Performance

Report

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| Name of service: | Performance report date: |
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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 Sanctuary Manors (**the service**) has been considered by James Howard, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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; and
* other information and intelligence held by the Commission in relation to 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 | | Compliant |
| 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 confirmed they are treated with dignity and respect, with their identity, culture and diversity valued. A review of training records by the Assessment Team showed staff completed the service’s training modules in dignity, respect and diversity.

Consumers and representatives indicated the care and services provided to consumers were culturally safe and provided examples of how the service supported them to engage in cultural and religious activities of significance. Care planning documentation showed the service captured individualised information relating to consumers’ religious, spiritual, and cultural needs and personal preferences.

Consumers and representatives advised they were supported to exercise choice and independence, had the ability to make their own decisions and maintain personal relationships. Care planning documentation reflected consumers’ dignity and choice to involve their family members in making decisions regarding their care.

Staff described activities that consumers engaged in that contained an element of risk, and how consumers were supported to understand the benefits and possible harm of these activities. Consumers and representatives were satisfied they were supported by the service to take risks and live the best lives possible.

The Assessment Team observed information displayed throughout the service, which advised consumers of menu choices, advocacy and translation services, and other information. Consumers and representatives stated the management and staff provided timely information in a variety of ways, which allowed them to make informed decisions regarding their care and services.

Staff described the practices used to maintain consumers’ privacy when providing care and how computers were password protected to ensure the confidentiality of consumer information. The Assessment Team observed staff knocking on consumer’s doors and awaiting a response prior to entering.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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 involved in the assessment and planning process, and the care delivered met consumers’ needs. Management described how the service used assessment and planning processes to inform how it delivered safe and effective care. This included baseline assessments and focused assessments for consumers, which enabled staff to deliver safe and appropriate care.

Care planning documentation detailed consumers’ current needs, goals and preferences, including end-of-life directives. Consumers and representatives felt the service delivered care that suited their needs and were confident the service would provide end-of-life care in line with their goals and preferences.

Consumers and representatives stated they were involved in their care planning and the service invited them to care conferences to discuss their care and services. Care planning documentation showed the service referred consumers to allied health professionals and medical officers when required.

Care planning documentation was readily accessible to staff delivering care and visiting health professionals had access to consumer documentation relevant to their roles.

Care planning documentation confirmed care plans were reviewed on a regular basis and when consumers’ circumstances changed, or incidents occurred. Management advised consumers’ progress notes and clinical incidents were monitored daily to identify any areas for follow up and referral.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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

Care planning documentation showed care for consumers was safe, effective and tailored to their specific needs and preferences. The organisation had guidelines in place which supported best practice care, including the minimisation of restraint and the promotion of a restraint-free environment.

Management described high impact and high prevalence risks for consumers at the service, which included falls, pressure injuries and infection-related risks. Care planning documentation identified the risks associated with consumer care and the processes in place to manage and monitor those risks.

Consumers and representatives expressed confidence that when consumers need end-of-life care, the service will support them to be as free as possible from pain and to have those important to them around them. Staff described the ways in which care delivery changed for consumers requiring end-of-life care and the practical ways in which they maximised consumers’ comfort.

Staff at the service recognised and responded to deterioration or changes in consumers’ health in a timely manner, as confirmed by care planning documents reviewed by the Assessment Team. Staff were guided by policies and work instructions that supported staff to recognise and respond to deterioration or changes in consumers’ conditions.

Consumers and representatives were satisfied that their needs and preferences were accurately communicated between staff, which resulted in them receiving the care and services they required. A review of care planning documentation and progress notes showed staff notified a consumer’s medical officer and representative when a consumer experienced a change in condition.

Consumers and representatives confirmed they had appropriate access to medical officers, allied health therapists and other professionals. Staff demonstrated how, when a referral was made, they created an electronic record for the referral and documented it on the consumer’s file.

Staff described the precautions taken to minimise infection related risks for consumers, such as hand hygiene, wearing personal protective equipment when providing personal care, changing face masks regularly or when they inadvertently touched them. The Assessment Team observed hand sanitiser throughout the home being used by visitors, and staff washing their hands when leaving consumers’ rooms.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 indicated consumers felt supported to engage in activities of their choice. Care planning documentation contained individualised and specific information relating to the interests of consumers.

Care planning documentation included information about the emotional, spiritual and psychological needs of consumers and the strategies in place to support these needs. Staff described how they supported consumers to undertake activities which promoted their spiritual and psychological well-being.

Care planning documentation contained information about consumers’ interests and detailed the supports that assisted consumers to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and do the things of interest to them. The Assessment Team also observed consumers participating in group and individual activities, sharing meals together and receiving visitors.

Consumers and representatives were satisfied information about their needs and preferences was communicated appropriately between staff at the service. The Assessment Team observed a shift handover and confirmed staff were advised of any relevant information related to services and supports.

Consumers stated they were supported by other support services and providers of other care and services. A review of care planning documentation demonstrated referrals were made to other services and organisations, which supported consumers to engage in activities and enhanced their well-being.

Consumers provided positive feedback regarding the quality and quantity of the meals provided. Staff demonstrated a shared understanding of consumers’ dietary needs and recognised the importance of consumers enjoying their meals.

The Assessment Team observed that, where provided, lifestyle and activities equipment appeared appropriate and well-maintained. A review of hazard reports and proactive and reactive maintenance logs demonstrated the service monitored equipment to ensure it was safe, suitable, clean and well-maintained.

## Standard 5

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| Organisation’s service environment | | Compliant |
| 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 felt a sense of belonging in the service and considered it to be a nice place to live. The service environment was welcoming and easy to navigate.

Consumers confirmed they were able to freely move throughout the service, both indoors and outdoors. Staff followed a cleaning schedule and staff across all areas of the service could explain how they reported any maintenance required.

Maintenance staff advised mobility equipment, such as hoists and chairs, was checked and serviced regularly to ensure the equipment was safe and fit for use and was cleaned by staff between each use by consumers. The Assessment Team observed the furniture, fittings and equipment at the service were safe, clean and well-maintained.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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 advised they felt comfortable with raising concerns, verbally providing feedback to staff, completing feedback forms, or providing feedback in consumer meetings. The Assessment Team observed feedback forms and a feedback box were located near the reception area, next to a sign inviting feedback and providing information on advocacy, interpreter services and external complaints.

Consumers and representatives reported they were informed about how to access advocacy, interpreter and legal services, as well as external complaints through the Arcare Community Handbook. The Assessment Team observed information on advocacy, interpreter, legal, and external complaints services were available near the front entrance to the service.

Management and staff understood the complaints management process, such as documenting and resolving complaints and using an open disclosure process, which included open communication and providing an apology when things went wrong. Consumers and representatives felt the service responded to their complaints appropriately and practiced open disclosure when dealing with complaints.

Management and staff provided examples of service improvements made in response to feedback and complaints the service received from consumers and representatives. Consumers and representatives were confident feedback and complaints were reviewed and used to improve the quality of care and services.

**Standard 7**

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| Human resources | | Compliant |
| 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 indicated there were adequate staff at the service and staff responded to call bells in a timely manner. A review of the rosters and other documentation demonstrated the service had sufficient staff to fill shifts and to deliver safe and quality care and services.

Consumers and representatives advised workforce interactions were kind, caring and respectful of each consumer’s identity, culture and diversity and this feedback was consistent with observations made by the Assessment Team. Staff used communication cards to converse with linguistically diverse consumers.

Management advised the service ensured the workforce was competent and had the qualifications and knowledge to effectively perform their roles through a variety of methods, such as through their staff selection criteria during the recruitment process, the service’s induction and orientation program and annual performance appraisals. A review of documentation demonstrated staff have appropriate qualifications, knowledge, and experience to perform their duties.

A review of staff training records showed staff completed training regarding infection control, personal protective equipment, restrictive practices, the Serious Incident Response Scheme (SIRS) and incident management. Consumers and representatives were satisfied staff were adequately trained and equipped to perform their roles.

Management and a clinical staff described the way performance appraisals occurred, this description was consistent with a review of staff records and documentation pertaining to staff performance. Management advised staff performance was monitored through annual performance appraisals and a spreadsheet was used to monitor the timeliness of reviews.

**Standard 8**

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| Organisational governance | | Compliant |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

## Findings

Consumers and representatives confirmed they were engaged in the development, delivery and evaluation of care and services. Management advised feedback received from consumers was included within the monthly quality reports, which were discussed in the service’s consumer engagement committee meetings.

Management described how the governing body was involved in the delivery of care and services via the Clinical Governance Committee and the Quality and Safety Team, which provided reports to management and the Board. A review of the terms of reference for the Clinical Governance Committee showed the committee provided oversight and assurance to the Board and there was a robust framework for the management of key quality and safety issues.

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

The service had a risk management framework in place, which ensured current and emerging risks were identified and mitigated. Management and staff described the processes used to identify and manage high impact and high prevalence risks, prevention of abuse and neglect, and incident management.

The organisation had a clinical governance framework in place that included policies, procedures, service delivery practices, and staff training requirements for antimicrobial stewardship, medication administration, restrictive practices and open disclosure. Management and staff identified and described the various forms of restrictive practices and outlined the importance of dignity of risk assessments, and how restraints were to be used as a last resort.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)