Performance

Report

**1800 951 822**

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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 20 October 2023 |
| Performance report date: | 13 December 2023 |
| 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
* the provider’s response to the assessment team’s report received 6 November 2023.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **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 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

In relation to Requirement 3(3)(a) consumers and representatives provided positive feedback in relation to both personal and clinical care provided. Consumers said staff understand their needs and provide care in line with their needs and preferences. Staff demonstrated knowledge of individual consumer care needs, choices, preferences, and interventions to provide safe and effective care. Documents reviewed reflected individualised strategies to manage and minimise restrictive practice, and effectively manage skin integrity and pain. Management processes and systems ensure consumers are receiving the care they require to optimise their health and well-being.

In relation to Requirement 3(3)(b) the service demonstrated effective management of high impact or high prevalence risks associated with the care of each consumer. Consumers and representatives were satisfied that clinical risks are managed well. Staff described strategies and interventions required to reduce risks for the sampled consumers. Care document review reflected current and comprehensive interventions for each sampled consumer. Risk minimisation strategies are being implemented and charting is consistently reviewed by clinical management to ensure the service’s processes are being implemented, with effective care and review. Management demonstrated robust monitoring, referral and reporting processes for the management of high impact or high prevalence risks. All open incidents are available to management through a dashboard within the electronic management system.

In response to the Assessment Team report the approved provider supplied further information and documentary evidence demonstrating compliance with the Requirements assessed. The information included continuous improvement plans outlining approaches and actions for reviewing restrictive practices, progress notes for identified consumers and staff training records for education activities.

I have considered the information in the Assessment Team report and the recommendations of Met. I have also considered the information in the response from the approved provider. I find Requirements 3(3)(a) and 3(3)(b) Compliant.

# 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 |

Findings

Consumers sampled described how they are supported to participate in activities of interest to them that optimise their independence. The service demonstrated how it partners with consumers and representatives to conduct a lifestyle assessment that identifies the consumer’s individual leisure preferences. This included likes, dislikes, social, emotional, cultural, or spiritual needs, interests and traditions. Bi-monthly residents and relative meetings, and three-monthly care plan reviews provide opportunities where consumers and or representatives are asked what activities they would like to continue or be added to the activity program. Staff described what is important to consumers and their individual preferences which were reflected in consumer care planning documentation. The Assessment Team observed consumers with varying levels of functional ability engaged in a range of individual and group activities throughout the visit.

I have considered the information in the Assessment Team report and the recommendation of Met and, while not directly influencing my decision for this Requirement, I have also considered the information in the response from the approved provider. I find Requirement 4(3)(a) Compliant.

# 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 |

Findings

Most consumers and all representatives interviewed said there are enough staff at the service to provide quality care. Most staff said there was enough staff to provide quality care, however they described feeling under pressure when unplanned leave was taken. The service demonstrates ongoing workforce planning, active recruitment, rostering is considerate of staff consistency and skill mix with little reliance on agency staff.

In response to the Assessment Team report the approved provider supplied further information including recent staff training attendance records and training modules demonstrating support for staff to deliver and manage safe and quality care and services. Call bell analysis was also supplied indicating responsiveness and investigation undertaken if targets are not met.

I have considered the information in the Assessment Team report and the recommendation of Met. I have also considered the information in the response from the approved provider. I find Requirement 7(3)(a) Compliant.

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)