Performance

Report

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| Name: | Arcare Point Lonsdale |
| Commission ID: | 3959 |
| Address: | 5 Knowles Grove, POINT LONSDALE, Victoria, 3225 |
| Activity type: | Site Audit |
| Activity date: | 13 December 2023 to 15 December 2023 |
| Performance report date: | 8 January 2024 |
| Service included in this assessment: | Provider: 1706 Arcare Pty Ltd  Service: 7105 Arcare Point Lonsdale |

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 Point Lonsdale (**the service**) has been prepared by P. Wallner, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, Consumers and representatives and others.
* other information held by the Commission.

# 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 and representatives said they were treated with dignity and respect and could maintain their individual identity and culture. Staff described how they treated consumers with dignity and respect and understood consumers’ diversity, personal circumstances, life story, and culture, which accorded with their care documents. The service had written policies, procedures and training to guide staff in providing care with dignity and respect.

Consumers and representatives confirmed the service provided care that was consistent with their cultural traditions and preferences. Staff identified consumers from culturally diverse backgrounds and described how they tailored care to meet the specific cultural needs and preferences of consumers.

Consumers and representatives said they could choose who they wished to involve in their care, how they wanted their care and services delivered, and were encouraged to make and maintain relationships, including intimate relationships. Staff responses and care planning documents confirmed consumer’s individual care choices, who else was involved in their care, and consumers’ important relationships.

Consumers and representatives said they were supported to take informed risks, to live the best life they could. Staff were aware of the consumers who took risks and supported their right to make independent choices which enhanced their quality of life. Care planning documents demonstrated risks were identified and assessed with agreed mitigation measures put in place.

Consumers and representatives said they were kept informed about their care and services by regular emails, phone calls and newsletters. Staff described various ways current information was communicated to consumers to ensure it was easy to understand, including by those consumers with poor cognition or sensory deficits. Staff said they also verbally inform consumers each day about all lifestyle activities and meal choices. Information was observed to be readily available in a clear and easy-to-understand way to support decision-making.

Consumers and representatives said their privacy was respected and personal information kept confidential. Staff described practical ways they maintained consumers’ privacy and dignity and how they kept their personal information secure. The service had written protocols in place to protect consumers’ privacy and training records demonstrated staff were trained in upholding privacy and confidentiality.

# 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 and representatives confirmed they were actively involved in assessment and care planning, and they were happy with the identification and management of risks to consumers’ well-being. Management explained how the admission procedure captured comprehensive care plans in the electronic care management system, including risks which were assessed through validated risk assessment tools. Care planning documents evidenced a range of health and lifestyle assessments being completed on entry to the service and on an ongoing basis.

Consumers and representatives said staff regularly engaged them in conversations about their care and services including discussing their advance care directive and end of life plans, if they wished. Management and staff were aware of individual consumer’s needs and preferences, including their advance care and end of life wishes. Care planning documents recorded consumer’s current needs, goals, and preferences, including up to date advance care plans.

Consumers and representatives reported feeling like partners in the assessment and planning of consumers’ care and services. Records showed consumers were involved in the initial and ongoing care plan review processes, which involved medical officers and other health professionals. Clinical staff explained the process for referring consumers to appropriate other health professionals and services with the consent of consumers or their representatives.

Consumers and representatives felt the service communicated effectively with them and they could easily access their care plans. Staff explained how they communicated assessment outcomes to consumers and said all care plans were accessible through the electronic care management system. The organisation had a comprehensive set of written policies and procedures to guide staff in communicating assessment and care planning outcomes.

Consumers and representatives confirmed they were involved in the review of care plans regularly, and when there was a deterioration or circumstances changed. Staff and management said care plans were reviewed 3 monthly or when health or care needs changed. Care planning documents evidenced regular review and updates with consumers and representatives.

# 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 received personal and clinical care that was safe, effective and tailored to their specific needs and preferences. Staff were aware of the individual personal and clinical needs of consumers, and this was consistent with their documented care plans. The service had policies, procedures and systems to support staff deliver safe and effective personal and clinical care, tailored to consumers’ needs.

Consumers and representatives felt high impact or high prevalence risks to consumers’ health were effectively managed. Staff and management explained the high-impact and high-prevalence risks relevant to consumers at the service and detailed the strategies in place to manage risks. Care documents showed evidence of effective assessment and individualised management of clinical risks.

Consumers and representatives confirmed consumers’ end of life wishes had been discussed with them and they were confident in the service’s end of life care. Staff understood consumers’ end of life care preferences and explained practical ways they maximised the dignity and comfort of consumers nearing the end of life. The service had documented clinical care policies related to the deterioration in health and palliative care.

Consumers and representatives said the service identified and responded promptly to deterioration or changes in consumers’ condition. Staff explain the escalation processes for a deterioration in condition including to a medical officer, when appropriate. Care planning documents and progress confirmed deterioration or changes in condition were responded to promptly in line with the organisation's clinical care policies.

Consumers and representatives said consumer’s current needs and preferences were effectively communicated between staff and others, to deliver the care they needed. Staff were aware of consumers’ current care needs through accessing up to date care plans and attending shift handovers. Staff were observed being informed about changes in individual consumer’s care needs at effective shift handover meetings.

Consumers and representatives advised the received timely and appropriate referrals to other health supports and services such as the medical officer and allied health professionals. Timely and appropriate referrals were evident in consumers’ care planning documents and staff interview responses.

Consumers and representatives expressed confidence in the infection prevention and control practices at the service and said COVID-19 was managed well. Management and staff understood the precautions to prevent and control infections and described steps they took to minimise the need for antibiotics. The service had an infection prevention and control lead and documented policies and procedures related to anti-microbial stewardship, infection prevention and control, and managing 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 and representatives were satisfied the services and supports for daily living met their needs, goals, and preferences and helped them maintain their independence, well-being, and quality of life. Staff showed a detailed knowledge of consumers’ needs and preferences for daily living, and this was consistent with care documents which captured their lifestyle choices and the supports required to do the things they wanted to do.

Consumers and representatives said their emotional and spiritual well-being was supported by the service. Staff described the services and supports in place to promote consumers' emotional, spiritual, and psychological well-being, such as religious services, visits, activities and staff spending one-on-one time with consumers. All consumers’ care plans outlined their emotional, psychological and spiritual needs, and strategies to meet these needs.

Consumers and representatives said they were supported to participate in their community within and outside the service, maintain social and personal relationships, and do things of interest to them. Staff described the supports in place for individual consumers to participate in the wider community and maintain personal relationships and this was reflected in care planning documents. A comprehensive activity program was observed on display in all communal areas and consumers were participating in various activities.

Consumers and representatives felt current information about consumers’ condition, needs and preferences was effectively communicated between staff and others that needed to know. Management and staff explained how they utilised the electronic care management system and shift handover meetings to ensure up to date information about consumers was shared effectively between staff and other health professionals providing care.

Consumers and representatives were satisfied the service provided timely referrals to appropriate other providers of care and services. Consumers’ care plans confirmed the service collaborated with other individuals and organisations providing suitable care and services. Management and staff explained there were established links to external service providers to ensure consumers had access to a complete range of services and supports.

Consumers and representatives said the meals had improved over the last 12 months and they were happy with the quality, quantity and variety. Meal service was observed to be calm and unrushed with consumers receiving appropriate assistance from carers in a dignified and timely manner. Staff knew consumers’ specific nutrition and hydration needs and preferences and said they could provide consumers with food and drink at any time outside standard mealtimes. Care plans and kitchen documents recorded consumers’ current dietary requirements and preferences and any changes were communicated effectively to the kitchen staff.

Consumers, representatives and staff said the equipment provided by the service was safe and suitable, and they knew how to report any issues which were attended to quickly and efficiently. Equipment was observed to be safe, suitable, clean, and well maintained.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers and representatives said the service environment was welcoming and optimised their independence, interaction, and function. Consumers said they could furnish their room and surroundings with personal items which made them feel at home. Representatives described being welcomed by staff when they visited and said they could use any of the common areas to have lunch, coffee and chat. Staff explained how they regarded the service as consumers’ home and consumers and visitors were observed socialising in various areas around the service.

Consumers and representatives said the service was clean, well-maintained, and comfortable to live in. Consumers and representatives said they could move freely around the service both indoors and outdoors. Staff explained effective maintenance and cleaning processes and the cleaning and maintenance schedules were up to date.

Consumers and representatives said the furniture, fittings, and equipment were safe, suitable, clean and well-maintained. Consumers and staff said maintenance requests were actioned promptly and equipment was cleaned between use. Furniture, fittings and equipment appeared safe, clean and suitable and maintenance logs were up to date.

# 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 knew how to provide feedback or make complaints and were supported to do so. Management and staff described ways they encouraged and assisted consumers and representatives to provide feedback and make complaints such as by assisting them complete the feedback forms. The compliments and complaints register demonstrated complaints and feedback were recorded and actions implemented in a timely manner.

Consumers and representatives were aware of external avenues for raising and resolving complaints and advocacy and translating services such as the Older Persons Advocacy Network. Staff and management described how they would assist a consumer to access translating and advocacy services, if required. Posters and leaflets about the Aged Care Quality Safety Commission, Older Persons Advocacy Network, the Charter of Aged Care Rights and suggestion boxes were displayed around the service.

Consumers and representatives said management and staff took appropriate action to resolve their complaints, including using open disclosure. Staff confirmed they had received mandatory training in open disclosure, and this was confirmed by training records. Feedback records showed complaints were investigated and actioned promptly, and an open disclosure process was implemented when things went wrong.

Consumers and representatives said feedback, and complaints were used to improve the quality of care and services. Management said they reviewed feedback and complaints daily to ensure prompt responses and capture improvement actions on the continuous improvement register. The complaints register, meeting minutes and the continuous improvement register confirmed feedback and complaints were used to improve the quality of 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

Consumers and representatives said there were enough staff, and they did not have to wait long for care and services to be provided when they pressed their call bell or asked staff for assistance. Staff said there were enough staff and they worked together to ensure consumers’ needs and preferences were met. Management explained the workforce planning which ensured an appropriate number and mix of staff. Records showed most call bells were responded to within the service’s target time and longer wait times were investigated. Staff were observed responding promptly and completing tasks or assisting consumers in a calm and efficient manner.

Consumers and representatives said staff were kind, caring and respectful and staff knew consumers’ personal likes, needs and preferences. Management said Code of Conduct training was a mandatory requirement for all staff. Staff were observed interacting with consumers in a kind, caring and personable manner.

Consumers and representatives were confident staff were sufficiently skilled and knowledgeable to meet their care needs. Management described how the organisation recruited and checked staff to ensure they had the necessary qualifications, knowledge and registrations for their roles. The training register confirmed mandatory core competencies were completed annually.

Consumers and representatives confirmed staff have the appropriate skills and knowledge to ensure the delivery of safe and quality care and services. Staff said they receive detailed orientation and training, including completing mandatory core competencies annually. The service had a suite of policies to support the recruitment and ongoing training of suitably skilled staff.

Consumers and representatives were happy with the quality of care provided and the performance of the staff. Management and staff detailed the performance appraisal processes which were completed over 3 stages and were up to date. The service has documented policies in place to support the monitoring and management of the performance of staff.

# 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 felt they were involved in the development, delivery and evaluation of their care and services through avenues such as case conferences, meetings, day-to-day feedback, surveys, and resident and relative meetings. Consumers and representatives said they saw changes as a result of their feedback. Management described how the service provided multiple opportunities for consumers and representatives to provide input into the operation of the service on an ongoing basis.

Consumers and representatives felt the service provided a safe, inclusive environment and was well managed. The service had a well-defined governance structure, which included a Board that promoted a culture of safe, inclusive, and quality care and services. The Board was actively involved and accountable for the delivery of care and services in accordance with the Quality Standards. The Board and the governance sub-committees analysed and discussed clinical indicators, quality initiatives and audit results during relevant meetings. The Board was consistently informed about the performance of all aspects of the service and maintained strong operational oversight.

Management detailed the effective organisation-wide governance systems which guided information management, continuous improvement, financial governance, the workforce, regulatory and legislative compliance, and feedback and complaints management.

Management and staff described the effective risk management systems and procedures in place related to managing high impact and high prevalence risks, identifying and responding to abuse and neglect, supporting consumers to live their best lives, and managing and preventing incidents. Consumers and representatives described how they were supported to live their best lives and staff confirmed they had received training in these areas.

The service had a documented clinical governance framework reflecting best practice clinical standards covering antimicrobial stewardship, minimising the use of restraint, and implementing an open disclosure process. Clinical staff described how they were supported with the training necessary to provide safe and effective clinical care.

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)