Performance

Report

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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: | Site Audit |
| Activity date: | 27 March 2023 to 29 March 2023 |
| Performance report date: | 15 May 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 G-M. Cain, 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.
* your response to the site audit report received on 01 May 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 said consumers are treated with dignity and respect, and their identity, culture and diversity were valued. They described how staff values consumers’ spirituality and relationships and how it influences the delivery of care and day-to-day care. Staff demonstrated understanding of the consumer’s identity, background and individual values. Care documentation reflected the diversity of consumers, including information about their cultural and religious beliefs and preferences. The activity calendar demonstrated culturally safe services are provided including weekly, and monthly faith services, annual activities such as Christmas, Anzac Day, and Friendship Day as an alternative to Valentine’s Day.

Consumers said they are supported to exercise choice regarding how their care and services are delivered, maintain independence and relationship of their choosing. Staff described how they support consumers in making choices and maintaining their relationships and spoke of consumers who enjoyed having breakfast together in their room.

Consumers and representatives described how consumers’ are supported to do the things they enjoy to live the best life, even if activities hold an element of risk. Staff were aware of consumers who engaged in activities that posed a risk and described strategies to support them to continue to do this whilst ensuring their safety. Review of documentation identifies appropriate risk assessments and strategies in care plans for consumers who choose to take risks.

Consumers and representatives confirmed the service communicates information to assist them in making informed choices and they receive communication that is timely, clear and easy for them to understand. Consumers and representatives stated the information provided was sufficient and felt well informed. Staff described avenues of communication used including telephone calls and emails. Observations showed a range of information available to consumers throughout the service, including the lifestyle calendar and meeting minutes.

Consumers and representatives confirmed that the staff at the service respected their privacy. Staff described how they maintain consumers’ privacy and keep their information confidential. Observations showed staff knocking on doors to seek permission before entering consumers’ rooms and consumers' documentation was stored securely, and computer systems were password protected.

# 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

Consumers and representatives said they were involved in assessment and planning and were happy with the management of identified risks for the consumers. Staff and management described the services assessment and care planning processes, including initial and ongoing assessments to identify emerging consumer risks. Care documentation evidenced assessments being completed upon entry to the service, and on an ongoing basis and the service utilised validated risk assessment tools in this process. The site audit report contained information regarding 1 consumer who did not have a diabetic care plan evidence, and following feedback from management carried out a review of all diabetic management needs to ensure all consumers receiving diabetic care had care plans in place. This was in alignment with the service’s policy.

Consumers and representatives said they were consulted regarding the needs, goals and preferences of the consumers’ care, and confirmed their discussion with the service about advance care and end-of-life planning. Management demonstrated an understanding of consumers’ individual needs and preferences and could describe how they approach end-of-life and advance care planning conversations with consumers during the admission process and as needs change. Care documentation for consumers evidenced the consumers’ current needs, goals and preferences and advanced care planning documentation.

Care and service plans for consumers showed integrated and coordinated assessment and planning involving all relevant organisations, individuals, and service providers. Consumers confirmed they are actively involved in the assessment, planning and review of their care and services and said care is coordinated and includes the right people. Care documentation included assessments and reports from external providers of care, which were available to staff in the electronic care management system.

Consumers and representatives confirmed outcomes of assessment and planning were effectively communicated to them and documented in the consumer care plans. While not all representatives advised they had received a copy of the consumers’ care plan, they are confident this would be accessible if they requested. Staff had access to consumers’ care planning documentation via the electronic care documentation system, and described how the outcomes of consumers’ assessment and care-planning are communicated. Care documentation of consumers reflected communication with consumers and representatives about incidents and the outcomes of assessments and care planning.

Representatives said they were regularly informed if the consumer’s care needs changed or when an incident occurs. Staff and management confirmed care plans were reviewed 6 monthly or when a consumer’s health or care needs changed. Care documentation identified 6-monthly care plan evaluations and reviews; and reviews when consumers’ circumstances changed, such as consumer deterioration or incidents.

# 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 said they were happy with the care provided and felt consumer’s personal and clinical care needs were met. Care documentation reflected that individualised care is safe, effective and tailored to the specific needs and preferences of the consumers. Staff described consumer’s individual needs, preferences, their most significant personal and clinical care and how these were delivered in line with their care plans. Consumers subject to restrictive practices were assessed and managed in accordance with requirements set out in the Quality-of-Care Principles, including having behaviour support plans in place

Consumers and representatives were satisfied that risks were effectively managed. Staff were aware of consumers' risks and strategies in place to minimise the risk. Care documentation identified strategies were in place to manage the consumers' identified risks, including directives from health professionals.

The service demonstrated that consumers nearing the end of life have their dignity preserved and care provided according to their needs and preferences. Care documentation included an advance care plan and the consumer's needs, goals, and preferences for receiving end-of-life care.

Consumers and representatives expressed satisfaction that staff recognise and respond to changes in consumers' health and/or well-being in an appropriate and timely manner. Staff explained how deterioration is recognised, responded to, such as recognising pain, poor appetite, weight loss, bowel movement, changed behaviours and mobility changes. Care documentation evidenced the identification of, and response to, deterioration or changes in condition, including referral to the medical officer.

Consumers and representatives were satisfied that consumers' care needs and preferences were effectively communicated among staff. Care documentation demonstrated that progress notes, care and service plans, and handover reports provide adequate information to support the effective and safe sharing of consumer information. Staff described how consumer care and service changes are communicated in the service's electronic care documentation system and at shift handover.

Consumers have access to relevant health professionals, and referrals are timely, appropriate and occur when needed. Care documentation indicated the input of other health professionals, such the medical officer, dietitian and specialist dementia service.

Consumers and representatives were satisfied with infection control practices at the service and confirmed staff perform standard and transmission-based precautions to prevent and control infections. The service has documented policies and procedures to support the minimisation of infection-related risks through implementing infection prevention and control principles and promoting antimicrobial stewardship. Care and clinical staff demonstrated an understanding of how to minimise antibiotic use and ensure it is used appropriately. The service has an infection prevention control lead, and the service is guided by an 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 were satisfied that services and supports for daily living met consumers' needs, goals and preferences and supported consumers to maintain independence, well-being and quality of life. Lifestyle understood consumer preferences and said they ask consumers about their needs and preferences, and this is documented in care plans and informs the lifestyle program. Observations showed a range of activities occurring throughout the Site Audit.

Consumers described how the service supports them to promote their emotional, spiritual and psychological well-being. Staff spoke of engaging consumers in one-to-one conversations when they were feeling particularly low and care documentation reflected the emotional support needs of each consumer. The service holds faith services for consumers every week and faith services are available to view on Sundays.

Consumers and representatives said consumers were supported by the service to maintain contact with people who were important to them and engage in activities both inside and outside of the service. Staff described the support provided to consumers’ which aligned with the information in the care plans. The lifestyle program is supported by external services including volunteers and entertainers.

Consumers and representatives said changes in their needs, preferences and conditions were communicated within the service and with others where responsibility is shared. Care staff said the handover process keeps them informed about any updates to consumer care and services. Care planning documentation provided adequate information to support the delivery of effective and safe care.

Consumers' care and services plans showed collaboration with other individuals, organisations, or providers to support the diverse needs of consumers. Staff described how they work collaboratively with other services to support consumers daily living.

Consumers and representatives said they were happy with the variety, quality and quantity of food being provided at the service. Staff said consumers were offered a choice of meals for the day by the staff and alternatives were always available. Observations showed consumers’ dietary information was available in the kitchen was current and reflected the preferences and needs of consumers.

Consumers said the service provides an adequate number of equipment that is safe, clean and well maintained. Staff demonstrated a preventative maintenance reporting program, which ensures consumer equipment is adequately maintained and the service is adequately serviced. Review of service documentation, including equipment service reports and audits, demonstrated consumer equipment is well maintained.

# 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 said the service environment is open and welcoming, they feel at home, and consumers can personalise their rooms. Staff described how different areas of the service were utilised by consumers, including common areas that promote interactions, as well as private spaces. Observations showed the service environment to be spacious with designated areas for consumers, including 3 dining rooms, a snooker room, a piano room, a theatre, hairdressers, communal sitting rooms and a dining room for consumers to use for private celebrations if they wished.

Consumers and representatives spoke of the service being safe and clean. Staff described the process for documenting and reporting maintenance issues consistent with the information provided by the maintenance officer. Observations showed consumers and representatives moving freely, both indoors and outdoors. The service was clean, well serviced and maintained at a comfortable temperature.

Consumers said furniture, fittings and equipment were safe, well-maintained and suitable. Staff said they have equipment that is fit for purpose and well maintained, allowing them to complete their roles safely. The service had established maintenance processes, including the preventive maintenance schedule, which included planned work each week, month and quarter. Observations showed that furniture, fittings, and equipment were clean and well-maintained.

# 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 said the service supported them in providing feedback and making complaints. Staff described various avenues available for consumers and representatives to make a complaint or provide feedback and how they support them in raising any issues. Feedback forms and collection boxes are available for easy consumer and representative access whilst ensuring anonymity.

Consumers and representatives said they were aware of other avenues for raising a complaint, such as external and internal avenues. Information on advocacy supports, including language services and ways to raise complaints, is provided to consumers. Staff understood internal and external complaints and feedback avenues and described how they assist consumers with cognitive impairment or difficulty communicating to raise a complaint or provide feedback.

Consumers and representatives stated that the service responds appropriately and promptly when feedback is provided. They stated that when things go wrong, the service apologises and acts quickly to resolve the issue. Staff described how they applied open disclosure principles when things went wrong. The complaints register demonstrates the use of open disclosure and timely management of complaints in accordance with the services’ policy.

Consumers and representatives stated they had seen feedback and complaints used to improve care and services. Staff described how feedback and complaints have resulted in care and service improvements, including food services. The service demonstrated feedback ad complaints are trended, analysed and used to improve the quality of care and services.

# 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

While consumers and representatives reported there had been a shortage of staff, they felt the care provided was always prioritised and did not impact consumers. Staff described how they prioritise consumer care and management provides support when required. Call bell data reports showed a timely response, and this was confirmed through observations during the Site Audit.

Consumers and representatives said that staff engaged with consumers in a respectful, kind and caring manner and were gentle when providing care. Staff demonstrated an understanding of consumers, including their needs and preferences, and were observed to be engaging respectfully and personably.

Consumers and representatives said they felt staff were skilled in their roles and competent to meet consumers' care needs. Staff said they are well supported by management in undertaking training upon commencement and ongoing after that. Management described the service's induction processes, including a suite of competencies and training in manual handling, restrictive practice, food safety, infection control and fire safety. Position descriptions specify each role's core competencies and capabilities.

Consumers and representatives said they were confident with staff abilities and practices. Staff described how they have regular mandatory training sessions and can access additional training as needed. Management demonstrated an online training and records management system that tracks training completion.

Staff said their performance is monitored through educational competencies and annual performance reviews and confirmed that they had completed a performance appraisal or one scheduled. The Assessment Team reviewed records, and management confirmed that no staff had an outstanding performance appraisal. Management said staff competency is assessed regularly, and the service reviews and analyses internal audit results and clinical data to monitor staff practice and competencies and take action if required. For example, following a medication incident in February 2022, all medication-competent staff were required to complete education on Serious Incident Response Scheme notifications.

# 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 said the service is well run, and they have ongoing input into how consumers’ care and services are delivered, such as how care is delivered and how the service is run. Management described how they kept consumers and representatives informed of any changes in care or when things go wrong, they ensure effective communication and engagement while respecting individual needs and preferences. Management said if any improvements to the service are identified, they will be added to the continuous improvement plan.

Management discussed a range of strategies when describing how the governing body promotes a culture of safe, inclusive and quality care and services. Staff described how clinical indicators, quality initiatives and incidents are discussed at relevant meetings. The service has a clinical governance committee, which held bimonthly meetings and reports to the governing body about incident trends, serious incidents, COVID-19 outbreaks, and quality improvements at the service level.

The service had an effective organisation-wide governance system that guided information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. The service had an effective electronic care management system, incident and risk management system, plan for continuous improvement, established financial arrangements, processes to inform and implement changes resulting from regulation or legislation, and processes for workforce governance.

Consumers and representatives stated they are supported to live the best life they can Management and staff described how incidents are identified, responded to and reported in accordance with legislation including Serious Incident Response Scheme notifications. The service had policies to guide staff in the management of high-impact and high-prevalence risks. A review of the service’s Serious Incident Response Scheme notifications identified all incidents with the exception of 1 had been reported in line with legislative requirements.

The service demonstrated a clinical governance framework in place including policies concerning antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated a shared understanding of these concepts and described how they apply these as relevant to their roles.

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