Performance

Report

**1800 951 822**

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| Name: | Arcare Oatlands |
| Commission ID: | 1065 |
| Address: | 23 Prindle Street, Oatlands, New South Wales, 2117 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 12 March 2024 to 13 March 2024 |
| Performance report date: | 22 April 2024 |
| Service included in this assessment: | Provider: 1706 Arcare Pty Ltd  Service: 10975 Arcare Oatlands |

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 Oatlands (**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 (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 28 March 2024.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 6** Feedback and complaints | **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 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.

Most consumers and representatives interviewed by the Assessment Team felt consumers were receiving safe and effective personal and clinical care. In particular, consumers and representatives provided positive feedback regarding personal hygiene care, behaviour support, and activities of daily living. The Assessment Team observed clinical records, staff practices, consumers, and the service environment which demonstrated care provided is best practice and optimises consumer health and well-being. For consumers sampled, safe and effective care was provided regarding post-fall management, skin integrity and wound management. In relation to complex care needs including diabetes management, catheters and stoma care, documentation for consumers sampled included fluid balance charting, vital signs observations, wound charting, and pain management. Clinical and care staff were knowledgeable regarding consumer needs and preferences in relation to their complex care.

However, the Assessment Team found recent medication incidents had occurred where consumers had been given the wrong medication, and the Assessment Team observed some poor staff practices regarding medication administration. The service had commenced action to improve medication administration practices prior to the Assessment Contact, and the provider’s response to the Assessment Contact report demonstrates the service has implemented further continuous improvement in response.

While the Assessment Team identified poor staff practices regarding medication administration, the service had identified this prior to the Assessment Contact, and has implemented continuous improvement action to improve practices. Overall, the service demonstrated that personal and clinical care provided to consumers is best practice, tailored to their needs, and optimising their health and well-being.

I find Requirement 3(3)(a) is compliant.

# 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)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. Two of the four specific Requirements have been assessed and found compliant.

Most consumers and representatives interviewed by the Assessment Team were aware of how to make a complaint and how to provide feedback to the service. Consumers and representatives felt supported to raise feedback and complaints. Management and staff interviewed described ways they support consumers and their representatives to provide feedback. On entry to the service, consumers and their representatives are provided with a handbook which provides details on ways to make a complaint or provide feedback, and monthly resident and relative meetings provide another forum for consumers and representatives to raise concerns and feedback.

Overall, the service demonstrated that appropriate action is taken in response to complaints, and open disclosure is being practised at the service. Most consumers and representatives who have given feedback or made a complaint said this has been addressed. For example, improvements to the laundry service and changes to drinks available at the service were made in response to complaints or feedback raised. There is organisational policy and procedure with guidance about complaint handling and open disclosure, and management practice was in line with this policy and procedure. Management advised they acknowledge feedback and complaints, inquire or investigate the issues using root cause analysis, involve the complainant and keep them informed. They said if things are found to have gone wrong, they apologise and explain the action they have taken to prevent the issue happening again. Complaint documentation reviewed by the Assessment Team confirmed this. However, the Assessment Team found that some verbal complaints raised were not included in the complaint register, and the action taken in response to complaints was not always evaluated for effectiveness. Training was provided during the Assessment Contact in response to these issues raised.

Overall, the service demonstrated effective systems to encourage consumers and representatives to provide feedback and complaints, and appropriate action, including open disclosure, is taken in response to complaints and feedback raised.

I find Requirement 6(3)(a) and Requirement 6(3)(c) is compliant.

# Standard 7

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| Human resources | |  |
| 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 |

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 and representatives interviewed by the Assessment Team provided mixed feedback regarding the knowledge and competency of staff at the service. Some consumers interviewed felt staff did not have appropriate knowledge on their care requirements, including to recognise and act when consumers are experiencing some deterioration in mood or condition, and regarding mobility requirements.

The service demonstrated a system for ensuring staff have qualifications relevant to the role, and orientation processes to develop staff knowledge and skills. Job descriptions reflect minimum qualifications, and staff qualifications are confirmed during pre-employment screening. There is a program of mandatory staff training and competency assessments, and additional training and support is provided to the staff on an ongoing basis. Monitoring and review processes take place to ensure staff are knowledgeable and skilled, including through clinical indicator analysis and observations of staff practices by management.

However, the Assessment Team found that not all staff had completed training and skill assessments deemed mandatory by the organisation. The service had identified this as an issue prior to the Assessment Contact and had been monitoring completion rates and taken action to improve these. Interviews with staff and observations by the Assessment Team identified some gaps in staff knowledge regarding emergency response, medication administration, and dignified and respectful practices.

The provider’s response to the Assessment Contact report provides some clarifying information regarding completion rates of mandatory training and assessments, and additional strategies implemented to ensure high compliance in mandatory learning. The service has engaged with consumers and representatives who provided negative feedback about staff competency to gain further information and take appropriate action in response. The provider’s response demonstrates the service has implemented additional strategies to ensure staff are competent and knowledgeable to provide high quality care and services to consumers. This includes improvements in training evaluation, communication processes, and additional criteria for medication administration roles.

While the Assessment Team found some gaps in staff knowledge and competency for their role, the service had commenced action to rectify some of these issues prior to the Assessment Contact, and has implemented significant strategies since the Assessment Contact to ensure staff are competent and knowledgeable to provide high quality care and services to consumers. I am satisfied the service has processes to evaluate the effectiveness of implemented continuous improvement to ensure gaps in knowledge and competency have been rectified. Overall, the Assessment Team found staff were delivering safe and effective care, and had processes in place to ensure staff have qualifications and knowledge relevant to the role.

I find Requirement 7(3)(c) is compliant.

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)