Performance

Report

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| Name of service: | Arcare Portarlington |
| Service address: | 80 Willis Street PORTARLINGTON VIC 3223 |
| Commission ID: | 3211 |
| Approved provider: | Arcare Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 18 April 2023 to 20 April 2023 |
| Performance report date: | 17 May 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 Portarlington (**the service**) has been prepared by   
D. 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; 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 17 May 2023

# 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 consumers were treated with dignity and respect. Staff were observed respecting consumers by using their preferred names and speaking politely to them and were guided by training, policies and procedures regarding respectful treatment of consumers.

Consumers and representatives confirmed care provided was consistent with consumers cultural practices, traditions and preferences. Staff described identifying consumers’ culture and practices at entry and during meetings, and supporting religious practices, tailoring support to consumers with dementia and using language tools to communicate with diverse consumers. Care documentation evidenced consumers’ religious, cultural and personal preferences.

Consumers said they were supported to make decisions, including choosing those involved in their care and if they wished to maintain relationships. Staff were knowledgeable of the relationships, consumers wished to maintain and their individual preferences, all of which were reflected in care documentation.

Consumers and representatives said consumers were supported to take risks to do what was important to them. Staff were knowledgeable of consumers who wished to undertake activities which presented potential risks and participate in risk training. Care documentation evidenced risk assessments, consultation with the consumer and representatives, mitigation processes and ‘dignity of risk’ agreements.

Consumers and representatives said they regularly received information through newsletters, phone calls, emails, consumer meetings or from noticeboards. Staff confirmed information was provided in various languages, enabling consumers and their representatives to be informed about service operations or changes to consumer care. Informative posters, brochures, activity calendars and menus were displayed throughout the service environment.

Consumers said their privacy was respected and staff confirmed knocking on doors to respect personal privacy and delivered personal and clinical care aligned to consumers’ need for privacy. Consumer information was secured in the service’s password protected electronic management system and hard copy consumer files were locked inside nurses’ 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

Staff described the assessment and planning processes used to deliver safe and effective care. Care documentation evidenced individualised risk assessment and mitigation strategies were planned, including those recommended by allied health professionals. Staff were guided by procedures and guidelines regarding care assessment and planning.

Consumers and representatives confirmed staff provided care and services aligned to consumers’ needs and preferences, including for end of life and as per their advance care plan. Staff described discussing end of life care with consumers at appropriate times and were aware of consumers’ palliative wishes. Care documentation reflected individualised needs, goals and preferences.

Consumers and representatives confirmed they were involved in the assessment, planning and review processes through formal conversations and regular feedback. Staff described collaborating with consumers and representatives during these processes and care documentation reflected involvement by those chosen by the consumer.

Consumers and representatives said outcomes of assessment and planning were communicated and they were offered copies of care plans. Staff confirmed consumers were frequently updated regarding their care and services. Care documentation was current, accurate and evidenced records of consultation with consumers and their representatives.

Consumers and representatives said the service was communicative regarding review and amendment of consumers’ care and services. Staff described exchanging information regarding changes to consumer care during shift handover and care documentation evidenced care plan review every 3 months, or in response to changing circumstances.

# 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 confirmed they received tailored personal and clinical care that optimised their health and well-being. Staff were knowledgeable of consumers’ specific care needs and tailored support. Care documentation evidenced consumers were receiving care that was safe, effective and tailored to needs and preferences, including for complex care. Staff were guided by systems, policies and processes to deliver best practice care for wounds, falls and skin integrity.

Consumers and representatives said care and services aligned with consumers’ needs and risks were appropriately managed. Staff described high-impact and high-prevalence risks and mitigation strategies and underwent regular training regarding prevalent risks identified among the consumer cohort. Care documentation evidenced identification, intervention and monitoring of risks using validated tools and consultation with allied health professionals.

Staff described supporting consumers during the palliative process in collaboration with specialist palliative services to ensure comfort, dignity and pain management. Staff said end of life care was initiated early to ensure availability of medications and supports at the required time, and care documentation evidenced consumers’ needs and preferences during the palliative process were met.

Staff described recognising and responding to signs of consumer deterioration, initiating clinical review or hospital transfer, informing representatives and updating care and services accordingly. Care documentation evidenced consumers were regularly monitored for cognitive and physical changes to which staff had promptly responded.

Consumers provided positive feedback regarding their care and services and confirmed staff exchanged information regarding changes to their condition. Staff confirmed communicating consumer information during handovers and meetings and within the electronic care management system. Staff and allied health professionals were observed sharing information regarding consumers’ condition and care needs.

Consumers and representatives gave positive feedback regarding appropriate and timely referrals made on consumers’ behalf. Staff were knowledgeable of referral pathways and appropriate selection of specialists suited to consumers’ individual needs. Care documentation reflected timely and appropriate referrals, including records of specialists’ input.

Consumers and representatives gave positive feedback regarding infection control practices. Staff confirmed undergoing training for infection control practices and were knowledgeable of appropriate antibiotic use. An adequate supply of personal protective equipment was observed, and staff were guided by an infection control lead, antimicrobial stewardship policies and infection control guidelines.

# 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 the service supported their preferences, including if they wished to undertake independent activities. Staff were knowledgeable of consumers’ individual needs and preferences which were identified during assessments or through consumer feedback. A monthly lifestyle program reflected activities tailored to consumers’ interests and personal history.

Consumers said the service supported their spiritual, emotional and psychological well-being. Staff identified consumers’ background, values and beliefs to inform delivery of meaningful care and services, and described providing one to one support, when required. Care documentation evidenced consumers’ spiritual needs and the service’s responsive support strategies.

Consumers said they were supported to undertake activities within the service and community and to maintain relationships. Staff described consumers participating in group or individual activities aligned to their interests and visitors were observed accompanying consumers out to the garden or the service’s café. Care documentation evidenced consumers’ preferred activities which staff would reference when developing the lifestyle calendar.

Consumers said staff effectively communicated their condition, needs and preferences and care received indicated staff understood their needs. Staff confirmed communicating consumer information between care and catering staff to ensure dietary needs were met and information shared between care and clinical staff during handovers and through the electronic care management system. Staff were guided by information sharing policies and procedures.

Consumers said they were connected to external support services and care providers. Staff confirmed engaging volunteers for individualised consumer support or to provide group entertainment such as comedy shows. Results from a recent consumer survey evidenced respondents were satisfied with all lifestyle activities provided.

Consumers said meals were varied, of suitable quality and quantity and could provide feedback directly to staff, through surveys, meetings or feedback forms. Staff confirmed changes were made in response to most feedback and menus reflected a variety of available options reviewed by a dietician. During meal service, staff were observed discussing options with consumers and assisting, where required.

Consumers said they felt safe using provided equipment which was suited to their needs. Staff said shared equipment was cleaned after each use and staff promptly attend to maintenance requests. Documentation evidenced preventative maintenance undertaken and mobility equipment was observed with recent service tags.

# 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 the service was welcoming, easy to navigate and gave a sense of belonging and independence. The service environment included wide hallways, signage, sufficient space and seating in communal areas, a movie room and a café. Consumer rooms were observed decorated with personalised items such as photographs and decor.

Consumers and representatives said the service was clean, well-maintained and comfortable. Consumers were observed moving freely between internal and external areas, and staff confirmed scheduled cleaning of consumer rooms, kitchen areas and laundries. Staff were guided by policies, procedures and schedules regarding maintenance and cleaning.

Consumers said equipment was well-maintained, safe and clean. Observations confirmed kitchen areas were clean and free of clutter, staff were wearing appropriate personal protective equipment and a register evidenced recent furniture and fitting maintenance.

# 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 were aware of feedback and complaint processes and felt comfortable using them. Staff were knowledgeable of the feedback and complaint processes available, including feedback forms, and assisted consumers, if required. Posters and brochures displayed throughout the service provided consumers with information regarding feedback and complaint processes.

Staff described providing information to consumers regarding advocacy and language services, to assist making a complaint, at entry, during care consultations or meetings. Brochures, posters and consumer handbooks detailing advocacy and translation services informed consumers of the available processes.

Most consumers and representatives said appropriate action was taken in response to their complaints and open disclosure was practiced. Staff confirmed participating in open disclosure training and were knowledgeable of the associated principles. A register evidenced lodgement of, and appropriate action taken in response to, feedback and complaints, including the use of open disclosure.

Consumers provided positive feedback regarding improvements made in response to their feedback or complaints. Documentation evidenced feedback and complaints were registered, reviewed and used to inform changes or improvements to care and services, resulting in positive outcomes for consumers.

# 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 provided mostly positive feedback regarding staffing numbers, as their care needs were being met, however noted there could be additional staff. Staff said workforce numbers were sufficient and assistance was provided from other areas of the service in response to unplanned leave. Call bell data evidenced response times within the service’s expected timeframes.

Consumers and representatives said staff were kind, caring and gentle when delivering care to consumers. Staff described consumers’ needs and preferences which aligned with care documentation and were observed interacting with consumers in a kind manner. Staff were guided by policies describing the service’s expectations in relation to appropriate conduct.

Consumers and representatives said staff were sufficiently skilled to meet consumers’ needs. Staff confirmed qualifications were checked during recruitment processes, position descriptions evidenced required skills, registrations and security clearances for current for all staff.

Management confirmed staff underwent mandatory annual training for manual handling, infection control and serious incidents. Staff said they were provided adequate training and resources to perform their roles. Records evidenced a high proportion of staff had completed mandatory training and further training was available in response to trending incidents.

Staff participated in annual performance appraisals and management described further evaluating staff performance through observation, consumer surveys, feedback and complaints, and processes to address underperformance. Personnel records demonstrated annual appraisals were completed as scheduled.

# 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 confirmed their involvement in the development and delivery of care and services which management confirmed occurred upon entry, during care consultations, at meetings and through monitoring and consumer feedback. Consumer meeting minutes reflected involvement by consumers and representatives.

The organisation’s governing body was accountable and promoted a safe culture by guiding the service with policies and procedures and developing clinical and quality governance frameworks. The service routinely reported clinical data to the governing body and monitoring tools were observed to analyse data to inform safe and inclusive care and services.

The service had an established suite of systems and processes to support information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. The organisation’s systems and processes complied with relevant legislation and the service made improvements based on consumer feedback and complaints recorded in the continuous improvement plan.

A systematic approach was used for the management of high-impact and high-prevalence risks and consumers who wished to take risks were appropriately assessed, documented and reviewed. Staff were knowledgeable of procedures to manage and mitigate risk, including the use of a tool to report, review and respond to incidents. Staff have been provided with training on management of serious incidents to ensure timely reporting.

A clinical governance framework, policies and procedures ensured staff understood the processes to enable delivery of safe, quality care. Staff were knowledgeable of antimicrobial stewardship, using restrictive practices as a last resort, and the principles of open disclosure, and had completed relevant training.

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)