Performance

Report

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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 Malvern East (**the service**) has been considered by James Howard, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 | | Compliant |
| 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 confirmed consumers were treated with dignity and respect, and their individual cultures, values and beliefs were valued. Care planning documentation showed the service captured information regarding consumers’ backgrounds, identities and cultural practices.

Consumers stated their cultures were respected and they were able to express their cultural identities and interests. Staff outlined how a consumer’s culture influenced the delivery of care and services.

Staff described the various ways that consumers were supported to make informed choices about their care and services, such as through participation in case conferences, at client meetings, receipt of information from the service and through discussions with staff regarding day-to-day choices. Consumers were satisfied they were supported to exercise choice and independence, had the ability to make their own decisions and could maintain personal relationships.

Consumers described the ways the service supported them to take risks, which enabled them to live the best lives possible. The service had organisational policies and procedures in place which highlighted the rights of consumers to exercise choice and control and promoted dignity of risk.

Consumers indicated they received information that was current, accurate and timely, and communicated in a way that was clear, easy to understand and enabled them to exercise choice and control. The Assessment Team observed information displayed throughout the service which notified consumers of menu choices, upcoming activities and other correspondence.

Staff described the practical ways they respected the privacy of consumers, such as knocking on consumers’ doors prior to entering and keeping doors closed when they provided personal care. The Assessment Team observed staff were respectful of consumer privacy when delivering care and services.

# Standard 2

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

The service demonstrated it implemented assessment and care planning processes which informed the delivery of safe and effective care and services. Consumers and representatives confirmed they were involved in their care assessment and planning.

Care planning documentation showed consumers’ current needs, goals and preferences were documented and end-of-life preferences were included in care planning. Consumers and representatives confirmed they were consulted in relation to their needs, goals and preferences and staff discussed advance care and end-of-life care with them.

Care planning documentation demonstrated consumers and representatives were consulted throughout the assessment and care planning process, and when required, staff sought input from health professionals. Staff described the assessment and care planning process, which involved partnership with the consumer and showed the service’s processes included gathering information about consumers’ life histories, needs, goals and preferences.

Consumers and representatives indicated they were involved in the assessment and planning of their care and had access to their care documents when required. Care planning documentation showed assessment and care planning outcomes were documented in care plans, progress notes and handover sheets, and those records were accessible to all staff and allied health professionals through the service’s electronic care management system.

Care planning documentation confirmed care plans were reviewed on a regular basis and when the consumer’s circumstances changed, or incidents occurred. Staff described the monthly consumer review process, where consumers’ weight and vital signs were checked and any deterioration in health condition, such as skin integrity, pain and behaviour changes, were documented and communicated to the nursing staff.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 indicated consumers received safe and effective care that was best practice, tailored to their needs and optimised their health and well-being. Care planning documentation evidenced the care and supports provided to consumers was individualised and tailored to meet their needs.

Management described high impact or high prevalence risks for consumers including falls risks, pressure injuries and skin tears and the strategies in place to manage these risks. The service had a range of policies and procedures in place which provided staff with guidance on high impact or high prevalence risks associated with care of consumers.

Care planning documentation for consumers nearing end-of-life showed their needs, goals and preferences were recognised and addressed, and their comfort maximised. Management and staff advised that advance care planning and end-of-life wishes were retained on file and uploaded into the service’s electronic care management system.

Deterioration or changes in consumers’ health were recognised and responded to in a timely manner, as confirmed by care planning documents reviewed by the Assessment Team. Staff advised how they initiated behaviour assessments by assessing consumers’ pain and general condition to see whether there was any deterioration in consumers’ conditions before implementing strategies.

Consumers and representatives confirmed consumers’ conditions, needs and preferences were documented and communicated with relevant parties. The Assessment Team observed progress notes on the electronic care management system which detailed how information was shared between clinical and care staff.

Care planning documentation evidenced timely referrals to medical officers, allied health therapists and other providers of care and services. Representatives confirmed consumers had access to their medical officer and external specialists when required.

The service demonstrated the minimisation of infection related risks through implementing standard and transmission-based precautions to prevent and control infection, and through antimicrobial stewardship. Staff demonstrated an understanding of antimicrobial stewardship and provided practical examples of how they minimised the unnecessary use of antibiotics.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 received safe and effective services and their supports for daily living met their needs and preferences and optimised their independence. Care planning documentation showed the assessment and planning process effectively captured the needs, goals and preferences of each consumer and promoted their well-being and quality of life.

Consumers and representatives advised the service provided supports for daily living which promoted consumers’ emotional, spiritual and psychological well-being. Care planning documentation included information about the emotional, spiritual and psychological needs of consumers and the strategies in place to support these needs.

Care planning documentation included information about consumers’ interests and detailed the supports that assisted consumers to participate in the community, within and outside of the organisation's service environment, have social and personal relationships and do things of interest to them. Consumers described the activities they enjoyed and how the service assisted to facilitate and organise these activities.

Consumers and representatives reported information about their daily living choices and preferences was effectively communicated throughout the service. A review of care planning documentation showed the service captured information which supported safe and effective care and supports for daily living.

Consumers and representatives provided positive feedback regarding the quality, quantity and variety of meals provided to consumers at the service. Care planning documentation showed consumers’ records captured their dietary requirements and preferences, which was accessed by kitchen staff when preparing meals. The Assessment Team observed staff engaging positively with consumers during the meal service.

The Assessment Team observed the equipment used to provide and support lifestyle services was safe, suitable, clean and well maintained. Staff confirmed they had appropriate access to equipment and outlined the process for escalating any maintenance requests.

## Standard 5

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| Organisation’s service environment | | Compliant |
| 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 advised the service was welcoming, and consumers felt at home within the service environment. The Assessment Team observed consumers’ rooms were individualised and reflected individual consumer’s identities, and communal areas contained signage and hand rails to assist those with impairments.

The service was observed to be safe, clean, well maintained and comfortable, and consumers were able to move freely throughout the facility, both indoors and outdoors. Staff described the process they followed when they identified a potential safety hazard or equipment failure and confirmed maintenance issues were promptly resolved.

The service demonstrated furniture, fittings, and equipment were safe, clean, well maintained, and suitable for the needs of the consumer cohort. Maintenance staff advised repairs were undertaken within the service when suitable, and contractors were brought in to perform out-of-scope work or repairs.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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 indicated they were encouraged and supported to provide feedback. The Assessment Team observed feedback stations at the service’s front entrance and on each level of the service.

Consumers were aware they could access advocacy and language services and other methods for raising and resolving complaints. Management advised advocacy and interpreter information was displayed across the service and the Assessment Team confirmed this information was on display.

Staff provided examples of the action taken in response to complaints and demonstrated a shared understanding of the open disclosure process. Consumers and representatives indicated the service took appropriate action in response to complaints and utilised the practice of open disclosure.

Staff confirmed the service reviewed feedback and complaints and provided examples of improvements made to the quality of care and services following consumer feedback. Consumers and representatives were satisfied feedback and complaints were reviewed and used to improve the quality of care and services.

**Standard 7**

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| Human resources | | Compliant |
| 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

Consumers and representatives were mostly satisfied the workforce was planned to enable the delivery and management of safe and quality care and services. Staff advised the service had sufficient staffing levels to provide care to consumers.

Consumers and representatives considered workforce interactions were kind, caring and respectful of each consumer’s identity, culture and diversity. Staff demonstrated a shared understanding of the needs and preferences of consumers; this information was consistent with care planning documentation.

The service demonstrated members of the workforce had the necessary qualifications and knowledge to effectively perform their roles. Staff provided positive feedback regarding the service’s induction program and felt confident they were able to provide quality care as soon as they commenced working at the service.

Management advised the online training system alerted them when mandatory training modules were due for completion by staff members. Consumers and representatives expressed confidence in the abilities of staff to deliver quality care and services.

Staff demonstrated an understanding of the performance appraisal process and advised they had received a performance appraisal in the last twelve months, which was in line with the service’s policy and procedure for managing performance. A review of staff performance appraisal documentation showed all performance appraisals were up to date.

**Standard 8**

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| Organisational governance | | Compliant |
| 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 indicated the service was well-run, and they felt involved in the development, delivery and evaluation of care and services. Management advised consumers were engaged in service delivery through the admission and planning process, consumer meetings and consumer surveys.

The organisation had committees, systems and processes in place which monitored the performance of the service and ensured the governing body was accountable for the delivery of safe, inclusive and quality care and services. Management advised the Board encouraged the service to actively and openly use Commission fact sheets and posters on restrictive practices, the Serious Incident Response Scheme (SIRS), open disclosure, and complaints and feedback.

Organisation-wide governance systems supported effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management.

Management provided a documented risk management framework, which included policies describing how to manage high impact or high prevalence risks, identifying and responding to consumer abuse and neglect, supporting consumers to live the best lives they can and how to manage and prevent incidents.

The service demonstrated that the organisation’s clinical governance systems ensured the provision of quality and safety of clinical care, promoted antimicrobial stewardship, minimised the use of restrictive practices, and encouraged the use of open disclosure when things went wrong. Staff demonstrated a shared understanding of these policies and their application in a practical setting.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)