Performance

Report

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| Name of service: | Arcare Springwood |
| Service address: | 99 Cinderella Drive SPRINGWOOD QLD 4127 |
| Commission ID: | 5829 |
| Approved provider: | Arcare Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 23 November 2022 to 25 November 2022 |
| Performance report date: | 10 February 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 Springwood (**the service**) has been prepared by James Howard, 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 conducted from 23 November 2022 to 25 November 2022; 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 Approved Provider’s response to the site audit report, received on 13 December 2022.
* Other information and intelligence held by the Aged Care Quality and Safety 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 | |  |
| 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

The Quality Standard is assessed as Compliant as six of the six specific requirements were assessed as Compliant.

Consumers said staff treated them with respect and valued their backgrounds and identities. Staff understood consumers’ cultural identities influenced how care and services were delivered. Care plans of consumers from culturally and linguistically diverse backgrounds included details about what was important to individuals. Consumers were supported to communicate their decisions, maintain relationships of choice and choose when family and friends were involved in their care. Consumers said they decided when their care was delivered and the service respected their choices.

Consumers said they were supported to take risks which enabled them to live their best lives. The service used a risk assessment process for consumers wishing to take risks, which included consultation with consumers, representatives and allied health professionals before completing a dignity of risk form. Consumers said they received information in easy to understand formats such as noticeboards, daily menus, and activities calendars. Consumers said the service respected their privacy and had no concerns regarding the confidentiality of their personal information. The Assessment Team noted unattended nurses’ stations were locked and the service’s electronic care management system was password-protected.

# 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

The Quality Standard is assessed as Compliant as five of the five specific requirements were assessed as Compliant.

The service considered risks to consumers’ health and well-being during the needs assessment and care planning process. Consumers and representatives said they were involved in the care planning process and consumers received the care and services needed. Staff understood the care planning process and described how consumers’ needs guided the delivery of safe and effective care. A review of consumers’ care plans confirmed the service conducted comprehensive needs assessments which identified their needs, goals and preferences, including end of life planning where consumers wished.

The service partnered with consumers, their representatives, medical and allied health professionals when assessing, planning and reviewing care needs. Consumers’ care plans showed their needs were regularly reviewed and consumers said their needs were being met. Staff said the outcomes of assessment and planning were communicated to consumers and their representatives by providing the care plan, which was confirmed by consumers. A consumer representative confirmed the service notified them when their loved one’s circumstances changed.

# 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements were assessed as Compliant.

Consumers said the care they received was tailored to their needs and optimised their health and well-being, which was confirmed by a review of consumers’ care plans, progress notes and medication charts. The service managed high-impact and high-prevalence risks through clinical data monitoring, trending and reporting, following which mitigation strategies were implemented for individual consumers. Staff understood which consumers were at risk due to their circumstances and the ways in which those risks were managed, which reflected consumers’ care plans. Consumers receiving palliative care had their needs, goals and preferences recorded in their care plans, their comfort was maximised, their dignity preserved and families were welcomed throughout the end-of-life process.

Changes in consumers’ conditions and care needs were responded to in a timely manner, which was confirmed by consumers, representatives and a review of their care plans. Consumers were satisfied with the delivery of care, including how changes to their conditions were communicated within the organisation and with others providing care. Staff said information about consumers’ conditions were communicated during shift handovers, meetings, accessing care plans and electronic notifications.

The service made timely and appropriate referrals to other care providers, which was confirmed by consumers and representatives. Clinical staff described the service’s referral process, the details of which were recorded in consumers’ care plans and included the involvement of allied health practitioners and medical professionals. The service had processes in place to minimise infection-related risks and support the appropriate prescribing of antibiotics.

# 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements were assessed as Compliant.

The service partnered with consumers to assess their individual preferences, leisure interests and social, emotional, cultural and spiritual needs. Consumers confirmed they were supported to participate in activities of interest to them, which optimised their independence and quality of life. Lifestyle staff said consumers’ emotional, spiritual and psychological needs were supported through one-on-one support, religious services and using technology to keep people connected to their loved ones. A review of consumers’ care plans confirmed their involvement in lifestyle activities and participation in the community.

Consumers were happy with the quality, quantity and variety of food provided by the service. Staff understood consumers’ specific dietary and cultural preferences. A review of minutes for the service’s food focus meetings showed consumers and representatives were involved in improving consumers’ dining experience. Where the service provided equipment, consumers and staff said they had access to all that was needed in the care delivery process. The Assessment Team noted a range of equipment was suitable, clean and well maintained, which staff said was cleaned daily.

# 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

The Quality Standard is assessed as Compliant as three of the three specific requirements were assessed as Compliant.

Consumers and representatives said the service was welcoming and offered a sense of belonging, which was also noted by the Assessment Team. The service environment was clean and designed in alignment with dementia-friendly principles such as: open hallways with handrails; carpet and paintings to distinguish between the floor and walls; a clutter-free environment; and artwork throughout the service to assist consumers in their orientation of the environment.

The service had processes in place to ensure the service environment was safe, clean, well-maintained and comfortable. Consumers said the service was kept clean which assisted them to move freely both indoors and into outdoor areas. Consumers further said staff escorted them to move around the service if support was required. The service had a maintenance program that was up-to-date and records confirmed maintenance was promptly addressed. Consumers said equipment was clean and well maintained, which was confirmed by the Assessment Team’s observations.

# 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

The Quality Standard is assessed as Compliant as four of the four specific requirements were assessed as Compliant.

Consumers and representatives understood how to provide feedback or make a complaint, which included the use of a feedback form, consumer meetings and speaking directly with service management. Staff understood how to encourage consumers to provide feedback and the Assessment Team observed a range of flyers, brochures and instructional documents to support consumers to raise issues with the service. A review of the service’s complaints register confirmed submissions had been received through feedback forms, e-mails, verbally and collated survey results. Consumers were aware of how to access internal and external complaints mechanisms, access advocates and find support through an interpreting service.

The service took appropriate action in response to feedback and complaints and used open disclosure when something went wrong, which was confirmed by consumers and representatives. The Assessment Team viewed a range of the service’s complaints records and noted issues were attended to in a timely manner and open disclosure was used and an apology given when something went wrong. Consumers said complaints and feedback were used to improve care and services they received. For example, the service improved meal quality and increased activity options for consumers. The service manager demonstrated how feedback and complaints were reviewed and linked to the organisation’s continuous improvement plan.

# 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

The Quality Standard is assessed as Compliant as five of the five specific requirements were assessed as Compliant.

Consumers and representatives said the service had sufficient staff to deliver quality care. Service management said it used a roster with recurring and additional shifts to ensure enough staff were available to provide safe and effective care. Consumers said staff were quick to respond to their requests for assistance. Consumers and representatives said staff were kind, caring and gentle when providing care, which was also observed by the Assessment Team.

Consumers and representatives said staff were competent and had skills to meet their care needs. Service management said new staff participated in an orientation process, completed role-based mandatory competencies and attended annual training. Staff were guided by position descriptions which included key competencies and qualifications relevant to the role. Staff received training on commencement of employment and on an ongoing basis. A review of training records showed staff received education in infection control, manual handling, pressure injury prevention, the Serious Incident Response Scheme, open disclosure and consumer privacy, dignity and confidentiality. The service regularly assessed, monitored and reviewed staff performance which included annual performance reviews.

# 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

The Quality Standard is assessed as Compliant as five of the five specific requirements were assessed as Compliant.

Consumers and representatives said they were engaged in the development, delivery and evaluation of care and services. Input was provided via resident meetings, a monthly food focus meeting, during care plan reviews, surveys and in-person discussions. Consumer and representative suggestions were analysed, trended and included in the service’s plan for continuous improvement.

The organisation’s governing body promoted a culture of safe, inclusive and quality care and services, for which they were accountable. The organisation’s board of directors (the board) maintained visibility of the service’s performance through working groups focused on incident management, restrictive practice, infection control, consumer safety and clinical governance. The board received monthly reports about incidents at the service, complaints received, clinical data, staffing and the results of internal audits regarding risks to consumers such as medication management and nutrition and hydration. The service had organisation-wide governance systems that guided information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service had risk management systems, policies and procedures to monitor, assess and manage high-impact or high-prevalence risks associated with the care of consumers. Service management and the governing body received automatic notifications about critical incidents and worked to mitigate future risk.

The service had systems in place to support clinical governance, the delivery of safe care, promote antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something went wrong.

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)