Performance

Report

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| Name: | Arcare Pimpama |
| Commission ID: | 5761 |
| Address: | 2 Halcyon Drive, PIMPAMA, Queensland, 4209 |
| Activity type: | Site Audit |
| Activity date: | 14 February 2024 to 16 February 2024 |
| Performance report date: | 15 March 2024 |
| Service included in this assessment: | Provider: 1706 Arcare Pty Ltd  Service: 23496 Arcare Pimpama |

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 Pimpama (**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.
* other information and intelligence held by the Commission in relation to the performance of 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 found Compliant, as:

Consumers confirmed staff treated them with dignity and respect, valued their diversity and took time to understand their backgrounds and values. Staff explained they respected consumers by seeking their consent when providing care, acknowledging their choices and becoming familiar with their backgrounds, life histories and individual needs. Care documentation evidenced consumers’ backgrounds and interests, diversity and cultural preferences.

Consumers and representatives confirmed care and services were culturally safe and consistent with consumers’ traditions and preferences. Staff gave practical examples of how culturally safe care was provided, such as using communication cards for consumers with limited proficiency in English. Care documentation evidenced consumers’ cultural needs and preferences, with strategies to guide staff in care delivery.

Consumers confirmed they were supported to be their own decision maker, had choice in how their care was delivered, who else was involved in their care and how they wanted to maintain relationships with people of importance to them. Staff gave practical examples of how they supported consumers to make decisions, such as asking for and respecting their care preferences. Care documentation evidenced consumers’ decisions about care delivery and how they wanted to maintain important relationships.

Consumers confirmed they were supported to take risks which enabled them to live life as they chose. Staff explained they met with consumers and representatives to discuss risks involved with their choices, conducted a risk assessment and developed strategies to promote their safety. Care documentation evidenced consumers were supported to take risks, such as sleeping through the night without staff checking on them.

Consumers confirmed they received timely information in ways which enabled them to make choices. Staff described means of communication with consumers, such as meetings and in-person, whereby the individual’s sensory impairments influenced how information was provided. Consumers were observed to have a copy of the current activities calendar in their rooms and care documentation evidenced their communication preferences.

Consumers gave practical examples of how their privacy was respected, such as staff closed doors when providing care. Staff explained consumers’ privacy was respected by seeking consent prior to entering their rooms and care discussions were held in private areas. Staff were observed respecting consumers’ privacy and accessing care documentation via a password protected electronic care management system (ECMS), located within secured nurse stations.

# 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 found Compliant, as:

Staff described the assessment and planning process and said risks to consumers were identified and included in care documentation, which informed how they delivered care. Care documentation evidenced assessment identified risks to consumers and responsive strategies were planned. The assessment and planning process guided staff practice in developing care documentation, in response to identified risks.

Consumers and representatives said they had advised staff of consumer’s preferences, including for advance care, and had discussed consumer’s end of life care wishes. Staff confirmed discussing end of life wishes with consumers and their representatives during the entry process. Care documentation evidenced consumers’ care needs, goals and preferences, and reflected their end of life wishes, where completed.

Consumers confirmed they, their representatives and other health care providers participated in care assessment, planning and review processes. Staff explained input from consumers, representatives and health care providers informed the assessment and planning of consumers’ care. Care documentation evidenced consumers, representatives, medical officers and allied health professionals were consulted routinely.

Consumers and representatives said information about consumers’ care was regularly shared with them and they were offered a copy of the care plan. Staff explained the outcomes of assessment and planning were shared with consumers and representatives in person, by phone and email. Consumers’ care documentation was observed to be readily accessible via the ECMS.

Consumers and representatives confirmed consumers’ care and services were reviewed regularly and in response to changes. Staff said consumers’ needs were discussed during quarterly case conferences and reviewed annually, or following a change in their condition, needs and preferences. Care documentation evidenced consumers’ care and services were reviewed regularly for effectiveness and when incidents occurred.

# 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 found Compliant, as:

Consumers and representatives confirmed the care consumers received was in line with their individual needs and their well-being was optimised. Staff were knowledgeable about consumers’ individual personal and clinical care needs and understood pain management, restrictive practices and how to maintain consumers’ skin integrity. Care documentation evidenced consumers received care that was safe, effective and tailored to their needs and preferences.

Consumers and representatives gave positive feedback about how the service managed risks associated with consumers’ care and services. Staff understood the high-impact and high-prevalence risks for consumers, such as falls, and explained how these were managed. Care documentation evidenced risks to consumers were identified and responsive management strategies were in place.

Care documentation, for a consumer who had recently passed away, evidenced they were kept comfortable through provision of regular comfort cares, pain management medications and they were supported by family, in line with their wishes. Staff understood how to care for consumers nearing end of life, to ensure their comfort and meet their needs and preferences. Policies and procedures guided staff in the provision of end of life care.

Consumers said staff promptly responded to deterioration or changes in their conditions and staff discussed planned management strategies with them. Staff explained when consumers’ conditions deteriorated, medical officers and allied health professionals were involved to ensure appropriate management strategies were in place. Care documentation evidenced deterioration in consumers’ conditions were recognised and responses were timely.

Consumers gave positive feedback about how information was shared, particularly as they did not have to repeat themselves during care delivery. Staff explained changes in consumers’ care and services were communicated during shift handovers and they accessed care documentation in the ECMS. Care documentation evidenced sufficient information about consumers’ conditions was shared with others who had responsibility for their care.

Consumers and representatives confirmed they had access to other health care providers and were promptly referred when required. Staff explained the referral process, which ensured consumers received the support they needed. Care documentation evidenced consumers were promptly referred to specialists and allied health professionals, when required.

Consumers and representatives gave positive feedback about how infection-related risks were managed and said staff practiced hand hygiene and used personal protective equipment. Staff understood infection prevention and control and described care strategies used to minimise consumers’ need for antibiotics. Policies and procedures guided staff in antimicrobial stewardship and infection control management, including what to do if there is an infectious outbreak.

# 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 found Compliant, as:

Consumers gave positive feedback about the supports for daily living and confirmed these met their needs and maximised their quality of life. Staff knowledge of consumers’ interests and daily living needs was consistent with their lifestyle plans. Care documentation evidenced consumers’ lifestyle preferences and activities they found enjoyable, such as community outings and musical performances.

Consumers and representatives confirmed consumers’ emotional, psychological and spiritual needs were supported by staff. Staff advised they supported consumers’ by facilitating connections with people important to them, arranging pastoral care and making referrals to counselling services when their mood was low. Care documentation evidenced consumers’ spiritual, psychological and emotional needs were known and support strategies were in place to meet those needs.

Consumers said staff supported them to access the community, participate in activities and spend time with family. Consumers were observed being invited to activities by staff, receiving visitors and leaving the service to socialise with family. Care documentation evidenced consumers’ continued community involvement and their important personal relationships.

Consumers and representatives said information about consumers’ daily living needs were effectively communicated, particularly as staff understood their dietary preferences. Staff explained changes in consumers’ care and services were communicated during shift handovers and they accessed care documentation in the ECMS. Care documentation evidenced information was accessible which facilitated sharing between those responsible for care delivery.

Consumers confirmed when additional support was needed, they were promptly referred to other organisations and service providers. Staff explained community and volunteer groups were engaged to offer religious services, present musical performances and spend one-on-one time with consumers. Care documentation evidenced collaboration with other organisations and individuals to meet consumers’ diverse needs.

Consumers said meals were enjoyable, portions served were sufficient and their dietary requirements were met. Staff had knowledge of consumers’ dietary needs and preferences and explained the menu was refined based on feedback gathered from consumers during meal services. Meal service was observed, and consumers appeared to enjoy the food and received timely assistance from staff, if required.

Consumers said they had access to clean equipment, such as personal mobility aids, which were well maintained. Staff said they were trained in how to use mobility aids and transfer equipment during care delivery, which supported consumers’ safety. Mobility aids and lifestyle equipment were observed to be clean, well maintained and suitable for consumers’ use.

# 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 found Compliant, as:

Consumers said the service environment was welcoming, easy to understand and they were supported to move around independently. Staff explained consumers were oriented to the service and encouraged to personalise their rooms with photographs, furniture and decorations. The service had directional signage which made indoors and outdoors easy to navigate and there were common areas where consumers could socialise with each other and visitors.

Consumers said the service was clean, well maintained and they could move freely between the indoors and outdoors. Staff described the cleaning and maintenance schedules, which evidenced tasks were completed as required. Consumers were observed to have free and easy access to both indoors and outdoors areas, including communal lounges and courtyards.

Consumers said furniture, fittings and equipment were safe, clean, well maintained and suitable for their use. Staff understood how to submit maintenance requests and said equipment was cleaned between each use. Furniture and equipment were observed to be clean, well maintained and the call bell system was in 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

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been found Compliant, as:

Consumers and representatives said they were encouraged to provide feedback and make complaints. Staff gave practical examples of how consumers provided feedback and complaints, such as in meetings and completing a feedback form. Posters and pamphlets visible in common areas promoted information about how consumers could provide feedback or make a complaint.

Consumers were aware of how to access external complaints supports. Staff understood the advocacy and language services available to consumers and understood how to access these, if required. The consumer handbook, posters and brochures promoted access to complaints mechanisms and advocacy services.

Consumers said when they made a complaint, staff resolved their concerns and implemented strategies to prevent reoccurrence of the issue. Staff understood the complaints management process and explained consumers received an apology, with their concerns resolved using open communication. Complaints documentation evidenced the use of open disclosure and the timely management of complaints.

Consumers gave practical examples of improvements made to menu choices, as to how their feedback and complaints were used to improve the quality of their care and services. Management advised complaints were trended and consumers were involved in the resolution process, so improvements made were to their satisfaction. The continuous improvement plan (CIP) evidenced feedback and complaints resulted in improvements to consumers’ care and services.

# 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 found Compliant, as:

Consumers and representatives gave positive feedback about staffing levels and said their needs were promptly met. Management explained staffing levels were determined according to consumers’ needs and the roster was adjusted to meet changing situations. Documentation evidenced staffing levels were sufficient, with call bell response times monitored so consumers’ needs were promptly met.

Consumers and representatives said staff were kind, caring and showed respect for consumers’ identities, cultures and diversity. Staff were familiar with consumers’ individual identities and described how these influenced care delivery for each consumer. Staff were observed interacting with consumers respectfully and gently as they assisted them during activities.

Consumers said staff were suitably skilled and competent in meeting their care needs. Management explained staff competency was determined through orientation and buddy programs, regular training in the Quality Standards, key competency assessments and ensuring professional registrations were current. Personnel records evidenced staff had position descriptions which required competencies and qualifications relevant to their roles.

Consumers and representatives gave positive feedback about staff training and said they were equipped to perform their roles. Staff confirmed they were provided with development opportunities and training in restrictive practices, open disclosure, infection control, the Serious Incident Response Scheme (SIRS) and the Quality Standards. Training records evidenced high rates of completion in topics such as clinical and personal care and the Code of Conduct for Aged Care.

Management advised and staff confirmed their performance was assessed and monitored during probation and annually thereafter. Management advised staff performance was continuously evaluated through observations and consumer feedback, with concerns addressed at the time rather than waiting for the annual performance appraisal. Personnel records evidenced all staff had completed their annual performance appraisal in the preceding 12 months.

# 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 found Compliant, as:

Consumers and representatives gave positive feedback about how the service was managed and said they were involved in the development, delivery and evaluation of care and services during meetings and care plan evaluations. Management explained a consumer advisory body gave feedback to the board of directors (the board) about their experiences at the service and contributed to continuous improvement activities. Meeting minutes evidenced consumers provided feedback about the menu, lifestyle activities and cleaning and laundry services.

The organisation’s board were accountable for service delivery and satisfied themselves the Quality Standards were being met through meetings with consumers and executive level staff, as well as analysis of audit results and reports about service performance. Management explained the board implemented a new incident management system to enhance reporting abilities and visibility of reports made to the SIRS. Meeting minutes evidenced the board monitored service performance through reports on clinical governance, workforce, regulatory changes, risk management, incidents, maintenance and continuous improvement.

The organisation had effective governance systems which supported information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. Management explained the governance systems, which were underpinned by policies, processes and systems to support compliance with the Quality Standards.

The organisation had effective risk management systems and practices related to managing high-impact or high-prevalence risks to consumers, identifying and responding to abuse and neglect, supporting consumers to live their best lives and managing and preventing incidents. Staff understood risks to consumers and described reporting responsibilities under the SIRS. Staff were guided by policies and processes in identifying and managing risks to consumers.

The clinical governance framework promoted antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something goes wrong. Management and staff understood antimicrobial stewardship, restrictive practices and open disclosure and described how these were applied in care delivery. Documentation evidenced a clinical governance framework was in place and understood by management and staff.

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)