Performance

Report

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| Name: | Arcare Seven Hills |
| Commission ID: | 5771 |
| Address: | 41 Griffith Place, Seven Hills, Queensland, 4170 |
| Activity type: | Site Audit |
| Activity date: | 6 February 2024 to 8 February 2024 |
| Performance report date: | 10 March 2024 |
| Service included in this assessment: | Provider: 1706 Arcare Pty Ltd  Service: 27279 Arcare Seven Hills |

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 Seven Hills (**the service**) has been prepared by Katherine Richards, 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 consumers, representatives, staff, management, and others; and
* the Approved Provider’s response to the Assessment Team’s report received 7 March 2024.

# 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 assessed as compliant.

Consumers and representatives said staff made consumers feel valued as individuals and treated them with dignity and respect. Staff spoke of consumers in a respectful manner whilst demonstrating awareness of backgrounds, life stories, and preferences. Care planning documentation reflected the diversity, background, and preferences of consumers. Policies and mandatory training on diversity, respect, and dignity outline the commitment to support diversity and inclusion.

Staff detailed how consumers’ cultural needs influenced the delivery of care and services, aligning with information within care and services plans. Consumers and representatives said cultural backgrounds, needs, and preferences were understood and considered within care, with customs recognised and supported. The cultural diversity policy and training informed staff on delivery of culturally safe care and services.

Consumers said they were supported to maintain relationships and make decisions about care and who is involved, and choices are respected by staff. Care planning documentation identified individual choices on care delivery, who is involved, and important relationships. Staff said they encourage independence and choice, listen to preferences, and provided practical supports to maintain relationships through coordinating video calls or visits.

Staff demonstrated awareness of risks taken by consumers, explaining assessment processes to safely support the consumer. Consumers said they felt supported to take risks to maintain their independence. Care planning documentation included dignity of risk documentation for consumers taking risks, demonstrating discussion of risks, and agreed mitigation strategies.

Consumers and representatives said information is tailored to consumers’ communication needs, adapting for language or sensory needs, and is sufficient to inform choice. Staff described how they shared information through meetings, filers, notice boards, verbal reminders, and announcements, with consideration of consumers’ communication needs and preferences. Information on menus, activities, and feedback pathways were displayed throughout the service, and activity calendars observed within consumer rooms. Kitchen staff said photographs of meals are shared with consumers to support understanding of options.

Policies and protocols informed staff obligations in relation to consumer privacy and confidentiality. Consumers said privacy was respected, with staff knocking on doors and ensuring care was delivered in private. Consumer’s personal information was secured through password protected computers and/or locked within 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

This Quality Standard is assessed as compliant as 5 of the 5 Requirements have been assessed as compliant.

Staff explained care planning processes, including how risks were considered and used to inform strategies for safe and effective care. Care planning documentation evidenced consideration of individual risks and tailored management strategies. Schedule of assessments for development of an initial care and services plan were embedded in the electronic care and management system, with management explaining consultation processes to ensure information was reflective of consumer needs.

Management and staff outlined how assessment and planning captured consumers’ individual needs, goals, and preferences, along with the approach to discussing end-of-life wishes. Care planning documentation included consumer needs and preferences, with information aligned to consumer and staff feedback. The Statement of choice document captured advance care directives and/or end-of-life wishes, and staff said this information is reviewed periodically to ensure information still meets needs, goals, and preferences.

Consumers and representatives described how they were involved in assessment and planning processes and were aware of other providers involved in their care. Staff explained the process to partner with consumers, representatives, and other providers in assessment and planning. Care planning documentation reflected involvement of consumers and those the consumer wished to have involved, and other providers, in line with policies and procedures.

Consumers and representatives said they received regular communication about care and services, staff explained things if needed, and a copy of the care and services plan was offered following scheduled reviews. Management and staff explained processes to maintain communication with consumer and representatives about assessment and planning and following reviews, within face-to-face and telephone conversations or by email. Care planning documentation demonstrated assessment and planning outcomes were recorded, and summary care plans easily accessible.

Care planning documentation demonstrated regular reviews to ensure ongoing effectiveness of care and services, including through routine 3-monthly reviews or following incident or change of circumstances, with management strategies adapted when required. Consumers and representatives said they were informed of the outcomes of evaluations. Staff explained monitoring processes to identify change of circumstances and outlined routine review processes.

# 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 assessed as compliant.

Staff demonstrated awareness of best practice principles documented within policies and procedures in relation to sampled areas of care. Care planning documentation included assessments and strategies demonstrating care was tailored to each consumer’s needs and preferences, with monitoring processes for safety and effectiveness. Furthermore, documentation demonstrated involvement of specialist practitioners to ensure provided care was best practice to optimise health and well-being.

Consumers and representatives said risks associated with consumer care were understood, with mitigating strategies implemented. Staff were aware of high impact or high prevalence risks for consumers, and out describe how these were managed. Management described monitoring and oversight processes to identify and address emerging risks for consumers.

Staff explained how they recognised consumers nearing end-of-life and adapted care to maximise comfort, manage symptoms, and preserve dignity. Policies informed care, focusing on comfort measures and honouring end-of-life wishes. Care planning documentation demonstrated consumers identified as palliative were commenced on an end-of-life pathway, with non-essential medications ceased and comfort measures initiated, including commencement of medications to manage symptoms.

Consumers and representatives said deterioration or change of consumer condition was recognised, with responsive action and strategies implemented and communicated. Staff said knowing consumers well aided in detection of change, outlining signs they monitored for and escalation pathways for management. Policies and procedures outlined management of acute deterioration of health.

Consumers and representatives said information about consumers was known by staff and visiting providers, avoiding need to repeat information. Staff outlined how information was communicated through meetings, handover, and documentation. Care planning documentation included sufficient information to inform delivery of care.

Consumers and representatives said, and documentation verified, referrals to other providers were timely and appropriate to consumer needs. Staff explained referral processes and responsibilities, depending upon the referral being made.

Consumers and representatives described staff actions to minimise transmission of infection, such as hand hygiene, use of personal protective equipment, and entry screening processes. Staff explained principles of antimicrobial stewardship, ensuring antibiotics were commenced following appropriate pathology or directives. Mechanisms to manage and minimise infections included appointment of an Infection prevention and control lead, policies, procedures, and an outbreak management plan.

# 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 assessed as compliant.

Care planning documentation outlined services and supports provided to meet consumer needs and preferences. Staff explained assessment processes to understand needs and preferences.

Consumers and representatives said emotional, spiritual, and psychological well-being was considered and supported, giving examples of church services and mental health counsellors coordinated to meet consumer needs. Staff said they recognise and report low mood, and could coordinate visits, specialised services, or peer support sessions.

Consumers said they were supported to maintain relationships and engage in activities of interest, within the service or in the broader community. Staff identified how consumers were supported to engage within the community through walks and activities and were familiar with important relationships explaining how they supported regular contact when visits weren’t possible. Lifestyle staff outlined how the activities schedule was formed through consideration of consumer interests, suggestions, and feedback.

Consumers and representatives said information about consumers was shared through staff and other providers of care. Management explained information is shared with senior staff, including general services, kitchen, maintenance, and lifestyle staff, through a meeting each morning to ensure changes in consumer condition, needs, and preferences was shared.

Staff explained referral processes, including seeking consumer or representative consent, for a variety of other services, including volunteers, religious representatives, and counsellors. Consumers and representatives said referrals were timely and considered consumer needs.

Overall, consumers and representatives expressed satisfaction with the quality and quantity of provided food. Feedback mechanisms were in place and alternate options available if food was not to consumer liking. Consumers said dietary preferences were accommodated, and staff explained the seasonal menu changes in response to feedback. Some consumers expressed dissatisfaction with meals, outlining personal preferences for style of cooking, temperature, variety of options, and size of evening meals. The Approved Provider submitted evidence of actions taken in response to this feedback, including conducting a food survey demonstrating 94% were satisfied, and those reporting dissatisfaction were consulted to better understand concerns, update meal preferences, and improve satisfaction. Evidence of changes to consumer care planning documentation was also provided, and the Approved Provider reported consumers were satisfied with outcomes with ongoing evaluation. The schedule for the food focus meeting has also been adjusted to support greater participation. I am satisfied this Requirement is Compliant.

Consumers reported having access to clean and suitable equipment, with staff ensuring it is clean and safe for use. Staff described processes for cleaning and maintaining mobility aids and lifestyle equipment. Equipment was observed to be maintained in suitable and clean condition.

# 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 assessed as compliant.

Consumers and representatives said they felt at home and found the environment welcoming and easy to understand. Management was able to describe aspects of the service environment that provide consumers with a sense of belonging and ease of navigation, such as signage and handrails, with communal areas to support social engagement. Staff explained consumers were supported to personalise rooms with photographs, paintings, and other items. Dementia-friendly design principles were observed, such as navigational aids, consumer doors, adequate artificial and natural lighting, and appropriate colour schemes.

Consumers and representatives described the environment as safe, clean, and well-maintained. Consumers were observed moving freely between wings and through outdoor areas. Staff explained cleaning schedules for communal areas and consumer rooms, along with infection control cleaning requirements. Maintenance logs identified hazards and concerns, outlining timely and appropriate response.

Staff explained processes for sanitising and cleaning furniture and shared equipment, with maintenance staff describing monitoring processes to ensure items such as call bells were functioning correctly. Consumers and representatives said fittings and equipment were clean and well-maintained. Furniture in communal areas was observed to be clean and well-maintained.

# 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 assessed as compliant.

Consumers and representatives said they felt safe to provide feedback and make complaints, and described various methods available such as direct discussion, feedback forms, and consumer meetings. Staff described processes to encourage and support consumers raise issues, in line with policies and procedures. Feeback and complaints information was displayed on noticeboards in communal areas, and feedback forms and boxes readily available.

Consumers said they were aware of access to advocates, language services, and other complaint avenues. Management said information on complaint support services and advocates was displayed throughout the service and discussed within consumer meetings. Whilst management reported no current need for translation services, guidelines were readily available on how this could be organised. The consumer handbook outlined available complaint and advocacy services.

Consumers and representatives reported complaints and concerns were addressed and resolved. Staff could explain principles of open disclosure and how this was applied, and their responsibility to escalate feedback to ensure appropriate action was taken. Policies and procedures guide staff on use of open disclosure when managing complaints, and complaint and incident documentation demonstrated principles were consistently applied.

Documentation, including consumer meeting minutes and the Continuous improvement plan demonstrated feedback and complaints were recorded and used to improve care and services. Consumers and representatives gave examples of improvements made in response to feedback. Management advised feedback and complaints were monitored to identify areas for improvement or additional training.

# 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 assessed as compliant.

Overall, consumers and representatives reported there were sufficient staff to meet consumer needs in a timely manner, with one reporting staff sometimes appeared rushed but care had not been impacted. Management outlined recruitment strategies to increase the workforce and support current strategies around unplanned leave, staff retention, and legislative requirements, reviewing care minutes, allocations, and indicators fortnightly. Staff reported variation in staffing levels but said overall shifts were filled and they had sufficient time to complete care. Sampled roster documents demonstrated all shifts were filled, and the service met legislative requirements for clinical staff.

Consumers and representatives described staff as kind, caring, respectful, and gentle. Policies, procedures, and staff handbook content outlined the organisation’s commitment to treating consumers with dignity and respect, and staff received relevant training.

Management described processes to ensure staff competency, including mandatory and ongoing training and onboarding processes. Staff said, and documentation verified, position description outlined key competencies and qualifications. The service maintained and monitored staff compliance with professional registration and other legislative requirements, such as police checks and compulsory vaccinations.

Consumers and representatives believed staff had appropriate skills and knowledge. Management explained training programs to ensure staff were aware of obligations and responsibilities under the Quality Standards, such as infection control, incident reporting and management, use of open disclosure, and application of restrictive practices. Staff said they received sufficient training and professional development opportunities and could access policies and procedures for guidance. Monitoring processes were used to ensure compliance with training requirements, and actions taken to manage staff with overdue modules.

Staff could describe the formal annual performance appraisal process and outcome of most recent review, including offering areas for development. Management advised monitoring through the appraisal process was not compulsory for staff, with less formal meetings available for those choosing not to participate to discuss performance. Expectations for staff behaviour and performance were outlined in policies, procedures, and the staff handbook.

# 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 assessed as compliant.

Consumers and representatives expressed confidence the service was well run, and they were engaged in decisions through meetings, feedback and complaint mechanisms, and consultation processes. Management described consumer driven changes, and said consumer input is sought through meetings, focus groups, surveys, observations, feedback, audits, and the organisation monitors social media feedback. A consumer advisory body was being established to provide feedback to the Board and represent consumers in decision making, acknowledged within observed communications from the governing body.

Management explained the governing body maintained oversight of the performance of the service through outcomes of meetings, including subcommittee meetings, and reviewing information from incidents, feedback, and reports. Management explained changes driven by the Board to improve oversight, such as introduction of a new incident management system to enable better visibility of reporting. Service documentation, such as meeting minutes, evidenced that the governing body was kept informed and held accountable for the outcomes at the service.

Processes and mechanisms were in place to ensure effective organisation wide governance systems and enable delivery of care and services. Information management systems enabled staff to access consumer information, policies, procedures, training, and other documentation. Financial governance was managed through budgets, monitoring of expenditure, and processes for additional expenditure to meet consumer needs. Regulatory compliance was monitored, informed changes to policies and work instructions, and communicated to staff.

The risk management framework incorporated systems and practices to identify, manage, and monitor risks, such as policies and procedures, training, input and analysis of clinical indicator reports, the incident reporting system. Staff could outline how consumers were supported to live their best lives, including taking risks, in a manner that was free from elder abuse or neglect, and were aware of their reporting responsibilities. Clinical risk meeting minutes demonstrated monitoring of high prevalence and high impact risks, incidents, and other key indicators.

The clinical governance framework, made up of policies, procedures, guidelines, and monitoring, was recognised by staff, who could outline how it informed care and service delivery. Clinical governance committee reports showed analysis and trending of clinical care delivery. Clinical staff explained practices implemented to minimise use of restrictive practices, and requirements for use. Antimicrobial stewardship was incorporated within infection control processes and monitored through the Medication advisory committee.

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