Performance

Report

**1800 951 822**

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| Name: | Arcare Maroochydore |
| Commission ID: | 5379 |
| Address: | 54 Dalton Drive, Maroochydore, Queensland, 4558 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 25 September 2024 |
| Performance report date: | 28 October 2024 |
| Service included in this assessment: | Provider: 1706 Arcare Pty Ltd  Service: 8011 Arcare Maroochydore |

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 Maroochydore (**the service**) has been prepared by J. Bayldon, 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 14 October 2024.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not Applicable |
| **Standard 3** Personal care and clinical care | **Not Applicable** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **Standard 7** Human resources | **Not Applicable** |

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

Consumers/representatives said staff are kind, caring and treat consumers with dignity and respect, and their needs are considered when providing care and services, advising that staff always treat them well. Care and support staff demonstrated good knowledge of consumer’s individual needs and described actions they take to ensure care is delivered respectfully. The Assessment Team observed staff interacting with consumers with respect throughout the assessment by using their preferred names and knocking on doors and calling out before entering a consumer’s room.

Based on the information summarised above, I find the provider in relation to the service, compliant with Requirement 1(3)(a) at the time of the performance report decision.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

The Assessment Team found that the service was unable to demonstrate that it could effectively manage high impact or high prevalence risks associated with the care of each consumer. The Assessment Team provided the following relevant evidence to my finding:

* Care documentation reviewed for consumers interviewed noted several gaps and inconsistencies in relation to the following:
  + Catheter care including the replacement of the bag in line with recommendations.
  + Behaviour support plans not being reviewed/updated for changes in care to ensure strategies to guide staff in delivering care to high-risk consumers are appropriate.
  + Wound care plans were missing, and care plans did not contain accurate pressure injury information to guide staff in the managing the risks to consumers.

In response to the Assessment Team’s feedback during the performance assessment – site, management advised action has been added to the service’s PCI to provide education to registered on staging of pressure injuries, wound management policy and including photographs on wound charts.

In response to the Assessment Team’s report, the service provided the following relevant information to my finding:

* The service advised it has several overarching management systems and processes in place to monitor and manage high impact and high prevalence risks including but not limited to Daily Management Meetings, progress notes reviews, complex care registers, and monthly clinical risk meetings.
* Evidence of work logs showing catheter care had been completed for consumers, however just not charted.
* Evidence of completed training for staff in catheter care and documentation of care.
* Documentation evidencing reviews of behaviour support plans including current strategies not identified by the Assessment team at the time of the performance assessment.
* Evidence of wound care progress notes and plans and pressure injury guidance for staff, including evidence of referrals made for wound reviews where required.

In coming to my finding, I have considered the deficiencies identified above from the Assessment Team’s report as well as the providers response. Based on this information, I am satisfied that the service has appropriate systems and processes in place to manage high impact and high prevalence risks for consumers. I am also satisfied that staff are appropriately trained in managing these risks and that consumer documentation reflects consumer’s current conditions and strategies to guide staff in the management of consumer risks. Therefore, I find the provider in relation to the service, compliant with Requirement 3(3)(b) at the time of the performance report decision.

# Standard 5

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| Organisation’s service environment | |  |
| 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 |

Findings

Consumers/representatives said the cleaners and maintenance staff ensure the service and their rooms are well maintained. Documentation demonstrated monitoring of the service environment to ensure the service is safe and comfortable for consumers. The Assessment Team observed consumers accessing and utilising common areas both indoors and outdoors and moving around the service. Staff said maintenance issues are reported via maintenance forms and actioned promptly. Maintenance staff described the process of receiving the forms daily and actioning them through work schedules. The Assessment Team evidenced daily cleaning schedules and preventative maintenance plans.

Based on the information summarised above, I find the provider in relation to the service, compliant with Requirement 5(3)(b) at the time of the performance report decision.

# 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

Consumers/representatives interviewed confirmed staff attend to consumer needs in a timely manner, and consumers usually do not wait long to have their call bells answered. Staff reported they have enough time to do their allocated work, and said they were supported by management when changes to rosters were prepared to ensure consumer services were always prioritized. Management advised they review the roster when a shift becomes vacant and will balance the current occupancy level and acuity needs within budgetary constraints and will use agency staff when required to fill shifts.

Based on the information summarised above, I find the provider in relation to the service, compliant with Requirement 7(3)(a) at the time of the performance report decision.

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