Performance

Report

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| Name of service: | Arcare Peregian Springs |
| Service address: | 33 Ridgeview Dr Peregian Springs QLD 4573 |
| Commission ID: | 5374 |
| Approved provider: | Arcare Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 6 March 2023 to 8 March 2023 |
| Performance report date: | 10 April 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 Peregian Springs (**the service**) has been prepared by P Sherin, 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.
* the provider’s response to the assessment team’s report received 31 March 2023 acknowledging the assessment team’s report.
* Other information and intelligence held by the Commission in relation to this 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 said staff treat them well, and they feel valued and respected. Care planning documents contain individualised information about consumers’ religious, spiritual, and cultural needs and personal preferences. Staff were observed to interact with consumers in a respectful manner.

Consumers said staff know their individual backgrounds and what is important to them. Staff demonstrated knowledge of consumers’ cultural background and explained how they tailor care and services to meet individual needs. Staff receive mandatory cultural and diversity training to guide the delivery of appropriate care and services.

Consumers said staff support them to exercise choice and maintain their independence. Staff assist consumers to maintain contact with families via telephone and visitors can join consumers for meals. Staff were observed providing choices for meals and activities and being respectful of consumers’ decisions. Consumers were observed socialising amongst themselves and with their visitors around the service.

Consumers said staff support them to live the best life they can and provided examples of this. Management explained how consumers are supported to take risks through assessment, planning and consultation processes. Care planning documents evidenced consultation with consumers, representatives, and others in the assessment process and implementation of risk mitigation strategies for consumers who choose to take risks. The organisation has policies to guide staff in relation to supporting dignity of risk, choice, and decision-making.

Consumers said they are provided with timely information which is easy to understand and enables them to exercise choice. Staff described how they tailor their communication styles based on individual consumer needs, including relying on non-verbal cues and body language when communicating with consumers with cognitive impairment. The service provides various documents such as activity calendars and newsletters to communicate information to consumers.

Consumers said their privacy is respected. Staff provided relevant examples such as knocking on doors before entering consumer rooms and ensuring doors are closed when providing personal care. The electronic care management system was observed to be password protected. The organisation has a privacy policy which guides staff practice and sets out requirements related to the collection and safeguarding of consumer 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

Consumers said they are included in assessment and planning, and risks associated with their care needs are appropriately managed by staff. Care planning documents contained individualised information and strategies to manage risks to individual consumers’ health and well-being. Staff explained assessment and planning processes involve collaboration with consumers, representatives, clinical staff, and other providers of care to appropriately consider risks and implement strategies.

Staff demonstrated knowledge of consumers’ individual preferences and explained how they support consumers and representatives when discussing end of life planning. Care planning documents include information about consumers’ advance care and end of life wishes.

Staff described how they partner with consumers and representatives in the assessment and care planning process; this was confirmed by consumers and representatives. Care planning documentation evidenced an ongoing partnership with the consumer and others the consumer wishes to be involved in their care, including other health professionals and providers.

Consumers and representatives said staff speak with them regularly to provide information and updates. The outcomes of assessment and planning are documented under care plans, case conference notes and progress notes, and are accessible to staff and visiting health professionals. Care plans are readily available and offered to consumers and representatives if they wish to have a copy.

Care planning documents demonstrate care and services are regularly reviewed on a 6-month basis, or when circumstances change or incidents occur, in line with the organisation’s policy. Care planning documentation identifies, and consumers and representatives confirmed, staff communicate with consumers and representatives in a timely manner when changes occur. Staff advised case conferences are held every 3 months to discuss consumers’ care and services.

# 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 reported they felt consumers receive care, which is safe, right for them and tailored to their needs. The service has a range of clinical policies and procedures to guide staff practice in relation to personal and clinical care delivery including wound management, skin integrity and restrictive practices. Staff explained how they deliver safe and effective care, such as referring to policies and procedures, and undertaking training. Care planning documents reflected clinical and personal care is safe, effective, and tailored to individual needs and preferences. Where restrictive practices are in place, there is evidence of appropriate risk assessments, authorisations, behaviour support plans and regular monitoring and review.

Staff were able to describe the high impact and high prevalence risks for consumers such as falls, pressure injuries, behaviours of concern and choking risks, and strategies in place to manage these risks. Care planning documents demonstrate risks are considered using validated assessments tools and collaboration with multidisciplinary providers of care and services.

Staff explained the ways care and services change for consumers nearing end of life, and the practical ways they support consumers in palliative care to maximise their dignity and comfort. The service has palliative care work instructions to guide staff practice. Care planning documentation for consumers under the palliative care pathway identified relevant documentation in relation to end of life planning and advance care capturing their individual preferences.

Consumers confirmed staff are responsive to any changes in their health and condition. Staff described, and care planning documents reflected, appropriate actions taken in response to changes in a consumer’s health and condition. Policies and work instructions are available to guide staff in the timely identification and response to consumer deterioration.

Staff explained how they share information about consumers to guide clinical care and service delivery, such as via verbal and written handover processes. Observation of handover and review of documentation under the electronic care management system confirmed information about consumers, including changes, are recorded and shared within the service and with others where responsibility of care is shared.

Consumers and representatives confirmed they have access to medical officers, allied health professionals and other specialist providers as required. Staff provided examples of how they refer consumers to other health professionals and providers, and review of care planning documentation demonstrates timely referrals.

Staff described practices to minimise infection related risks and promote antimicrobial stewardship at the service. The service has appointed a trained infection prevention and control lead and utilises observations and spot checks to ensure staff adhere to appropriate infection prevention protocol. Hand washing stations are available throughout the service environment and staff were observed cleaning high touch point areas. The service has an outbreak management plan and infection control policies and procedures to guide staff practice.

# 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 considered lifestyle services meet their needs and preferences and help them to be independent. Lifestyle staff explained how activities are tailored to meet the diverse needs of consumers in various residential areas of the service. The service’s activity calendar is developed based on consumer input and offers a range of activities including but not limited to weekly bus outings, board games, art, exercise, men’s group, high tea, carpet bowls, bingo, and pet therapy.

Consumers said staff support their emotional, spiritual, and psychological well-being such as by supporting them to attend church services. Care planning documents identify individualised information to guide staff in supporting the emotional, spiritual, and psychological needs of consumers. Staff described how they refer consumers to a social worker who attends the service weekly.

Consumers advised they are supported to keep in touch with loved ones and do things of interest to them. Staff were aware of individual consumers’ interests and provided examples of how they support consumers’ social and personal relationships and community participation. Consumers were observed participating in activities, having meals together and spending time with their visitors.

Staff described how they share information about consumers through different avenues, such as via handover processes, written documentation in folders, notes under the electronic care management system and staff meetings.

Staff advised they collaborate with other organisations and groups to enhance consumers’ lifestyle experiences. The service has access to a group of volunteers who regularly visit and assist with on-site activities and bus outings. Care planning documents demonstrate referrals are completed for various external providers, such as for visits from a social worker where required.

Consumers expressed satisfaction with the meals provided stating they are of a suitable quantity and quality. Consumers said they can request alternative options if meal choices are not to their preference, and they are able to submit feedback such as via monthly food focus groups, which is considered. Care planning documents identify information related to consumers’ allergies, dietary requirements and preferences and staff were aware of these.

Consumers said, and observations confirmed equipment was safe, suitable, clean, and well-maintained. Staff confirmed they have access to adequate equipment to support consumers’ lifestyle needs.

# 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 said they feel comfortable and at home living at the service. Management explained how the service environment supports consumers’ function and interaction, such as through the provision of hearing loops in communal areas, ramp access, and courtyard access for consumers residing in the sensitive care unit. The service environment was observed to be clean, with wide, well-lit corridors and handrails. Consumers were observed using various areas throughout the service environment with ease.

Consumers said the service environment is clean and well maintained. Consumers were observed moving freely around the service, both indoors and outdoors. Staff explained the processes in place to identify and report any hazards or safety issues. The service utilises an electronic system for preventative maintenance. Review of the service’s reactive maintenance log identifies maintenance requests are actioned promptly.

Consumers confirmed they feel safe when staff use various equipment with them. Staff explained the processes in place to ensure the cleaning and maintenance of equipment. Review of documentation confirmed checklists, processes and systems are in place to ensure regular cleaning, maintenance, servicing and replacement of furniture and equipment.

# 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 said they feel comfortable raising concerns and providing feedback verbally to staff, by completing a feedback form or raising the matter at consumer meetings. Management and staff described the various avenues available for consumers and representatives to provide feedback and lodge a complaint, including anonymously should they choose to do so. Feedback and complaints forms and feedback boxes were observed available at reception and around the service. Information about feedback and complaints avenues is also provided under the service’s consumer handbook and newsletter. Consumers are encouraged to provide feedback during each consumer meeting.

Consumers and representatives confirmed they are aware of advocacy services and external mechanisms to make complaints. Management and staff demonstrated knowledge of the advocacy and interpreter services available to support consumers. Information on advocacy services and external complaints mechanisms is displayed in the service’s reception and included under the consumer handbook and feedback and complaints policy.

Consumers confirmed feedback and complaints are responded to appropriately. Review of documentation demonstrated complaints and feedback are recorded and responded to in an appropriate manner, including details of the investigation, proposed solution and outcome. Staff and management demonstrated knowledge of open disclosure processes, such as providing an apology when things go wrong.

Consumers provided examples of how the service responds to feedback and suggestions positively to implement improvements. Management and staff described various improvements underway or that have been actioned in response to feedback and complaints from consumers and representatives. The service’s continuous improvement plan demonstrates feedback is recorded and utilised to implement quality improvements.

# 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 said staff are available to provide care and services as per their needs. Staff reported staff numbers are adequate to provide safe and effective care. Management described how shift vacancies are filled using existing staff in the first instance, and agency staff as required. Review of call bell data demonstrated consumers’ calls for assistance are responded to in a timely manner.

Consumers said staff are kind, caring, respectful and gentle when providing care. Consumers reflected agency staff did not have the same level of familiarity with their personal needs and preferences, however, reported no impact to the care and services provided. Staff were observed to interact with consumers in a caring and respectful manner and demonstrated familiarity with their individual preferences such as calling consumers by their preferred name. Staff explained they referred to care planning documentation to guide the delivery of appropriate care and services, with respect to consumers’ identity, culture, and diversity. The Charter of Aged Care Rights was observed displayed throughout the service.

Consumers considered staff are capable and experienced. Management explained how they ensure staff are competent and capable in their role through mechanisms such as recruiting qualified staff, providing buddy shifts, ongoing supervision, and training. Staff said, and documentation confirms key responsibilities and competencies required for roles are documented. Human resource documentation demonstrated qualifications and registrations are in place and evidenced ongoing training and professional development.

Management advised, and review of training documentation confirms, staff are required to undergo mandatory training covering topics relevant to the Quality Standards, including but not limited to infection control, incident reporting, elder abuse, code of conduct and restrictive practices.

Management said staff performance is monitored and assessed via annual staff appraisals, ongoing supervision, and feedback from consumers and representatives. Review of documentation confirmed staff performance appraisals are regularly conducted.

# 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 said the service is well run and they are supported to provide feedback and suggestions which is considered. Management described various mechanisms to support consumer engagement in the development, delivery, and evaluation of care and services including a consumer committee, consumer and relative meetings, food focus groups and feedback forms.

Management advised the governing body and leadership team’s responsibilities and accountability for safe, inclusive, and quality care and service delivery are documented under policies and procedures. Regular reporting is submitted to the Board capturing information including but not limited to clinical indicators, complaints trends, incidents, and outcomes of internal audits. The organisation’s Board uses this information to identify the service’s compliance with the Quality Standards, to initiate improvement actions, to enhance performance and to monitor care and service delivery.

The service demonstrated organisation-wide governance systems to support effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints management.

The service has policies and procedures in place to guide staff in the management of high impact and high prevalence risks, supporting consumers to live the best life they can and managing and preventing incidents. Management described how incidents are analysed, used to identify risks to consumers, and to inform improvement actions.

The service has a documented clinical governance framework consisting of policies, procedures and work instructions covering topics including but not limited to antimicrobial stewardship, minimising the use of restraint, and open disclosure. Staff were aware of these policies and able to describe the application of these policies as relevant to their roles in a practical way.

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)