Performance

Report

**1800 951 822**

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| Name of service: | Arcare Mollymook |
| Service address: | Cnr Princes Hwy & Ilett Street Mollymook NSW 2539 |
| Commission ID: | 1115 |
| Approved provider: | Arcare Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 24 January 2023 |
| Performance report date: | 15 February 2023 |

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 Mollymook (**the service**) has been prepared by E Woodley 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 - Site; the Assessment Contact - 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 8 February 2023.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been 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

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. One of the six specific requirements has been assessed and found Compliant.

The service demonstrated that each consumer is treated with dignity and respect, with their identity culture and diversity valued. Care plans reviewed by the Assessment Team reflected the diversity of consumers, including information about their cultural and religious beliefs and preferences. Staff were observed interacting with consumers respectfully. The service has policies that outline what it means to treat consumers with dignity and respect. Consumers and representatives interviewed confirmed that they felt consumers are respected and valued as individuals by staff.

# Standard 3

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| Personal care and clinical care | |  |
| 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 |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. One of the seven specific requirements has been assessed and found Compliant.

The Assessment Team found the service has policies and procedures to guide staff on end of life care provision. For consumers sampled, assessments and care plans reflected their end of life needs and wishes. This included comfort care charts for symptom management, pain and agitation, repositioning, oral and eye care and psychosocial measures, such as identified spiritual, religious and cultural needs and preferences. The workforce demonstrated an understanding of processes to support the needs, goals and preferences of consumers nearing the end of their life.

# 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

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. One of the five specific requirements has been assessed and found Compliant.

Consumers, representatives and staff interviewed by the Assessment Team provided feedback that there were enough staff to meet the needs and preferences of consumers and provide safe and quality care and services. The Assessment Team corroborated the feedback by reviewing roster documentation, analysing call bell data and observing staff interactions with consumers. Management described how they determine, monitor and review staffing levels and adjust the staff roster using a risk-based approach.

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)