Performance

Report

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| Name: | Arcare Keysborough |
| Commission ID: | 3980 |
| Address: | 85 Stanley Road, KEYSBOROUGH, Victoria, 3173 |
| Activity type: | Site Audit |
| Activity date: | 4 December 2023 to 6 December 2023 |
| Performance report date: | 10 January 2024 |
| Service included in this assessment: | Provider: 1706 Arcare Pty Ltd  Service: 7468 Arcare Keysborough |

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 Keysborough (**the service**) has been prepared by Denise McDonald, 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
* the Approved Provider’s response to the Assessment Team’s report, received on 29 December 2023
* 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 and representatives felt staff treated consumers with dignity, respect and made them feel valued as individuals. Staff spoke of consumers respectfully and demonstrated a familiarity with consumers’ backgrounds and preferences. A diversity and inclusion policy guided staff practice and promoted a culture of respect.

Staff described how the consumer’s culture influenced the delivery of day to day care. Consumers and representatives said their cultural backgrounds were known, and staff provided care consistent with their cultural preferences. Care documentation evidenced information regarding the consumer’s cultural needs and preferences had been captured.

Consumers and representatives gave positive feedback on how consumers were supported to exercise independence in their decision making, and to maintain intimate relationships. Care documentation evidenced consumers’ decisions on when care was provided, who was involved in their care and how they were supported them in maintaining relationships. Policies and procedures supported consumer choice and decision making.

Staff were aware of the risks taken by consumers, and supported consumers’ wishes to live the way they chose. Care documentation demonstrated risks were assessed, and measures were taken to promote their safety. Consumers and representatives said they were able to live the life they wished and supported to engage with risk.

Information on activities scheduled and meals available were displayed to facilitate consumer choice. Consumers and representatives confirmed they were kept informed through written information and verbal reminders. Staff gave practical examples of ensuring consumers had access to current information and activities calendars were translated into various languages to support consumer’s communication needs.

Consumers said staff knocked on their doors and awaited consent prior to entering their rooms. Staff described the practical ways they respected the personal privacy of consumers, including closing doors when providing personal care. Policies and procedures guided staff practice to ensure their information remained confidential.

# 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

Policies and procedures guide staff in assessment and care planning processes. Staff demonstrated knowledge of the care planning process, including how assessment identifies risks to consumers. Care documentation evidenced assessments were completed according to a schedule and strategies were generally planned to manage identified risks such as diabetes and falls. While risks associated with time sensitive medications were not evident in care plans, management confirmed these were captured in medication assessments and recorded on consumers medication charts.

Care documentation evidenced consumer’s current needs, goals and preferences, including for advance care and end of life (EOL) had been captured. Staff demonstrated knowledge of consumer’s care preferences and needs and described how they approached conversations regarding end of life. Policies and procedures guided staff practice in relation to advance care planning and end of life care.

Consumers and representatives confirmed they were involved and provided input into assessment and care planning processes to ensure the consumer’s needs were met. Care documentation evidenced regular care consultations in collaboration with external health professionals. Staff described how health professionals were involved in assessing and planing care for consumers.

Consumers and representatives confirmed the outcomes of assessment and planning were communicated to them, and they could access consumer care plans upon request. Staff outlined how they communicated the outcomes of assessment and planning to consumers and representatives. Staff were observed to record consumer’s care information within the electronic care management system (ECMS), so it was readily available.

Care documentation confirmed care plans were reviewed on a regular basis, when consumers’ circumstances changed, or when incidents occurred. Management and staff outlined the process for the scheduled review of care plans which occurred on a 3-monthly basis. Consumers and representatives confirmed the consumer’s care and services were reviewed on a regular basis and when changes occurred.

# 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 and representatives confirmed consumers received care that right for them and met their individual needs and preferences. Care documentation evidenced consumers received safe and effective care that was best practice, tailored to their needs and optimised their health and well-being. Management and staff demonstrated an understanding of consumers’ needs and preferences, and how they delivered care that was safe and tailored to the consumers’ needs.

Consumers and representatives said high impact or high prevalence risks for consumers, were managed well. Staff demonstrated an understanding of the high impact or high prevalence risks to consumers and the strategies in place to manage these risks. Care documentation evidenced most risks were managed according to directives; however, time sensitive medications were often administered outside of recommended timeframes; alerts have been added to the ECMS to prompt staff and improve timeliness of administration.

Staff outlined how they would provide care for a consumer receiving palliative care, by providing regular repositioning, monitoring their skin integrity and pain. Policies and procedures on EOL guided staff practice to identify consumer’s needs, and to maximise their comfort. Consumer representatives said, and care documentation for a consumer who had recently passed away, evidenced, the consumers care needs were met and they were kept comfortable.

Care documentation evidenced, changes in consumers condition, were identified and they were transferred to hospital promptly, when required. Staff were knowledgeable of signs and symptoms which may indicate deterioration and escalation pathways required if deterioration is detected. Consumer representatives gave mostly positive feedback on deterioration being recognised by staff and the timeliness of responsive actions.

Consumers and representatives stated the consumer's care needs and preferences was effectively communicated between staff. Staff reported information relating to consumers’ conditions, needs and preferences was documented and communicated via the shift handover process. Care documentation provided adequate information to support the effective and safe sharing of the consumer’s information to support care.

Consumers and representatives confirmed referrals were timely and appropriate, and consumers had access to a range of health professionals. Staff outlined a range of external providers of care and services to supplement the care provided to consumers. Care documentation demonstrated timely referrals were made to medical officers, allied health therapists and other providers of care and services.

Consumers and representatives said COVID-19 precautions and other infection risks were managed well. Staff were observed to follow infection control procedures, with staff and visitors also observed to undergo COVID-19 screening process upon entry. Staff demonstrated an understanding of key infection control practices and outlined their specific responsibilities in accordance with the outbreak management plan.

# 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 confirmed consumers felt supported to pursue activities of interest to them. The activities calendar included a range of different activities that catered to the various needs and abilities of consumers. Lifestyle staff confirmed activities schedule was based upon the feedback provided by consumers to ensure the activities offered were of interest to them.

Consumers and representatives described the services and supports which promoted their emotional, spiritual and psychological well-being. Staff demonstrated an understanding of consumers’ emotional, psychological and spiritual well-being, and provided examples how they met these needs. Care documentation identified information regarding the emotional, spiritual and psychological needs and preferences of consumers, and described how staff could assist them.

Consumers felt they were assisted them to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and do things of interest to them. Care documentation identified consumers’ interests, relationships of importance and the consumer’s preferred activities of interest. Consumers were observed receiving visits from family members within the various communal areas.

Consumers and representatives indicated information regarding the consumer's daily living choices and preferences was effectively communicated to staff and others where responsibility for care was shared. Staff outlined the ways in which information was shared, and the ways they were kept informed of the changing health conditions, needs and preferences of each consumer. Staff were observed sharing consumer information during handover meetings.

Care documentation identified appropriate referrals were conducted to other organisations and providers of care and services. Consumers confirmed they were supported by providers of other care and services, and referred to external organisations when required. Staff outlined the various external organisations involved in the provision of lifestyle services and supports for consumers.

Consumers and representatives gave positive feedback in relation to the quantity of meals provided, with some consumers giving negative feedback regarding vegetables served, the quality of weekend meals and insufficient variety in the menu, this is further considered under Requirement 6(3)(d). Staff demonstrated an understanding of the dietary needs and preferences of consumers, and how they accommodated these needs. Care documentation recorded consumers’ dietary requirements and preferences.

Consumers felt safe when using the equipment provided and confirmed it was readily available when required. Equipment was observed to be clean and well maintained. Staff outlined their responsibilities in ensuring the personal mobility equipment of consumers was kept clean.

# 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 and representatives indicated the service environment was welcoming and easy to understand. Staff described the various aspects of the service environment which made consumers feel welcome and optimised their sense of independence, interaction and function. Staff were observed engaging in conversations with other consumers and visitors.

Consumers and representatives advised the service environment was safe, clean, and well maintained and allowed consumers to move freely, both indoors and outdoors. Maintenance staff provided the preventative maintenance schedule and outlined the process to arrange any building repairs. Staff were observed to clean consumers’ rooms and the communal areas routinely.

Staff outlined their responsibilities for cleaning and maintaining personal equipment, furniture and fittings within the ensure to ensure they were made suitable for each consumer. Consumers confirmed equipment and furniture was kept clean, and was accessible when required. Cleaning documentation evidenced completion of cleaning tasks were up to date.

# 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 and representatives confirmed they felt safe and comfortable to provide feedback and complaints. Staff described the processes in place to encourage and support consumers to provide feedback and complaints. Feedback boxes were available and accessible to consumers, representatives and staff, and feedback could be submitted anonymously.

Consumers and representatives demonstrated an understanding of the the external complaint mechanisms and advocacy services which were available to them. Management advised information regarding advocacy and interpreter services were displayed and included within the consumer handbook. Information on language, advocacy and external complaint services was displayed to promote consumer access, including translated information for those consumers who needed it.

Consumers and representatives said their concerns or complaints were resolved quickly, and confirmed staff utilised open disclosure practices when dealing with complaints. Complaints data and the continuous improvement plan evidenced appropriate action was taken in response to complaints, and staff practiced open disclosure. Policies and procedures guided staff practice on the management of complaints and the application of open disclosure.

Consumers and representatives confirmed feedback and complaints were used to improve care and services and provided examples of changes implemented as a result of the provision of feedback and complaints. The continuous improvement plan and meeting minutes evidenced feedback being used to improve the quality of care and services. Management and staff demonstrated an understanding of the main trends of complaints and the actions taken to resolve these complaints.

# 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

Staff advised there was enough staff, and they had the necessary time to complete their duties. Most consumers and representatives said there was enough staff, while others said there was insufficient staff to meet the consumer’s needs. Management reported, 18 new employees had been recruited to fill gaps in the roster, and confirmed strategies were in place to address unplanned leave, workforce retention and ongoing recruitment.

Staff were observed to interact with consumers in a kind, respectful and gentle manner throughout the duration of the Site Audit, and staff demonstrated an understanding of consumers’ identity and preferences. Consumers and representatives confirmed staff were kind, caring, respectful and gentle when engaging with consumers. Policies outlined the commitment to treat consumers with dignity and respect.

Consumers and representatives mostly considered staff were skilled and competent to perform their roles, however some felt staff did not have the skills required to support consumers with dementia. Staff reported they were confident the were provided with the necessary training and knowledge to perform their roles and deliver care and services to consumers. Management described the various ways staff were determined to have the relevant qualifications and competencies to perform their roles, including through orientation process, regular training and ensuring staff had the key registrations for their roles.

Staff indicated they received ongoing training, professional development opportunities and were supported by management to access training as appropriate. Education records evidenced 91% of mandatory and compulsory trainings had been completed by staff, with outstanding training attributed to leave or new employees. Management confirmed, staff had been provided with training on dementia care and additional training had been scheduled for managing hydration.

Management described how the performance of staff was monitored through formal appraisals, informal monitoring and reviews. Staff described the annual performance appraisal process and confirmed they were supported by management during performance reviews and were provided with opportunities for improvement. Performance appraisals evidenced staff received ratings across key competency areas, improvement opportunities were identified and future goals were documented.

# 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 considered the organisation was well run, and confirmed their engagement in the development, delivery and evaluation of care and services. Management and staff described the ways in which consumers were encouraged to be engaged and involved in decisions regarding the delivery of care and services. Consumer meeting minutes confirmed consumers and representatives attended meetings and provided feedback.

Management outlined how the organisational structure and hierarchy supported direct reporting to the Board and promoted the Board’s accountability of the care and services delivered. A continuous improvement plan supported the governing body, management and staff in the promotion of safe, inclusive and quality care and services. Management confirmed a clinical governance committee analysed incidents to identify areas for improvement and ensure quality care and services.

Effective organisation wide governance systems to support information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management were in place. Management advised continuous improvement was identified through via various avenues, including internal and external audits, the analysis of clinical indicators, surveys and feedback. Staff confirmed they could access the information required to perform their roles through the electronic care management system and intranet.

Policies and procedures were in place to guide staff practice in relation to the management of high impact or high prevalence risks, identifying and responding to abuse and neglect, supporting consumers to live the best life they can and managing and preventing incidents. Management advised high impact or high prevalence risks were analysed through clinical indicators and regularly reported upon throughout the organisation. Staff demonstrated an understanding of the risks associated with the care of consumers, and how they supported consumers to live their best life.

A clinical governance framework and supporting policies was in place which addressed antimicrobial stewardship, minimising the use of restraint and open disclosure. Management and staff demonstrated a shared understanding of these policies and the application of these policies in a practical setting. Management confirmed clinical staff were encouraged to liaise with medical officers to discuss antimicrobial stewardship and the utilisation of non-pharmacological strategies prior to the use of antibiotics.

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)