Performance

Report

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| Name of service: | Arcare Hope Island |
| Service address: | 10 Halcyon Way Hope Island QLD 4212 |
| Commission ID: | 5375 |
| Approved provider: | Hope Island Care Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 20 February 2023 to 22 February 2023 |
| Performance report date: | 11 April 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 Hope Island (**the service**) has been prepared by G-M. Cain, 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 | |  |
| 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 are treated with respect and valued as individuals. They said staff are kind and respectful and demonstrated this t by addressing consumers by their preferred name, listening to them and taking the time to get to know them. Staff understood consumers' preferences, culture, values and beliefs and described how these preferences influenced daily care delivery. Staff were trained in culturally safe care and dignity and respect.

Consumers and representatives said they were supported in making decisions about consumers' care and that these were communicated with others involved in the care. Staff described how consumers were engaged in their care and were supported to make their own choices to maintain their independence and personal relationships, including participating in activities and meal choices. Consumers are supported to take risks to enable them to live their best lives, even if this involves an element of risk. Staff are guided by a choice and decision-making policy and procedure to support consumers to exercise choice and make informed decisions.

Care documentation included information on consumers' background, including places lived, schools attended, occupations, details of family members and things of interest. For the consumers sampled, care planning documents describe areas where they are supported to take risks to live their desired life.

Information is provided to consumers through an entry information pack, a handbook, meetings, newsletters, case conferences and individual interactions. Consumers confirmed that the information provided was understood and supported them in making decisions.

Consumers and representatives said the staff and the service respected their privacy, and they believed their information was kept confidential. The service stores personal information securely in the electronic system and conducts confidential discussions such as case conferences and handovers in private areas. The organisation's privacy policy outlined the service's commitment to protecting the privacy of consumers' personal information. A privacy brochure given to consumers describes how the service will protect their personal information and their rights to access this information.

# 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

Consumers and representatives were satisfied with the assessment and care planning process and said the care delivered meets the consumer’s needs. They are involved in assessment and planning on an ongoing basis and confirmed the service had discussions with them regarding advanced care planning and how care is to be provided. While not all consumers sampled could recall sighting their care plan, they said they would be comfortable requesting a copy. Consumer care and services are regularly reviewed, including when the consumer’s circumstances have changed, such as when there is a deterioration of condition or when incidents impact the needs, goals, or preferences of the consumer.

Staff demonstrated an understanding of the assessment and care planning processes, including identifying risks to the consumer’s safety, health, and well-being. Advanced care planning and end-of-life planning information is discussed with consumers and representatives on entry to the service when the consumer wishes or the consumer’s care needs change. Staff understood their responsibilities in relation to the incident reporting process, escalation of incidents and the requirement to report any change in the consumer’s condition, needs or preferences, which may prompt a re-assessment.

Care documentation evidenced that the service undertakes a comprehensive assessment and care planning process when the consumer enters the service to identify their needs, goals, and preferences. Advance health directives or statements of choice were documented. Documentation showed that consumers and representatives are consulted in assessments and care planning. Other health professionals are included in the assessment and care planning process, such as Medical Officers, allied health professionals and external specialist services and their input is reflected in care documentation. Consumer care plans were reviewed 6-monthly, or when circumstances change and when incidents occur, including falls and changed behaviours.

The service had policies and procedures relevant to this Quality Standard.

# 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

Consumers received the needed care, and consumers and representatives were satisfied with managing individual risks, including falls, pressure injuries and pain. Clinical staff demonstrated knowledge of consumers' personal and clinical care needs and how they meet these. For example, the importance of monitoring and documenting consumers' changed behaviours and using non-pharmacological strategies before using psychotropic medication. Staff demonstrated an understanding of consumer risks and described the strategies used to manage individual consumer risks, such as frequent repositioning and promoting skin integrity to reduce the risk of pressure injury. Care documentation reflected individualised care tailored to the specific needs and preferences of the consumer. The service has policies, procedures, and tools to support the delivery of care provided, including guidelines concerning fall management, recognising a disorientating consumer, pressure injury prevention and management, and a pain management policy incorporating ongoing pain assessment to guide staff practice. Consumers subject to restrictive practices were assessed and managed in accordance with requirements set out in the Quality-of-Care Principles, including having behaviour support plans in place.

Consumers and representatives were confident that when the consumer needed end-of-life care, the service would support them to be as free as possible from pain and to have those important to them with them. Care plans contained information on consumers' end-of-life care in line with the consumer's end-of-life care needs, goals, and preferences. Staff described care delivery at the end of life, the importance of keeping the family informed, reassuring the consumer and providing respectful and dignified care.

Consumers and representatives stated they had no concerns regarding the service's ability to recognise deterioration in consumers' health and believed consumers’ would receive prompt attention if this occurred. Registered staff described how changes in consumers' condition or health are responded to, including completing observations, contacting the medical officer and representatives and transferring the consumer to the hospital if needed. Care documentation reflected the identification of, and response to, deterioration or changes in their condition.

Consumers and representatives were satisfied that consumers' care needs and preferences were effectively communicated among staff. Care documentation demonstrated that progress notes, care and service plans, and handover reports provide adequate information to support the effective and safe sharing of consumer information. Staff described how consumer care and service changes are communicated in the service's electronic care documentation system and at shift handover.

Consumers have access to relevant health professionals, and referrals are timely, appropriate and occur when needed. Care documentation indicated the input of other health professionals, such as physiotherapists, speech pathologists and wound specialists.

Consumers and representatives were satisfied with infection control practices at the services during the COVID-19 outbreaks. The service has documented policies and procedures to support the minimisation of infection-related risks through implementing infection prevention and control principles and promoting antimicrobial stewardship. Care and clinical staff demonstrated an understanding of how to minimise antibiotic use and ensure it is used appropriately. Staff were observed adhering to infection control practices and appropriate use of personal protective equipment.

The service has a suite of policies and procedures relevant to this Quality Standard.

# 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

Consumers and representatives were satisfied that services and supports for daily living met consumers' needs, goals and preferences and supported consumers to maintain independence, well-being and quality of life. Lifestyle staff said that group discussions are held at consumer meetings about the lifestyle program for consultation and feedback, and meeting minutes confirmed this occurs. Care documentation included information about things of importance to consumers and strategies to support consumers' emotional, spiritual and psychological well-being.

Consumers said staff are very supportive and spend time with them if they feel low. Interviews with staff and a documentation review demonstrated a range of activities and support available, including support visits from well-being staff, meditation and mindfulness sessions, church services, hymn singing and referrals to specialist services if additional support is required.

Consumers and representatives said they were supported by the service to maintain contact with people who were important to them and engage in activities both inside and outside of the service. The service encourages family and friends to visit regularly, inviting them to events and offering a private dining room for special functions.

Consumers and representatives said the service provided care that met their needs and preferences, which were communicated between the staff and others responsible for care. Care documentation provided adequate information to support effective services and safe care delivery. Staff described how they shared information and were informed of consumers' conditions, needs and preferences.

Consumers sampled were aware of lifestyle services they could receive from outside individuals, such as volunteers. Staff demonstrated an understanding of how they work with other individuals, organisations, and providers of other care and services to ensure consumers had access to the care and support they needed and wanted. For example, lifestyle staff described their work with external organisations, such as local councils, church groups and volunteer schemes. The organisation had documented policies and procedures in place for making referrals to individuals and other providers outside of the service to support the lifestyle needs of consumers.

Consumers provided positive feedback on the meal service, stating 'they enjoyed the food and the dining experience'. Consumers' had choices and input into the menu through the food focus group and feedback process. Care documentation identified consumers' food needs and preferences, such as gluten- or dairy-free, vegetarian and special diets and supplements.

Consumers confirmed that the equipment at the service is suitable, safe, clean, and well-maintained. Staff described the service's process for managing equipment maintenance issues promptly, and a review of preventative and scheduled maintenance registers confirmed this process. Various lifestyle activity resources are available to consumers, such as board and table games, a movie theatre, art and craft materials and supplies, a pool table and a piano lounge.

# 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

Consumers felt at home and safe at the service, and the service was clean, welcoming, and easy to navigate. Staff encouraged consumers to personalise their room and described features of the service environment design to support function for consumers with functional impairment. Signage was observed to direct consumers and visitors to areas of the service.

Consumers said the environment was safe, clean, and well-maintained, and they could access all areas inside and out. Staff explained how they reported a hazard or safety issue, and the service demonstrated a preventative and essential maintenance program. The Assessment Team reviewed documentation, such as cleaning logs demonstrating completed tasks. Management advised that the service is currently receiving quotations for replacing carpets in some areas.

Consumers feel safe and comfortable when staff use equipment, and confirmed they always have their call bells within reach and are in working order. Staff demonstrated awareness of the preventative maintenance schedule, including how often equipment is cleaned and how to report any maintenance issues. A maintenance documentation review showed that the service environment and equipment were regularly serviced.

# 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

Consumers felt comfortable approaching staff and management to provide feedback if they were unhappy. The service demonstrated that it encouraged consumers and their representatives to provide feedback and make complaints. A review of consumer meeting minutes for 4 months evidenced that consumers are encouraged to provide feedback through the meeting or other avenues to improve services. Staff described how they respond if a consumer raises an issue or concern by asking them to complete a form, assisting them, and bringing the matter to the registered staff and management's attention.

Consumers were aware they could complain or raise concerns with the service through alternative methods such as external advocacy services.

Information relating to complaints management, including advocacy support, is provided to consumers in the consumer handbook, flyers and brochures displayed throughout the service. Information was available in multiple languages.

Consumers said the staff are 'wonderful', and if there are any issues with care or service, they let the staff know, and an apology is always given. Management and clinical staff were aware of the complaints management and open disclosure process. The service's complaints log documented resolutions to complaints, follow-up with consumers concerning resolutions and open disclosure processes are being undertaken.

Consumers and representatives confirmed that the service made changes and improvements resulting from feedback or complaints, is responsive and considers their opinions. One consumer requested a security pin pad at the main door be lowered for easier access and confirmed the service immediately actioned this. Management described the complaints they have received and what has been done to resolve these. The service includes relevant complaints, feedback and suggestions in their plan for continuous improvement. The Assessment Team observed that matters are tracked and monitored satisfactorily.

The service gains feedback from several sources, including individual discussions, feedback forms, meeting and focus group minutes and audits. The service records consumer feedback in an electronic complaint register. Data is reviewed and analysed and informs key performance indicators reported at the service and organisational levels.

The service has a suite of policies and procedures relevant to this Quality Standard.

# 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

Overall, consumers and representatives were satisfied that there was sufficient staff to deliver safe and effective care and services. They reported an awareness of staffing challenges at the service but said the care of the consumer had never been adversely impacted.

Call bell response times are monitored by service management. Reports for 3 months identified that 92% of call bells are responded to in under 8 minutes. Call bells answered at a time greater than 8 minutes were investigated, and consumers raised no concerns.

Consumers and representatives considered staff engaged with consumers respectfully, kindly, and caring, and this was confirmed through observations of staff engaging with consumers throughout the Site Audit.

Overall, consumers and representatives expressed confidence that staff are skilled, competent, well-trained, and equipped to deliver care and services. Staff complete annual mandatory training and have completed further training, including in the Quality Standards, Code of Conduct, pressure injuries and restrictive practices. Staff described the training, support, professional development, and supervision they receive during orientation and ongoing, including performance review processes. A review of training records confirmed that the service orientates, trains and monitors staff training and competencies to ensure the workforce has the skills to perform their roles effectively. A documentation review demonstrates that the service maintains position descriptions for each role and monitors national criminal history checks and Australian Health Practitioner Regulation Agency qualifications. Completion of mandatory training and review of position description formed part of the workforce's formal performance review process.

The service has a suite of policies and procedures relevant to this Quality Standard.

# 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

Consumers and representatives confirmed the service is well run and expressed confidence in management's ability. Consumers provided examples of how they are involved in developing, designing and delivering care. Service documentation, including the 'Feedback and Complaints Register', consumer meeting minutes and the 'Continuous Improvement Plan', demonstrated that consumers are engaged and supported in developing, delivering and evaluating care and services.

The governing body promotes safe, inclusive, quality care and services via various clinical and corporate committees which provide reports to the Board. The Clinical and Corporate Committee Structure flowchart outlined a flow from the Board to and from governance groups, including a Dementia Working Group, an electronic case management system working group, an Infection Control Working Group, and a Consumer Quality and Safety Working Group. The Board disseminates information to consumers, representatives and staff, such as changes in aged care directives.

The organisation has effective governance systems relating to information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. Management provided examples of how the organisation demonstrates effective financial governance processes by being responsive to requests for budgetary changes to support the needs of consumers, such as investment in specialist bariatric equipment.

The service demonstrated effective risk management systems to monitor and assess the high impact or high prevalence risks associated with consumers' care, including identifying and responding to abuse and neglect and supporting them to live the best life possible. The service provided registers and relevant policies and procedures for documenting, managing and minimising risks and incidents.

The service demonstrated that the organisation's clinical governance systems, including a clinical governance framework, ensured the quality and safety of clinical care. These included antimicrobial stewardship, minimising restrictive practices, and an open disclosure process. The service had policies relevant to these, and staff demonstrated a shared understanding of these and described how they apply these as relevant to their roles.

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