Performance

Report

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| Name: | Arcare North Shore |
| Commission ID: | 5810 |
| Address: | 77 Main Street, Burdell Townsville, Queensland, 4818 |
| Activity type: | Site Audit |
| Activity date: | 4 June 2024 to 6 June 2024 |
| Performance report date: | 4 July 2024 |
| Service included in this assessment: | Provider: 1706 Arcare Pty Ltd  Service: 22878 Arcare North Shore |

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 North Shore (**the service**) has been prepared by Peter Wallner, 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 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 | |  |
| 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

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers and representatives said staff treated them with dignity and respect and were familiar with their background, identity, and culture. Staff demonstrated how they knew consumers and respected their identity, culture and diversity. Care plans detailed consumers' background, emotional and cultural needs. Staff were observed interacting with consumers in a respectful and calm manner. The service had a diversity and inclusion framework to guide staff practice.

Consumers and representatives said staff recognised and supported consumers’ cultural needs and preferences. Staff described how consumers’ cultural background and diversity influenced the delivery of their care and services. Care planning documents captured consumers’ specific cultural needs and preferences.

Consumers and representatives said the service supported them to make independent decisions about their care, including who was involved in it, and to maintain personal relationships. Staff described how they supported consumers to make independent choices about their care and services and maintain their relationships with family and friends. Care planning documents identified consumers’ independent care choices, including who else was involved in their care, and the significant relationships they wished to maintain.

Consumers and representatives said the service supported consumers to take risks, to live the best life they could. Staff were aware of the activities and choices taken by consumers involving risks and explained how they supported them to live the way they chose. Care planning documents showed evidence of appropriate risk assessment, including information about identified risks and relevant mitigation strategies. The service had written policies and procedure to guide staff in promoting consumers’ rights to maintain independence and take risks to live the way they chose.

Consumers and representatives said the service provided suitable information to enable them to make informed choices about their care and services. Staff described how they provided clear and current information to consumers, including those who had sensory or cognitive impairments. Information about upcoming events, activities, the menu and support services were displayed around the service.

Consumers and representatives said staff respected consumers’ privacy and kept their personal information confidential. Staff knew consumers’ privacy preferences and explained how they protected consumers’ privacy such as by knocking and waiting for permission to enter their rooms and logging off computers. Staff were observed respecting consumers’ privacy and maintaining confidentiality. The service had policies and procedures in place to guide staff in protecting consumers’ privacy and personal information.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said assessment and care planning, considered individual risks, and care and services were safe and effective. Management described how the assessment and planning process, ensure risks were identified and managed. Care planning documents confirmed assessment and care planning informed the delivery of safe and effective care and services and assessed risks to consumer’s health and well-being. The service had documented policies, procedures and validated clinical tools to guide staff practice in assessment and care planning.

Consumers and representatives said consumers’ care needs, goals and preferences were recorded, including their end of life wishes. Management and staff described how consumers’ current needs, goals and preferences, and their advance care wishes, were captured. Care planning documents contained consumers’ needs, and preferences and advance care plans.

Consumers and representatives said they were involved as partners in the assessment, planning and review of consumers’ care and services, along with other health care providers they wished to involve. Staff described how consumers, representatives and other providers were consulted in the assessment and planning process. Care planning documents confirmed consumers, representatives and other organisations and individuals were involved in the assessment and planning process.

Consumers and representatives reported being informed of the outcomes of care reviews, and confirmed they had been offered a copy of the care plan and knew they could request a copy at any time. Management described how consumers and nominated representatives were contacted regularly to discuss care and seek feedback about the care provided. Care planning documents showed outcomes of assessment and care planning were communicated to consumers and representatives in a timely and appropriate way.

Consumers and representatives confirmed consumers’ care and services were reviewed regularly, including when incidents occurred, or circumstances changed. Care plans showed evidence of regular reviews of their effectiveness, and reviews in response to a deterioration in health or change in circumstances. The organisation had policies and procedures to guide staff in reviewing care for effectiveness.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives said expressed satisfaction with the personal and clinical care which was safe, effective, and optimised their health and wellbeing. Staff knew consumers’ individual care needs and described how they delivered best practice personal and clinical care in line with consumer’s documented care plans. Care plans detailed safe and effective personal and clinical care tailored to each consumer’s needs, goals and preferences. The service had documented policies and procedures in place to support staff in providing safe and effective personal and clinical care tailored to consumers’ needs.

Consumers and representatives expressed satisfaction with how the service assessed and managed risks to consumers’ health and well-being. Staff described how they identified and assessed the high impact or high prevalence risks to consumers at the service, and the relevant risk mitigation strategies in place. Care planning documents confirmed the service was effectively monitoring and managing high impact and high prevalence risks to consumers.

Consumers and representatives said the service had discussed palliative care and end of life plans, and representatives expressed satisfaction with the palliative care provided by the service. Staff described how they discussed palliative care plans with consumers and representatives, and how they adjusted end of life care to maximise the comfort and preserve the dignity of consumers. Care plans detailed consumers’ end of life care wishes, and the service had written policies to guide staff in the provision of palliative care.

Consumers and representatives said a deterioration or change in a consumer’s condition was recognised and responded to in a timely manner. Staff described the processes for identifying and responding to a change in consumers’ condition. Care planning documents showed the service recognised and responded to a deterioration or change in consumers’ condition promptly.

Consumers and representatives said information about consumers’ condition, needs, and preferences was documented and communicated effectively between staff and others involved in providing care. Staff were aware of consumers’ current needs and preferences, and said they received up to date information during effective huddles, shift handover and by accessing the electronic care management system. Care planning documents provided adequate current information to support safe and effective care. Staff were observed being proactively updated on consumers’ condition and needs during shift handover.

Consumers and representatives said consumers had access to appropriate other providers of care and services, and the service provided timely referrals, when needed. Management and staff described the process for referring consumers to their medical officers, and other health care professionals, and how this informed their care delivery. Care planning documents confirmed the input of a range of external health professionals.

Consumers and representatives expressed satisfaction with the service’s infection prevention and control measures, and staff hygiene practices. Management and staff described the infection prevention and control practices and antimicrobial stewardship measures. The service had two infection prevention and control leads onsite, and documented policies and procedures to guide staff in infection prevention and control and antimicrobial stewardship.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives said the services and supports for daily living optimised consumers’ independence, well-being, and quality of life. Staff were aware of consumers’ needs, goals, and preferences for daily living, and described how they aligned the activities program with consumers’ interests and abilities. Care planning documents reflected the services and supports for daily living required by consumers to optimise their quality of life, health, wellbeing, and independence.

Consumers and representatives said consumers’ emotional, spiritual, and psychological needs were supported, and they could engage in meaningful and satisfying activities. Care plans included information on supporting consumers' psychological and emotional well-being. Staff knew consumers individually and could tell when they were feeling low, and explained different ways they supported consumers’ emotional, spiritual, and psychological well-being, such as providing religious services, activities, or spending one on one time with them. Care planning documents described how to support consumers’ emotional, spiritual, or psychological well-being.

Consumers and representatives confirmed consumers were supported to participate in activities in the community, do things that interest them, and maintain important relationships. Staff described how they supported consumers to maintain social and personal relationships, and do things which interest them, both within the service and out in the community. Care planning documents detailed the support consumers wanted to participate in the community, do things of interest, and maintain relationships. Consumers were observed participating in a range of activities, and socialising with other consumers and visitors.

Consumers and representatives said information about consumers’ condition, needs and preferences was communicated effectively between staff, and they do not have to repeat their preferences to multiple staff members. Staff demonstrated a good understanding of consumers’ condition, needs and preferences and explained how they communicated up-to-date information within the service, and with external providers involved. Care documents on the electronic care management system provided adequate current information to support safe and effective care and services for daily living.

Consumers were aware of lifestyle services available to them through external individuals and organisations and said the service provided timely referrals. Staff could describe how they involved external organisations and individuals to provide suitable services and supports to consumers. Care planning documents confirmed the service referred consumers to other providers of services and supports for daily living.

All consumers and representatives expressed satisfaction with the quality, quantity, and variety of meals provided. Staff were knowledgeable about consumers’ dietary needs and preferences which were accurately reflected in their care documents. Consumers had various avenues to provide input into the menu and give feedback about the meals, including through food focus meetings. Records showed an external food safety audit was completed on 17 May 2024. The dining experience was observed to be pleasant with consumers offered choices and assistance by staff and engaging in conversation with soft background music.

Consumers and representatives said the equipment at the service was safe, clean, and well-maintained. Staff said they had access to suitable equipment, which was kept clean and well-maintained. The service’s equipment appeared to be safe, clean, and 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

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers and representatives said the service environment was welcoming, easy to understand, and gave them a sense of belonging. Management and staff detailed features of the service that helped optimise consumers’ sense of independence and belonging. Consumers’ rooms were personalised, and the service had wide clear hallways, handrails, and clear signage to aid navigation.

Consumers said the service was clean and well maintained, and they could move around freely. Staff described the maintenance and cleaning processes and described how the service environment was kept safe, clean, and well maintained. Consumers were observed moving freely throughout the service and entering/exiting independently.

Consumers and representatives said the equipment, furniture and fittings in the service were clean, safe, suitable, and well maintained. Staff described effective processes in place for ensuring furniture, fittings and equipment was clean and well maintained. Furniture, fittings, and equipment appeared suitable, safe, 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

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives said they felt comfortable providing feedback or making complaints and management is approachable and responsive. Management and staff described the processes in place and how they supported consumers and representatives to provide feedback and make complaints in various ways. Information on how to make complaints, feedback forms and secure lodgement boxes were distributed throughout the service. The consumer handbook included information on making complaints.

Consumers knew they could make complaints externally and access advocacy services however, they said they had not needed to. Management and staff explained how they actively promoted external complaints avenues, language, and advocacy services in the welcome packs and through information around the service. The service arranged for representative from the Older Persons Advocacy Network to speak at the service, and displayed information on external advocacy and language services, and how to make complaints to outside organisations.

Consumers and representatives said the service responded to their complaints appropriately, and apologised if something went wrong. Management and staff detailed how they investigated and responded to all complaints, and practiced open disclosure when things went wrong. The service had written policies and procedures to guide staff in managing complaints, and the use of open disclosure. The complaint feedback register showed the service recorded and responded appropriately to complaints.

Consumers and representatives felt their feedback and complaints were reviewed and used to improve the quality of care and services. Management described how feedback and complaints were reviewed and used to inform improvements in the care and services. The complaint feedback register and the Continuous Improvement Plan confirmed feedback and complaints were used to make improvements at the service.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said there were enough staff to deliver safe and effective care and services. Staff said they had sufficient time to provide safe and quality care to consumers in line with their needs. Management described how the workforce was planned and rostered to meet the legislated requirements for care minutes and 24/7 nursing. Observations showed call bells were responded to promptly, staff were visible, rooms were clean and odour free, and consumers were well-groomed, clean and appeared to be comfortable.

Consumers and representatives said staff were kind, caring, and respectful of each consumer’s identity, culture, and diversity. consumers. Staff were observed interacting with consumers in a kind, caring and respectful manner.

Consumers and representatives considered staff were competent and had the knowledge to perform their roles. Management described how they ensured staff were suitably qualified and knowledgeable to effectively perform their roles. Role descriptions set out the responsibilities, knowledge, skills, essential and desirable qualifications, experience, competencies, behaviours and attributes. Records confirmed all staff met the minimum qualification, registration, and security requirements for their roles, prior to commencing employment.

Consumers and representatives said staff had appropriate training and support to deliver safe and effective care and services. Staff confirmed the organisation provided support, and both face to face and online training to enable them to provide quality care in line with the Quality Standards. Management detailed the ongoing education and support provided to staff including the mandatory training program.

Management described how the performance of staff was continually monitored and reviewed, including through probation reviews and then annual performance appraisals. Records confirmed staff performance was continually assessed and monitored, including through ongoing supervision, and addressing issues as they arise. Staff performance reviews were up to date in line with the organisation’s policy. The service had documented policies and processes for managing staff performance.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said the service was well run, and they were engaged in the development, delivery and evaluation of the care and services. Management explained various ways they encouraged consumers and representatives to be involved in the development, delivery, and evaluation of the care and services such as through the monthly resident community meetings, food focus group meetings, care plan reviews, consumer experience surveys, and feedback forms. Meeting minutes confirmed consumers and representatives were engaged in the development, delivery and evaluation of care and services.

Consumers said the service was well run, and they felt safe and well looked after. Management explained the organisational structure, governance systems, and reporting processes which enabled the Board to oversight the performance of the service, and ensure compliance with the Quality Standards. Management described how the Board promoted a culture of safe, inclusive and quality care. Records confirmed the Board received regular reports which enabled it to confirm compliance with the Quality Standards, initiate improvement actions, and monitor the standard of care and services. The organisation had established a Quality Care Advisory Body and a Consumer Advisory Board which provided written meeting reports.

The organisation demonstrated effective documented governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. Staff and management were aware of the governance systems and the associated policies and procedures, and how they supported compliance with the Quality Standards.

The service had effective risk management systems and practices related to the management of high-impact and high-prevalence risks to consumers, identifying and responding to abuse or neglect, supporting consumers to live their best lives, and managing and preventing incidents. Management and staff were aware of their responsibilities and demonstrated an applied understanding of how these policies related to their daily work.

The service had a documented clinical governance framework which included policies related to antimicrobial stewardship, minimising the use of restrictive practice, and practising open disclosure. Management explained how the organisation developed and delivered staff training on these topics. Staff demonstrated an understanding of these policies and procedures, and how they applied in the delivery of care and services.

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)