Performance

Report

**1800 951 822**

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| Name of service: | Arcare St James |
| Service address: | 40-44 Helensvale Road HELENSVALE QLD 4212 |
| Commission ID: | 5321 |
| Approved provider: | Arcare Pty Ltd |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 2 December 2022 |
| Performance report date: | 20 December 2022 |

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 St James (**the service**) has been prepared by E Blance, 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 Assessment Contact - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | Not applicable as not all requirements have been assessed |

# The Assessment Team did not assess all Requirements within the Standard, therefore a summary or compliance rating for the Standard is not provided.

# 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 2

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| Ongoing assessment and planning with consumers | |  |
| 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 |

Findings

This Requirement was found non-compliant following a Site Audit conducted 07 June 2022 – 09 June 2022.

On 2 December 2022, an assessment contact was completed to assess the organisation’s return to compliance in relation to this requirement. The service demonstrated a range of quality improvements to address the previous non-compliance were undertaken to ensure assessment and planning address consumer’s current needs including for advance care and end of life care planning. Quality improvements undertaken included but were not limited to, review of consumers’ advance care plans, additional role positions created for clinical oversight and further recruitment of clinical staff to assist in monitoring, education was implemented and reporting practices were reviewed.

Staff evidenced an understanding of end of life discussions and how these contribute to the consumers end of life experience. Staff confirmed quality improvements implemented.

It is my decision the improvements taken by the service were adequate and sustainable, and therefore I have decided this Requirement is compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

This Requirement was found non-compliant following a Site Audit conducted 07 June 2022 – 09 June 2022.

On 2 December 2022, an assessment contact was completed to assess the organisation’s return to compliance in relation to this requirement. The service demonstrated a range of quality improvements to address the previous non-compliance were undertaken to ensure regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. Quality improvements undertaken included but were not limited to, an audit of performance assessments as well as the human resources management systems, the addition of policies and procedures to guide management in performance management, introduction of an electronic monitoring system to track completion of performance appraisal.

Staff performance appraisals were observed to be current and staff confirmed performance appraisals have occurred.

It is my decision the improvements taken by the service were adequate and sustainable, and therefore I have decided this Requirement is compliant.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)