Performance

Report

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| Name: | Arcare Parkview Malvern East |
| Commission ID: | 3991 |
| Address: | 1287 - 1291 Dandenong Road, MALVERN EAST, Victoria, 3145 |
| Activity type: | Site Audit |
| Activity date: | 15 November 2023 to 17 November 2023 |
| Performance report date: | 15 December 2023 |
| Service included in this assessment: | Provider: 1706 Arcare Pty Ltd  Service: 16434 Arcare Parkview Malvern East |

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 Parkview Malvern East (**the service**) has been prepared by Denise McDonald, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others

# 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 said they were treated with dignity and respect which made them feel valued. Staff were observed treating consumers in a dignified and respectful manner. Policies, procedures and processes outlined consumers’ right to respect and dignity.

Consumers said care and services were delivered in ways which was safe for them. Staff gave practical examples of how consumers’ cultural needs were incorporated into the delivery of care and services. Care documentation reflected consumers cultural backgrounds, life history and care preferences.

Consumers said they were supported to decide on the way care is delivered and who they wished to be involved in their care decisions. Care documentation contained details of consumer’s nominated representatives. Staff understood consumer’s right to make their own decision and were knowledgeable of relationships the consumers wished to maintain.

Consumers stated they were supported to live life the way they choose and are able to take risks to maintain their independence. Staff described the mitigation strategies in place to support consumers decisions about risk taking. Policies on consumer choice guide staff.

Consumers confirmed they received up-to-date information about activities, meals, meetings and events. Staff described how they help consumers to understand information, to enable them to exercise choice. Posters and information on upcoming events were displayed on noticeboards.

Consumers felt their privacy was respected as staff knock on their door before entering their room. Staff demonstrated knowledge of how they collect, use, and communicate personal information to maintain confidentiality. Staff were observed knocking on doors, prior to entering and locking nurse’s stations when leaving.

# 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

Policies and procedures guide staff practice in the completion of assessments and the development of care plans. Staff understood how to assess and consider risks for consumers who enter and reside in, the service. Care documentation evidenced assessment was undertaken using validated tools and care plans included responsive strategies to minimise risk to consumers.

Consumers and representatives said they have had opportunities to discuss the consumer’s care preferences including for advance care and their end of life wishes. Staff said information on advance care planning is provided to consumers/representatives and discussed at entry. Care documentation was individualised and reflected consumers’ current goals and needs.

Consumers and representatives confirmed they, and their chosen health professionals, were regularly consulted during assessment and care planning processes. Staff reported they work together with consumers, representatives and health professionals to develop and review care documentation. Care documentation evidenced regular care conferences were held.

Consumers and representatives knew they could access the consumers’ care plan. Staff described process were in place to inform consumers and representatives of assessment outcomes. Care documentation evidenced staff offering copies of care planning information to consumers and/or representatives.

Policies and procedures guide staff to reassess consumer’s care needs annually with staff confirming reassessment and review of care plans, also occurred when changes were identified. Care plan evidenced routine review and staff confirmed care plans are audited 3 monthly to ensure they are current and effective.

# 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 confirmed consumers were receiving care, that was safe, right for them, and provided consistent with their needs and preferences. Staff understood the individualised personal and clinical needs of consumers, including for restrictive practices, pain and skin care. Care documentation evidenced care had been tailored to their needs of each consumer.

Consumers and representatives gave positive feedback on the management of high impact or high prevalence risks, with staff describing these as falls, weightloss and skin integrity. Care documentation evidenced management strategies were planned to minimise key risks and care directives had been followed. Policies and procedures guided staff practice in relation to high-impact or high-prevalence risk management.

Representatives, of a consumer who had recently passed away, said the EOL care provided was in line with the consumers wishes and the consumer was kept comfortable. Staff described how care changed for consumers’ nearing end of life, and advised external palliative care specialists were available, if needed. Care documentation evidenced, staff responded to care needs promptly and the consumers EOL symptoms were well controlled.

Consumers said staff respond quickly to changes and escalation occurs, including transfer to hospital, when required. Care documentation evidenced and staff advised, consumers were monitored routinely to detect changes to their condition. Policies and procedures guide staff to recognise signs of deteriorations and to ensure response is prompt.

Consumers and representatives said consumer’s care needs and preferences were effectively communicated between staff, and others involved in their clinical care. Staff said information relating to consumers’ conditions, needs and preferences was documented and available in the electronic care management system. Care documentation evidenced the input of medical and health professionals in the documenting of consumers care needs.

Consumers felt their referrals to other care or health providers was appropriate and were completed quickly. Staff gave practical examples of consumer referrals including for restrictive practices, behaviour, weight and nutritional support. Care documentation evidenced these referrals were undertaken promptly, with the consumer having been reviewed.

Consumers said staff practiced hand hygiene and wore personal protective equipment to prevent transmission of infection. Staff gave practical examples of strategies used, such as increasing hydration, to reduce likely infection and the need for antibiotics. Policies and procedures guide staff practice in antimicrobial stewardship (AMS), infection control and management of infectious outbreaks.

# 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 said, and care documentation evidenced, their independence is appropriately supported in line with their needs and preferences. Staff said consumers wellbeing and quality of life, were promoted through a variety of ways. Consumers were observed engaging in a various group and independent activities.

Consumers said their social, emotional, and psychological health is looked after. Staff said they have access to external pastoral support and counselling services, for consumers who need it. Care documentation detailed consumers’ emotional, spiritual, and psychological needs, as well as strategies on how to support consumer well-being.

Consumers said they participated in activities, within the service and community and they are supported to make and maintain social relationships. Staff gave practical examples of the variety of activities offered, including daily walks, weekly community bus trips and a get to know your neighbour program. Care documentation evidenced activities of interest and relationships important to consumers was known.

Consumers felt their information was effectively shared as those who cared for them understood their needs. Staff said they refer to care documentation stored electronically to access current information and changes to consumer supports were communicated through huddles and handover. Staff were observed accessing consumer information stored on the electronic care management system.

Staff demonstrated knowledge of a range of external service providers who consumers could be referred to for emotional and social support. Care documentation evidenced consumers referrals were progressed in a timely manner. Policies and procedures support staff to refer consumers to organisations, including volunteers, as required.

Consumers gave positive feedback on the variety, quality, and quantity of food they are served. Staff said the menu is reviewed by a dietician, consumers can request different meals, and have access to alternative options and fresh fruit. Care documentation reflected consumers current dietary preferences, allergies and needs. Staff were observed to follow food safety guidelines during meal preparation.

Consumers said equipment provided was suitable for them, clean, and well-maintained. Staff said equipment was regularly inspected to ensure operational integrity and safety and had access to equipment when they need it. Equipment used for activities of daily living was observed to be clean and in good working condition.

# 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 is welcoming and consumers felt at home as their rooms were furnished and personalised with their own belongings. Staff said this is the consumers’ home and they assisted in making it homelike, by hanging their artwork and photos for them. Staff were observed greeting visitors and consumers warmly.

Consumers said the service environment was safe, clean, well-maintained and they could move around as they wished. Consumers and staff described processes for reporting safety issues and confirmed these were attended to promptly. Consumers were observed to move between indoor and outdoor areas and using communal areas that were comfortably furnished.

Consumers and representatives said equipment provided was safe and clean. Maintenance documentation evidenced equipment and fittings was routinely inspected and serviced. Furniture, fittings and equipment were observed to be clean and in good, condition and, working order.

# 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 they felt safe and supported to provide feedback and make complaints and were encouraged to do so through the various means offered. Staff described processes followed should a consumer provide feedback and knew to escalate any issues of concern. Information on available complaints avenues was displayed, with feedback forms and lodgement boxes readily accessible.

Consumers were aware of external complaints and advocacy agencies. Staff demonstrated knowledge of how to access interpreter and advocacy services if these were needed. Consumer welcome packs contained information on external complaints, advocacy and language services and their posters were displayed on noticeboards.

Consumers representatives said concerns were responded to quickly. Staff gave practical examples of actions taken in response to things having gone wrong, which included the offering of an apology. Management advised, and complaint monitoring documentation evidenced, each complaint, including those lodged verbally with staff, were registered, and tracked through to closure.

Consumers and representatives advised their feedback is listened to and improvements have occurred as a result. Management discussed how feedback and complaints are collected, monitored, reviewed and trended to assist in improving care and services. Continuous improvement plans evidenced consumer feedback had generated changes to activities, meal service and shade available in external courtyards.

# 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

Consumers and representatives felt there were sufficient levels of staff, and their care needs were met, with their calls for assistance responded to in a reasonable amount of time. Staff stated they were resourced appropriately and able to meet consumer’s care needs. Rostering documentation evidenced, care minute targets had been met, a registered nurse is rostered continuously, and processes were in plan to fill unplanned leave.

Consumers said all staff were kind and caring. Staff advised they read consumer’s care plans to learn about their background and to build rapport with consumers. Staff were observed interacting with consumers in a kind and respectful manner.

Management advised all staff are screened to ensure they have the necessary qualifications and credentials prior to commencing employment. Management said staff undergo competency testing orientation and annually, including for medication administration, manual handling, and infection control practices. Personnel records evidenced monitoring of currency for professional registrations, criminal history checks and vaccination status.

Consumers and representatives felt staff were appropriately trained and had the required skills to perform their roles. Management advised staff are recruited through formal recruitment processes including reference checks and are required to complete training during orientation and annually thereafter. Education records evidenced the majority of staff had completed training modules on incident management including serious incidents, restrictive practices and emergency procedures.

Staff said their performance is monitored through competencies, annual performance appraisals, training, and general observations; Staff confirmed having undergone a formal appraisal in the previous 12 months. Management stated the service reviews and analyses internal audit results, surveys, and clinical data to monitor staff practice and 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

Consumers and representatives confirmed their participation in the evaluation of, and advised their suggestions, were used to change how care or services were delivered. Management stated various strategies were used to engage consumers including feedback forms, surveys, case conferences and meetings. Meeting minutes evidenced improvement to meal temperatures and the introduction of specific activities, based on consumer input.

Consumers felt they were safe and said the environment was inclusive and they were kept informed of the services operations. Staff confirmed a culture of safe, inclusive care was promoted by the Board, with training, policies and frameworks supporting this. Management said monthly reports, including clinical data, survey and audit results, were provided to the Board and were used to monitor the quality of care delivered.

Organisational governance systems for information management, financial governance, continuous improvement, feedback and complaints, regulatory compliance and workforce governance were effective. Staff confirmed changes to legislation were identified and communicated, information was up to date and where action was required, it was included as a continuous improvement. Documentation evidenced compliance with care minutes, through the allocation of additional funding and staff were onboarded appropriately.

An effective risk management system was in place, which balanced the rights of consumers to engage with risk and the need to manage risks of potential high impact and those of high prevalence. Staff understood their roles and responsibilities in monitoring for, reporting and managing any incidents, including where neglect or elder abuse, was alleged or had occurred. Management said they analyse incidents to identify issues or trends, with reports prepared for and distributed to the Board to inform if improvements were needed.

The clinical governance framework was effective as staff understood the principles of open disclosure, minimising restrictive practice and antimicrobial stewardship. Consumers confirmed staff knew to use open disclosure when things went wrong. Meeting minutes evidenced non-pharmacological strategies were used and prescribing was monitored to reduce microbial resistance. Staff demonstrated knowledge of how to minimise the need for restrictive practices including through behaviour support and evaluating its effectiveness.

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