2024 |
| Performance report date: | 25 September 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 L Glass, 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.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all Requirements assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all Requirements assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all Requirements 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 2

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| Ongoing assessment and planning with consumers | |  |
| 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 were satisfied with the service’s review processes. The effectiveness of care and services is reviewed at monthly ‘resident of the day’ assessments, at 3-monthly care conferences, and during annual care plan audits. Reviews are also undertaken in response to incidents, or changes in consumer care needs, circumstances, or preferences. Staff understood requirements about when to review consumer care for effectiveness and when there is a change or an incident impacting a consumer. Care plan documentation demonstrated evidence of care plan evaluation and review processes and the comprehensive review of consumer needs and care following hospital discharge.

# 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 |

Findings

Consumers and representatives were satisfied with the personal and clinical care provided at the service, providing positive feedback in relation to pain and wound management, and skin care. There was evidence of assessment, planned interventions, and evaluation of care, including restrictive practices, pain and wound management. Oversight of care interventions is provided by senior clinical staff, with clear clinical rationale provided for changes to care. The service has policies and processes in place which reflect best practice principles for restrictive practice, pain management, and clinical and personal care.

Wound management is planned in accordance with best practice guidelines and reviewed weekly by a registered nurse. The service refers consumers for specialist assessment and review by a wound nurse consultant and general practitioner as required. There was evidence pain is managed during wound care interventions and appropriate equipment is used to support maintenance of skin integrity.

Regular assessment is undertaken to understand consumers’ experiences of pain. Best practice pain management interventions are provided, incorporating pharmacological and non-pharmacological strategies.

Assessment, consultation and authorisation processes are in place for consumers subject to restrictive practice, to ensure interventions are safe and effective. Authorisations, interventions and behaviour support care plans are reviewed 3-monthly with the consumer, consumer’s representative, general practitioner and registered nurse. General practitioners or a geriatrician review psychotropic medications and consider minimisation of chemical restraint.

Personal care is tailored to consumer needs and preferences. Staff were familiar with consumer care needs and outlined how they support consumers to maintain independence with aspects of their care.

Consumers and representatives were satisfied the service provides safe care and manages risk effectively. There was evidence of assessments, interventions, and strategies planned to guide safe practice and manage risks associated with the care of each consumer. Falls, wounds, medication incidents and unplanned weight loss are all managed appropriately, with ongoing monitoring and evaluation of incidents. Where required, transfer to hospital or referral for further assessment or medical attention and investigation are made in a timely manner.

There are policies and processes in place for clinical risk reduction and incident management, including a post-fall protocol, weight management protocol, and guidelines for pressure injury prevention and skin integrity management.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |

Findings

The service has effective systems to assess and monitor the high-impact and high-prevalence risks associated with the care of consumers. Risks are reported, escalated and reviewed by management at the service, and by the organisation’s executive management. Incidents are used to inform and identify gaps in staff training or procedures and to inform policy and procedural change.

Incidents are reviewed to inform improvements and strategies put in place to reduce risk. Staff at the service were aware of their roles and obligations in relation to serious incidents. There was evidence incidents are reported via the Serious Incident Response Scheme (SIRS) in accordance with legislative requirements.

The service has policies and procedures relating to dignity of risk and choice and decision-making. These outline the consumer’s right to live their best life while being supported by the service and health professionals. Dignity of risk discussions are incorporated into the service’s 3-monthly case conferences.

Senior staff review progress notes daily to assist with the identification of incidents, including those relating to abuse or neglect. A daily meeting is held to discuss any such concerns. Information on consumer rights and relevant support services is available throughout the service.

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