Performance

Report

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| Name: | Arcare Slacks Creek |
| Commission ID: | 5566 |
| Address: | 8 Janice Street, SLACKS CREEK, Queensland, 4127 |
| Activity type: | Site Audit |
| Activity date: | 10 October 2023 to 12 October 2023 |
| Performance report date: | 7 November 2023 |
| Service included in this assessment: | Provider: 44 K & M Healthcare Pty Ltd  Service: 5644 Arcare Slacks Creek |

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 Slacks Creek (**the service**) has been prepared by Denise McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others

# 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, respect and felt valued. Staff were knowledgeable of consumers’ personal circumstances, preferences and cultural backgrounds, and were observed treating consumers respectfully. Care documentation reflected consumers’ identities, religions and diversity.

Consumers confirmed their cultural identities, beliefs and needs were respected and care and services were culturally safe. Staff were familiar with consumers’ unique cultural needs and described using various language tools to assist communication with multilingual consumers. Care documentation reflected consumers’ culturally diverse needs and preferences.

Consumers said they could make decisions about their care and services, including maintaining important relationships. Staff were knowledgeable of consumers’ choices and described involving representatives in care decisions. Care documentation evidenced consumer choice, needs, preferences and those they want involved in care delivery.

Consumers said they were supported to take risks to live the best life they can. Staff described assessing consumer risk, at times in consultation with specialists, and ensuring consumers understood the benefits and potential harms of risks. Care documentation identified risks and mitigation strategies to prevent harm while enabling consumers to live their best lives.

Consumers and representatives said they received timely information regarding consumers’ care, lifestyle activities, menus and events. Staff described communicating with consumers through meetings, emails and newsletters. Care documentation reflected consumers’ preferred methods of communication and information was displayed throughout the service.

Consumers said their privacy was respected and they were confident their personal information was kept confidential. Staff confirmed closing doors prior to care delivery as well as seeking consumer consent. Consumer information was secured the service’s password protected electronic care management system and staff were observed respecting consumers’ privacy.

# 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 provided positive feedback regarding care assessment and planning, including consideration of risks. Staff described assessments undertaken upon entry, including using validated risk assessment tools, and care documentation included risk assessment outcomes and responsive care plans.

Consumers and representatives confirmed discussing the consumers goals and preferences, including for end of life care. Staff were knowledgeable of consumers’ needs and preferences, and confirmed advance care was discussed at entry and in response to any changes. Consumer files contained copies of advance care directives.

Consumers and representatives said they were involved in care assessment, planning and review. Staff described undertaking case conferences every 3 months. Care documentation evidenced consultation with consumers, representatives and other individuals and organisations supporting consumer care.

Consumers and representatives confirmed staff regularly discussed outcomes of care and they were offered copies of care plans. Management described assisting consumers to understand their care plans by translating clinical terminology, and care documentation evidenced timely communication of review outcomes with consumers.

Consumers’ care plans were reviewed every 3 months or in response to changes or incidents and included consultation with others involved in consumer care. Care documentation reflected changes made in response to deterioration or incidents, and a review schedule reflected timely completion of routine reviews.

# 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 described receiving care that was consistent, safe and right for them. Care documentation evidenced consumers were receiving care that was safe, effective, tailored and developed in consultation with allied health professionals. Staff were knowledgeable of restrictive practices, pain management and dementia care.

Consumers said high-impact and high-prevalence risks were assessed, explained to them and appropriately managed. Care documentation evidenced appropriate clinical and environmental management of risks, including for falls and weight loss. Falls prevention equipment was observed to be in place for consumers assessed as high risk.

Staff were knowledgeable of strategies to ensure comfort and manage pain during end of life. A representative, of a recently passed consumer, confirmed staff explained the end of life process, arranged a family conference and respected the consumer’s final wishes. Care documentation reflected pain, comfort and hygiene management were provided aligned to the consumer’s wishes.

Consumers and representatives said staff promptly recognised changes in consumers’ condition and responded appropriately. Staff knew how to identify, escalate and respond to changes in consumers’ condition, including regarding behaviours, pain symptoms and changes in appetite. Care documentation evidenced prompt identification of and response to changes.

Consumers and representatives said consumer information is shared consistently. Care documentation evidenced comprehensive details of consumers’ needs and any updates to care, including assessments by specialists. Consumer information was accessible to those involved in their care through the electronic care management system and hard copy care plans.

Consumers and representatives provided positive feedback regarding timely and appropriate referrals to other individuals and organisations. Staff were knowledgeable of referral processes to an approved list of specialists, including physiotherapists, dietitians and medical officers. Care documentation evidenced consumer referrals occurred quickly.

Consumers and representatives said staff provided advice regarding infection minimisation practices. Staff described relevant policies and procedures and confirmed they were guided by an infection prevention and control lead. Staff were knowledgeable of antimicrobial stewardship, including implementing non-pharmacological measures, and all areas of the service environment were observed to be clean.

# 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 confirmed they were supported to do things of interest to optimise their wellbeing. Staff were knowledgeable of consumers’ individual likes and dislikes and tailored care and services accordingly. Care documentation reflected consumers’ personal interests and backgrounds.

Consumers and representatives said the service supported consumers’ emotional, spiritual and psychological well-being. Staff were knowledgeable of consumers’ religious preferences and facilitated religious services. Care documentation reflected consumers’ spiritual preferences and an activity program included emotional assistance provided by volunteers.

Consumers said they were supported to participate in activities within and outside of the service and maintain contact with family and friends. Staff described developing activities based on consumers’ interests, including engaging community groups and facilitating outings. Care documentation evidenced consumers’ social and cultural preferences and important relationships.

Consumers and representatives provided positive feedback regarding consumers’ information being shared amongst those involved in their care. Staff were made aware of consumers’ needs, likes, dislikes, preferred activities and support from external providers through handovers and the electronic care management system. Staff were observed exchanging information, including with external support staff.

Consumers provided positive feedback regarding timely and appropriate referral to other care and service providers. Staff described identifying consumers’ need for referrals at entry and organising referrals based on consumers’ preferences. Care documentation reflected referrals made to support services aligned to consumer interests.

Consumers gave positive feedback regarding the variety, quality and quantity of meals. Staff confirmed the menu rotated seasonally and was developed in consultation with a dietitian and considered consumer feedback. Care documentation included dietary restrictions and preferences and menus were displayed throughout the service.

Consumers confirmed equipment was safe, suitable, clean and well-maintained. Staff were knowledgeable of cleaning and maintenance processes and equipment was readily available. Consumers were observed using clean and safe mobility equipment and additional equipment was accessible.

# 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 homely, easy to navigate and provided a sense of safety. Staff encouraged consumers to personalise their rooms and refurbishment including new painting, carpeting and a courtyard, were nearing completion. Staff were observed welcoming visitors and consumers were observed utilising the service’s facilities.

Consumers and representatives confirmed the service environment was safe, clean, well-maintained and consumers, including those within the memory support unit, could access internal and external areas. Staff were knowledgeable of cleaning processes and records evidenced routine and responsive cleaning and maintenance.

Consumers said furniture, fittings and equipment were safe, clean and well-maintained. Staff demonstrated knowledge of maintenance processes and confirmed the service environment was monitored through daily inspections and consumer feedback. Maintenance documentation evidenced equipment was regularly serviced with all items up to date. Furniture was observed to be clean and 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

Consumers and representatives said they were comfortable providing feedback or making complaints. Staff confirmed addressing concerns promptly during care delivery or escalating matters, where appropriate. Management confirmed encouraging feedback and complaints during meetings and care reviews; and feedback forms were available throughout the service.

Consumers said they were aware of advocacy services, were comfortable raising issues with staff in the first instance, and an advocacy representative had recently provided an information session. Staff confirmed inclusion of advocacy services in consumer and representative meetings and feedback forms were available in various languages detailing translation services available during feedback and complaint processes.

Consumers and representatives said their feedback and complaints were promptly addressed and apologies offered. Staff and management described appropriate processes to respond to and resolve issues raised by consumers or representatives, including the use of open disclosure. Complaints documentation evidenced complaints were registered and actioned.

Consumers and representatives confirmed their feedback and complaints were used to improve care and services. Management described investigating complaints from consumers and working to reach resolutions to improve the quality of care and services, including discussing complaints at consumer meetings. The continuous improvement plan evidenced, actions were initiated and monitored for completion, in response to consumer feedback or suggestions.

# 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 provided positive feedback regarding staffing numbers and confirmed their care needs were met and calls for assistance were responded to quickly. Management described forward planning rosters to ensure sufficient availability of staff to meet consumer need. Rosters evidenced adequate staff coverage, including uninterrupted availability of registered nurses, with any vacancies filled by permanent or casual staff.

Consumers and representatives said staff interactions were kind, caring and respectful. Staff were knowledgeable of consumers’ life stories and preferred care delivery aligned to their identity and culture. Staff described addressing consumes by their preferred names and familiarising themselves with consumers’ preferences. Staff were observed interacting with consumers respectfully and had completed code of conduct training.

Consumers and representatives said staff were competent, performed their duties effectively and met their care needs. Management confirmed candidate competencies during recruitment processes and personnel records evidenced required qualifications, experience, work clearances, professional registrations and security vetting was monitored.

Consumers and representatives were confident staff had been appropriately trained to perform their duties. Staff were inducted following commencement and initially paired with experienced staff. Staff confirmed completion of mandatory training and ongoing access to further training, including for serious incidents and restrictive practices. Education records evidenced all staff had completed mandatory training modules.

Staff confirmed participating in annual performance appraisals and management described monitoring staff performance through feedback and complaints, meetings, quality indicators and surveys. New staff were appraised 6-months post commencement and annually thereafter, and personnel records evidenced performance appraisals were undertaken 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 and representatives said they were involved in the development and delivery of care and services through a consumer advisory committee, meetings, feedback forms and surveys. Management confirmed consumers and representatives were encouraged to engage in service operations and discussed food quality with consumers each day. Documentation evidenced consumers’ engagement and input to care and service delivery was acknowledged and actioned.

The organisational governing body promoted delivery of safe and inclusive care and services and was routinely informed through monthly reports containing data on clinical indicators, audit outcomes and incidents. The governing body provided advice and recommendations based on the service’s data and communicated changes to legislation, policies and procedures to consumers and staff to support the quality of care and services delivered.

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 continuous improvement plan evidenced actions taken in response to feedback and complaints.

A systematic approach was used to manage high-impact and high-prevalence risks to identify, report, escalate, review and monitor risks and incidents to improve care delivery. Staff were knowledgeable of best practice management of serious incidents and management described reporting and investigating incidents to drive change. An electronic incident management system reflected timely reporting, investigating and actions taken following incidents.

Staff were knowledgeable of antimicrobial stewardship, using restrictive practices as a last resort, and the principles of open disclosure, and confirmed participating in relevant training. Records evidenced appropriate use of antimicrobials and restrictive practices and that open disclosure was used following complaints or incidents.

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)