Performance

Report

**1800 951 822**

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| Name: | Arcare Nirvana Avenue |
| Commission ID: | 4564 |
| Address: | 408 Waverley Road, MALVERN EAST, Victoria, 3145 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 26 October 2023 |
| Performance report date: | 12 December 2023 |
| Service included in this assessment: | Provider: 1706 Arcare Pty Ltd  Service: 26675 Arcare Nirvana Avenue |

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 Nirvana Avenue (**the service**) has been prepared by N Eastwood, 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 16 November 2023.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 5** Organisation’s service environment | **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 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 |

Findings

The Assessment Team recommended that Requirement 3(3)(a) was non-compliant however with consideration to the available information and Approved Provider response I am satisfied that the service complies with the Requirements as outlined in the table above and as a result complies with this requirement.

The Assessment Team noted that the service has an updated work instruction related to restrictive practice; however, clinical staff did not recognise chemical restraint for a consumer following discharge from hospital. A review of care documentation reflected robust skin integrity and wound management is provided to consumers. Consumer pain is considered prior to and during provision of all aspects of clinical and personal care, with consumer feedback stating their pain is managed.

The Approved Provider submitted a response the Assessment Teams observations regarding restrictive practice including additional evidence of actions taken since the Assessment Contact and evidence of rectification of any incomplete documentation. A review of consumers receiving psychotropic medications was completed, additional staff training, communication to consumers regarding medications and their effects, additional reporting, evidence of completed behaviour monitoring and implementation of a monthly monitoring of psychotropic medication tool. The response also included a copy of the services Plan for Continuous Improvement (PCI) with detailed actions and time frames to ensure improvement is evident in practice.

The Approved Provider has submitted evidence to support actions have been implemented to address the deficits identified by the Assessment Team, as a result I am reassured there is an active commitment to continuous improvement.

# 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 confirmed they were satisfied with how clean and well maintained their rooms and communal areas of the service are kept. Consumers report feeling safe and have free access in and around the service.

Management and maintenance staff described the preventative and reactive maintenance processes. Preventative maintenance is automated and overseen by management with reactive maintenance accessed through an electronic maintenance system and prioritised by maintenance staff.

The organisation has documented processes for maintenance, evacuation and hazard management to guide staff. Completed maintenance is recorded electronically, cleaning schedules are signed off manually by cleaning staff as the jobs are completed.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with requirement 5(3)(b).

# 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 confirmed sufficient staff were available to provide them with high quality care. Management and rostering staff described the rostering process and staff allocation across the facility. Staff confirmed there were sufficient staff and the organisation has policies and procedures to guide and assist management and staff in developing the roster. A master roster developed at the organisational level is used as the live site roster and adjusted to reflect the needs of the service. The organisation has clearly written guidelines for rostering staff in developing the roster and allocating staff to areas they are needed.

Management described the process for call bell analysis and investigation that takes place daily with a recent investigation related to an extended call back wait time.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with requirement 7(3)(a).

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)