Performance

Report

**1800 951 822**

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| Name: | Arcare Kanwal |
| Commission ID: | 0885 |
| Address: | 2 Pearce Road, KANWAL, New South Wales, 2259 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 23 April 2024 |
| Performance report date: | 15 May 2024 |
| Service included in this assessment: | Provider: 1706 Arcare Pty Ltd  Service: 5858 Arcare Kanwal |

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 Kanwal (**the service**) has been prepared by Katrina Platt, 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 on 8 May 2024
* the performance report dated 7 December 2023 for the Assessment Contact conducted on 8 November 2023 to 9 November 2023
* the performance report dated 25 November 2022 for the Site Audit conducted on 14 September 2022 to 16 September 2022.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not Applicable as not all Requirements assessed |
| **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 7** Human resources | **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 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 |

Findings

Requirement 1(3)(a) was not compliant following a Site Audit conducted from 14 September 2022 to 16 September 2022. An Assessment Contact was conducted on 23 April 2024 to reassess the Requirement.

Consumers and consumer representatives confirmed they were respected, valued and treated as individuals, and one consumer discussed recognition of their culture. Staff were knowledgeable about consumer preferences, cultural backgrounds and values and described their application to consumer care and services. Staff interactions with consumers were observed to be respectful. Management discussed a culture of inclusiveness and respect and the organisational shared values which promote person centred and inclusive care. Interactions with consumers were monitored through observations and supervision and feedback mechanisms, with training provided on privacy, dignity, code of conduct and confidentiality.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| 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 |

Findings

Requirement 2(3)(b) was not compliant following a Site Audit conducted from 14 September 2022 to 16 September 2022. An Assessment Contact was conducted on 23 April 2024 to reassess the Requirement.

Consumers and consumer representatives said needs, goals and preferences were recognised and care and services were appropriately adjusted and tailored to meet individual condition changes and needs. Consumer representatives confirmed advance care planning discussions occurred which was consistent with care planning documentation and complemented other clinical assessments conducted on service entry. Assessment and planning was demonstrated for individual consumers for behaviour management, falls management and mobility, pressure care and wound management, restrictive practices and medication administration.

# 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 |

Findings

Requirement 3(3)(a) was not compliant following a Site Audit conducted from 14 September 2022 to 16 September 2022. An Assessment Contact was conducted on 23 April 2024 to reassess the Requirement.

Consumers and consumer representatives were satisfied with personal and clinical care provision and described personal care and clinical care experiences which were tailored to their individual needs and preferences. Restrictive practices for environmental, mechanical and chemical restraint were monitored and reviewed regularly and were aligned with legislative requirements and best practice. Behaviour support plans were consumer-focused, with individual strategies identified and psychotropic medications used as a last resort.

Effective falls prevention and management was detailed in clinical care documentation. Assessments included neurological observations, pain management, hospital transfers and appropriate equipment was provided when needed. Physiotherapist intervention was evidenced for prevention and falls reduction strategies and post-falls monitoring and management. Consumers experiencing pain were managed effectively, with medical officers and physiotherapists engaged in assessment and monitoring and clinical interventions tailored to consumer needs and preferences.

Skin integrity, pressure injuries and wound management was tailored to the needs of individual consumers, with appropriate wound and pressure area care provided in accordance with care plans and consumer preferences. Dignity of risk for consumers was recognised and alternate strategies including repositioning were utilised where possible. Wound photography and wound measurement reflected best practice and wound dressings were attended regularly. Wound care consultants were engaged when required and medical officer reviews were attended for pain management and care.

# 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

Requirement 7(3)(a) was not compliant following a Site Audit conducted from 14 September 2022 to 16 September 2022. An Assessment Contact was conducted on 23 April 2024 to reassess the Requirement.

Consumers and consumer representatives were satisfied with staffing levels and confirmed care needs were being met and call bell responses were timely. Staff confirmed sufficient staff were rostered for safe quality care and services provision and planned and unplanned absences were covered. Management discussed call bell monitoring and trend analysis and replacement staff strategies through use of part-time and casual staff, with agency staff utilised when service staff were unavailable. Workforce knowledge and skills were supported by competency assessments, mandatory training, toolbox talks and additional training as required, with staff performance monitored through senior staff observations, and feedback from consumers and consumer representatives and staff.

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