Performance

Report

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| Name of service: | Performance report date: |
| Arcare Maroochydore | 1 August 2022 |
| Commission ID: | Activity type: |
| 5379 | Site Audit |
| Approved provider: | Activity date: |
| Arcare Pty Ltd | 14 June 2022 to 17 June 2022 |

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 considered by Melissa Frost, 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 said care is culturally safe, they feel respected, and their identity, culture and diversity is valued. Staff demonstrated respect and understanding of consumers’ needs and circumstances, and described how care and services are aligned to consumers’ cultural and religious preferences. Care planning documents included information regarding consumers’ family, interests and cultural practices.

Consumers said they are supported to exercise choice and independence regarding how their care and services are delivered, and to maintain connections and relationships. Staff assist consumers to maintain contact with people important to them, encourage consumers to make choices, and involve representatives in decisions in line with consumers’ wishes.

Care plans demonstrated consumers are able to take risks and live life as they wish. Staff shared an awareness of consumers’ activities that included an element of risk. Assessment of risk-taking activities occurs in consultation with consumers, their representative and health professionals.

Consumers and their representatives said timely and accurate information is provided, which is communicated clearly, easy to understand and enables them to exercise choice. Care planning documents demonstrated the service provides interventions to support consumers with any barriers to communication, such as impaired vision, hearing, speech, or decline in cognition. Menus, activity planners, newsletters and notices were observed.

Consumers said their privacy and confidentiality is respected. Staff were observed knocking on consumers’ doors prior to entry and closing the door during provision of personal care. Consumers’ information is stored securely and handover is conducted privately.

# 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 assessment and planning is effective and includes the consideration of risks to consumers’ safety, health and well-being. Assessments are completed on entry to the service and reviewed every 3 months, or more frequently as consumer needs change. Care planning documents were individualised, and included identified risks to each consumers’ health and well-being.

The service’s assessment and care planning process identified consumers’ goals, needs and preferences, to inform staff on how to plan and deliver care. Advance care and end of life planning is included in care planning documents, where the consumer wishes. Staff described consumers’ individual preferences that were consistent with care plans.

Consumers and their representatives said staff involve them in care planning, explain information about care and services, and they can access a copy of their care plan should they choose. Staff described how the outcomes of care planning are communicated. Other providers, such as allied health professionals, medical officers and specialist services, are involved in assessment and planning.

Consumer care plans are consistently reviewed for effectiveness, or following critical points in care such as an incident, decline, or hospital admission. The service has mechanisms in place to ensure compliance with care planning reviews, including regular staff team meetings, incident report reviews, and analysis of clinical indicator data. Staff were aware of incident reporting processes and how these incidents may trigger a reassessment or review.

# 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

Care planning documents reflected individualised care that is safe, effective and tailored to the specific needs and preferences of consumers, and is linked to best practice models of care. This includes consumers subject to restrictive practices, skin integrity care and pain management. Staff demonstrated an understanding of consumers’ personal and clinical care needs in line with care planning documents. This aligned with feedback from consumers and representatives. Staff described strategies used to minimise high impact or high prevalence risks for consumers, consistent with care planning information.

Consumers said their end of life needs and preferences are met, and comfort is maximised. Staff follow policies and procedures, and referral to clinical staff or specialist services occurs.

Care planning documents reflected the identification of, and response to, deterioration or changes in consumers’ condition and health status. Staff said they recognise and respond to deterioration or changes, and escalate or refer to other providers as needed.

Consumers and their representatives are satisfied that consumers’ needs and preferences are effectively communicated, and they receive the care they need. Staff described how information is shared and documented when changes occur. Care documentation, including care plan summaries and progress notes, provide adequate information to support effective and safe sharing of the consumer’s condition, preferences, and care needs.

Care planning documents reflected referrals to other health professionals are timely and occur when needed. Staff described the process to refer clinical matters to other providers.

Staff described how they ensure appropriate use of antibiotics. Staff receive training in infection control, and described how they apply relevant practices.

# 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 said services and supports for daily living meet their needs, goals and preferences and optimise their independence and quality of life. Care planning documents include information about what is important to consumers, and the support needed to help them do the things they wish to. Consumers were observed participating in activities and interacting with each other and their visitors. The service has a men’s group and variety of therapy options.

Staff said if they identify a change in a consumer’s mood or emotional need, they report it to the clinical staff and social worker, and provide additional support if a consumer is feeling low. Consumers said their emotional, spiritual and psychological needs are supported. Staff were observed engaging with consumers about items of interest.

Consumers are supported to keep in touch with the people who are important to them, participate in the community and maintain relationships, including friendships developed at the service. Lifestyle plans reflect consumers’ preferred activities, outings and relationships. Staff understand consumers’ community connections and tailor activities to suit consumers’ needs.

Consumers and representatives said information is adequately communicated and were confident staff work well together to meet consumers’ care needs and preferences. Care planning alerts and handover support staff to communicate effectively.

Care planning documents reflect regular, timely and appropriate referrals are made to other organisations and providers to optimise consumers’ well-being. The service utilises external providers to supplement lifestyle activities.

Overall consumers said they were happy with the quality and quantity of the food, the service accommodates for their preferences, and they can access additional food if they wish. Care planning documents reflected consumers’ dietary needs and preferences. There are various opportunities for consumers to provide feedback. Kitchen processes were observed to be organised and the environment was tidy.

Equipment for daily living and lifestyle supports were observed to be safe, suitable, clean and well maintained. Consumers said they have access to equipment, including mobility aids, to assist them with their daily living activities. Staff said they have access to equipment they need, and when issues are identified with equipment, this is reported to maintenance and is rectified in a timely manner.

# 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

The service environment was observed to be friendly and welcoming, with shared and private areas for consumers to utilise. Consumers are supported to personalise their rooms with decorations and furniture. Sufficient light, signage and handrails support consumers to move around. Consumers said they feel comfortable and the service optimises their sense of belonging and independence.

The service was observed to be safe, clean, and well-maintained. Common areas and outdoor spaces were tidy and free of hazards. Consumers were observed moving freely, including to outdoor areas and gardens. Regular cleaning occurs and consumers were satisfied with cleanliness of their rooms.

Furniture, fittings, and equipment were observed to be safe, clean, and suitable. Consumers and staff confirmed sufficient equipment is available. Regular maintenance is completed according to a schedule, or in response to reports raised by staff.

**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 their representatives said they are encouraged to provide feedback, are comfortable to raise any concerns with management or staff, and feel safe doing this. When responses are provided they are satisfied with management’s actions. Staff described the service’s complaints system. Anonymous complaints may be made, and the service’s complaints policy states consumers will not face retribution or negative consequences following complaints.

Consumers, including those with varying communication needs, are aware of how they access advocates, language services and other methods for raising and resolving complaints. Staff know how to access advocacy or interpreters if a consumer required these services. Feedback forms are available around the service and information is displayed for advocacy and language services.

Staff said actions are promptly undertaken in relation to complaints, and described how they apply open disclosure. Staff described how they had addressed concerns so they did not reoccur. Staff were aware of complaint trends and described how they are addressing these, such as rostering additional staff, and further equipment and staff training to resolve meal complaints. The service’s feedback register reflected details of feedback, action taken, communication with consumers and their representatives, and where relevant items were added to the service’s continuous improvement plan.

**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

The service’s workforce is equipped and trained to enable the delivery and management of safe quality care and services. Consumers, staff and management said staffing levels at times were inadequate, however this did not substantially impact the quality of care being provided. A review of documentation and observations showed that staffing levels are generally well managed, through extending shifts and balancing duties, and call bells are answered promptly.

Consumers said staff are kind, caring and respectful, and they feel safe at the service. Staff were observed being kind and respectful to consumers.

Consumers and their representatives said most staff are skilled at meeting consumers’ needs and preferences. Each role has a position description, minimum qualifications and credential requirements. Staff competency is monitored through audits and spot checks.

Staff said they have access to training to support their role and ongoing development. Training needs are identified through analysing data trends and refresher training is delivered as needed. Training completion is monitored and reviewed.

Staff said they receive regular performance assessments, and are supported to raise additional training needs or skill development areas. Performance appraisals are scheduled each 6 months.

**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 partner in improving the delivery of care and services by participating in meetings, forums, surveys and care plan reviews. Consumers and their representatives reviewed and provided feedback into the Resident Handbook and dining chairs were replaced after negative consumer feedback.

The service’s Board meets with management regularly, maintains awareness of the service’s performance and supports improvements. Communication occurs to consumers and staff through various means. Policies and procedures are implemented in relation to the organisation’s responsibility to deliver safe and quality care.

The service has effective systems relating to information management, financial and workforce governance. Continuous improvement occurs, incorporating data gathered from feedback and complaints or incidents. Regulatory compliance is maintained through communication and staff training.

The service has a risk management system, with supporting policies and procedures. Staff receive training regarding elder abuse and risk, including managing and reporting incidents. Staff described how they manage high impact and high prevalence risks, and support consumers to live their best lives, aligned with the service’s policies.

The service demonstrated an effective clinical governance framework that includes antimicrobial stewardship, minimising use of restrictive practice and open disclosure. Staff said they were educated in these areas and provided examples of how it applied to their day to day work.

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)