Performance

Report

**1800 951 822**

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| Name of service: | Arcare Taigum |
| Service address: | 156 Muller Road Taigum QLD 4018 |
| Commission ID: | 5891 |
| Approved provider: | Arcare Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 8 November 2022 to 9 November 2022 |
| Performance report date: | 13 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 Taigum (**the service**) has been prepared by G-M. Cain, 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 - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the following information given to the Commission, or to the assessment team for the Assessment Contact - Site of the service:
  + The Assessment Team interviewed 27 consumers and/or representatives during the Assessment Contact – Site, who were satisfied with the care and services received.
* other information and intelligence held by the Commission regarding the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

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 |

Findings

The performance report dated 13 April 2022 found the service non-compliant with requirement 1(3)(a). Deficiencies related to staff not consistently treating consumers with dignity and respect.

The Assessment Contact - Site report provided evidence that consumers and representatives sampled, felt that staff treated consumers with dignity and respect and that consumers received care in a timely manner. Staff were observed engaging with consumers respectfully, including requesting permission to deliver care and respecting the consumer’s choice.

Care planning documents reflect what is important to consumers to maintain their identity and contain information about their backgrounds.

The Assessment Contact - Site report provided evidence that the service has acted to improve its performance under this requirement, including:

* Implementation of a clinical structure to ensure registered staff oversee the provision of consumer care and services.
* Daily senior management meetings, where information about consumer changes, incidents and responses to call bells are shared.
* A suite of organisational resources, policies and procedures to guide the delivery of person-centred care; and staff training in personal and clinical care areas.

For the reasons detailed, it is my decision that this requirement is Compliant.

# Standard 2

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

Findings

The performance report dated 13 April 2022 found the service non-compliant with requirement 2(3)(c). Deficiencies related to consumers and representatives not consistently being involved in the assessment and care planning of consumers' care and services.

The Assessment Contact – Site report provided evidence that sampled consumers and representatives were being consulted in the consumers' assessment and care planning processes, including through care planning conversations, care plan reviews and case conferences. Registered staff described the services assessment and care planning and confirmed they received training to support their understanding. Care documentation evidence involvement of individuals and other organisations involved in the care of the consumer, for example, Medical Officers and physiotherapists.

The Assessment Contact – Site report provided evidence that the service has acted to improve its performance under this requirement, including:

* Revision of the assessment and care planning processes to now include 3-monthly care planning conversations and six-monthly care plan reviews.
* Education for Registered Nurses in consumer assessment and care planning process.
* Evidence of involvement and consultation by Medical Officers, physiotherapists, dietitians, speech pathologists, and podiatrists in the consumers’ care and services.

For the reasons detailed, it is my decision that this requirement is Compliant.

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| 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 |

Findings

The performance report dated 13 April 2022 found the service non-compliant with requirement 2(3)(d). Deficiencies related to outcomes of assessment and planning not consistently being communicated to consumers and representatives.

The Assessment Contact - Site report provided evidence from interviews with consumers and representatives and a review of consumer care documentation that the service communicates the outcomes of assessment and care planning processes, including providing a copy of the consumers' updated care plan.

The Assessment Contact - Site report provided evidence that the service has acted to improve its performance under this requirement, including:

* Review of handover processes at the service, including changes to documented handover by highlighting relevant changes in consumers’ condition, such as transfer to hospital.
* Implementation of consumer care plan audits to ensure required changes to consumer care plans have occurred including communication of outcomes to consumer and representatives.

For the reasons detailed, it is my decision that this requirement is Compliant.

# 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 |

Findings

The performance report dated 13 April 2022 found the service non-compliant with requirement 3(3)(a). Deficiencies related to inconsistent monitoring of consumers with complex clinical care needs and consumers' personal and clinical care impacted due to delays in staff responding to requests for assistance.

The Assessment Contact - Site report provided evidence from interviews with consumers and representatives of positive feedback about consumers' personal and clinical care. Sample consumers interviewed, and meeting minutes identified an improvement in staff practices with personal and clinical care, including responding to consumers' requests for assistance in a timely manner. The staff interviewed described resources available to support them in delivering consumers clinical care, such as wound management education. Review of consumers' care documentation confirmed that personal and clinical care is aligned with consumers' individual needs and preferences and following the services guidance information, for example, regular review of consumers' wounds, including photographs.

The Assessment Contact - Site report provided evidence that the service has acted to improve its performance under this requirement, including:

* Restructuring the clinical team, allocating a Registered Nurse to each wing within the service to ensure clinical oversight. In addition, the service implemented a 'Complex Care' register, which is reviewed weekly.
* Education for all staff in various aspects of consumers' clinical and personal care, such as personal hygiene, oral care, wound care and continence management.
* Review of handover processes with increased participation by all staff in consumer case conferences to advance understanding of consumers' care needs.

For the reasons detailed, it is my decision that this requirement is Compliant

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| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

The performance report dated 13 April 2022 found the service non-compliant with requirement 3(3)(b). Deficiencies related to the ineffective management of prescribed time-sensitive medications and consumers experiencing swallowing difficulties.

The Assessment Contact - Site report provided evidence that consumers interviewed offered positive feedback about receiving time-sensitive medications on time. A review of care documentation confirmed that medication is administered at prescribed times. Registered staff described sampled consumers' high impact, high prevalence risks, including strategies implemented by the service to minimise associated risks.

The Assessment Contact - Site report provided evidence that the service has acted to improve its performance under this requirement, including:

* Increased clinical monitoring and oversight by clinical management and using the electronic care documentation system to alert staff of individual consumers' high-impact and high-prevalence risks. The service's 'Clinical Risk' meeting minutes confirmed time-sensitive medications as a standing agenda item.
* The service implemented a 'Complex Care' register, which is reviewed weekly and includes consumers prescribed time-sensitive medications.
* Education for all staff on dysphagia, including the International Dysphagia Diet Standardisation Initiative.

For the reasons detailed, it is my decision that this requirement is Compliant.

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| 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 |

Findings

The performance report dated 13 April 2022 found the service non-compliant with requirement 3(3)(e). Deficiencies related to the ineffective communication of consumers' conditions, needs and preferences, including changes in consumers' condition and/or health status.

The Assessment Contact - Site report provided evidence that the service has acted to improve its performance under this requirement, including:

* Implementing new handover processes to include clinical, care and environmental staff and staff receiving a copy of the handover sheet.
* Rostering of the Quality Support Officer for an additional two days per week to support registered and care staff using the electronic care documentation system and its functions to support information communication.
* Care summary cards made available in consumers' bathrooms as a reference for staff.
* Review of agency staff orientation processes, including the availability of a consumer summary care plan.

For the reasons detailed, it is my decision that this requirement is Compliant.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |

Findings

The performance report dated 13 April 2022 found the service non-compliant with requirement 4(3)(b). Deficiencies related to consumers’ not being supported with their emotional, spiritual and psychological well-being, including staff not having adequate time to engage in conversations to support consumers and consumers from culturally and linguistically diverse backgrounds.

The Assessment Contact - Site report provided evidence that consumers interviewed expressed positive feedback about being supported by the service through one-to-one conversations with staff, referral to the medical officer or other external services. Including engaging with specialist dementia service.

The Assessment Contact - Site report provided evidence that the service has acted to improve its performance under this requirement, including:

* Additional lifestyle staff have been recruited to the secure living environment of the service, with the lifestyle program overseen by an experienced dementia care nurse and activities offered on weekdays and weekends.
* Updated lifestyle activities calendar to include cultural and tailored one-to-one activities for those consumers who choose not to participate in larger group activities. Surveys completed at the service reported 100% of consumers felt supported in their spiritual and cultural care and service needs.
* Review and update all consumers’ care documentation to include life history and cultural, spiritual and religious preferences to inform leisure and lifestyle program events. The service undertakes weekly monitoring of consumers who do not participate in planned activities.

For the reasons detailed, it is my decision that this requirement is Compliant.

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| 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 |

Findings

The performance report dated 13 April 2022 found the service non-compliant with requirement 4(3)(c). Deficiencies related to service and supports for daily living not meeting consumers' interest, including supporting engagement with external services.

The Assessment Contact - Site report provided evidence that consumers are supported to attend external activities such as reading classes, church services and family events. Staff demonstrated an understanding how they support consumers within the service to maintain relationships. Care documentation reflected consumers' preferences for lifestyle supports, including a life story and activities of interest.

The Assessment Contact - Site report provided evidence that the service has acted to improve its performance under this requirement, including:

* Additional lifestyle staff have been recruited to the secure living environment of the service to enhance the lifestyle program for consumers. In addition, a specialist dementia service has completed individual assessments on consumers and provided recommendations on personalised activities implemented by the service.
* Review and update all consumers' care documentation to include life stories and individual lifestyle preferences, and staff interviewed described how they support consumers to maintain social and personal relationships and do things of interest.

For the reasons detailed, it is my decision that this requirement is Compliant.

# Standard 5

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| Organisation’s service environment | |  |
| 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 |

Findings

The performance report dated 13 April 2022 found the service non-compliant with requirement 5(3)(b). Deficiencies related to the service environment not supporting consumers to move freely, with outdoor courtyards and gardens locked and not accessible to consumers.

The Assessment Contact - Site report provided evidence that consumers interviewed offered positive feedback about the service environment, and maintenance staff described the processes for scheduled and preventative maintenance. Observations confirmed the service environment to be safe, clean, well maintained and enables consumers’ free movement.

The Assessment Contact - Site report provided evidence that the service has acted to improve its performance under this requirement, including:

* Processes to ensure doors to outdoor areas are unlocked, including in the services secure living environment, and daily morning checks monitor this as part of monthly reporting to senior management and the organisation.
* For consumers subject to environmental restrictive practices, appropriate consent, authorisations and behaviour support plans are in place.

For the reasons detailed, it is my decision that this requirement is Compliant.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |

Findings

The performance report dated 13 April 2022 found the service non-compliant with requirement 6(3)(c). Deficiencies related to appropriate action being taken by the service in response to consumer feedback, with consumers engaging advocacy services to resolve complaints. The service’s complaints processes did not consistently capture verbal feedback provided by consumers.

The Assessment Contact - Site report provided evidence that consumers interviewed expressed satisfaction with the service’s feedback process, including the ability to discuss feedback with the facility manager and staff. Consumers and representatives confirmed that management had been open and transparent in response to feedback, including offering an apology. Consumers, representatives, and staff meeting minutes evidenced feedback and complaints are discussed and reviewed, and opportunities for improvement are identified.

The Assessment Contact - Site report provided evidence that the service has acted to improve its performance under this requirement, including:

* Recording complaints and feedback in the electronic care management system, ensuring complaints are monitored to completion. The service demonstrated that closed complaints included feedback to consumers, including ascertaining consumers’ satisfaction with how feedback was managed.
* Education to all staff on the service’s complaints and feedback policy and open disclosure processes.

For the reasons detailed, it is my decision that this requirement is Compliant.

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| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

The performance report dated 13 April 2022 found the service non-compliant with requirement 6(3)(d). Deficiencies related to the consumers and representatives not being aware of improvements made in response to their complaints or feedback.

The Assessment Contact - Site report provided evidence that the service has acted to improve its performance under this requirement. Consumers and representatives interviewed confirmed they are supported to provide feedback and make suggestions which are actioned by management. Management described how the service trends and analyses complaints and feedback from consumers and representatives, which informs continuous improvement activities at the service. Improvements implemented by the service as a result of consumer and representative feedback are published in the service newsletter and discussed at staff meetings. The service’s plan for continuous improvement and feedback and complaints data are trended and reported at management, clinical governance and Board meetings.

For the reasons detailed, it is my decision that this requirement is Compliant.

# 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 |

Findings

The performance report dated 13 April 2022 found the service non-compliant with requirement 7(3)(a). Deficiencies related to insufficient staffing resulted in consumers not receiving assistance with hygiene and toileting, timely administration of medications and support with complex care needs.

The Assessment Contact - Site report provided evidence that consumers and representatives interviewed said there have been improvements in staffing levels and staff no longer rush in completing duties. Staff expressed positive feedback about staffing levels and advised that this resulted in positive consumer outcomes. A master roster planned for a month ensures the appropriate skill and role allocation across the service. Staff are consistently allocated to the same service units to support consumer care and service continuity. Management monitors and analyses call bell response times, with times outside of eight minutes followed up with consumers and staff.

The Assessment Contact - Site report provided evidence that the service has acted to improve its performance under this requirement, including:

* Undertaking a workforce review to determine workforce requirements, resulting in additional staff employed, including a residential manager, roster coordinator, two registered nurses and a dementia specialist nurse advisor. At the time of the Assessment Contact, a roster review identified no unfilled shift, with one role being recruited.
* Establishment of an organisational, national workforce planning meeting to manage the organisation's recruitment processes, including recruitment and retention strategies and internal recruitment.

For the reasons detailed, it is my decision that this requirement is Compliant.

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| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |

Findings

The performance report dated 13 April 2022 found the service non-compliant with requirement 7(3)(d). Deficiencies related to consumers, representatives and staff advising the workforce were not adequately trained.

The Assessment Contact - Site report provided evidence that the service has acted to improve its performance under this requirement. Management advised that the service introduced in-person and on-the-job training, such as dementia training provided by the specialist nurse advisor. Staff said they felt supported in delivering quality and safe care to consumers. A training and education review were undertaken, including a training needs analysis. As a result, staff completed mandatory and compulsory training and education topics, confirmed on a review of the service’s training records. The service has established a process for the orientation and onboarding of new staff, and a buddy support program has been reintroduced to support new staff, including agency staff. The buddy programme aims to ensure consumers receive care from a staff that knows their care needs, goals and preferences.

For the reasons detailed, it is my decision that this requirement is Compliant.

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

Findings

The performance report dated 13 April 2022 found the service non-compliant with requirement 7(3)(e). Deficiencies were related to staff performance appraisals not consistently being completed, including ineffective recording, tracking and monitoring processes to ensure appraisals were completed.

The Assessment Contact - Site report provided evidence that the service has acted to improve its performance under this requirement. Consumers expressed satisfaction with how staff perform their roles and described how management consults with them to monitor and review workforce requirements. An electronic system to track when staff performance reviews and development plans are due has been implemented. Staff performance reviews were up to date at the time of the Assessment Contact. Staff interviewed described the service’s process for assessing, monitoring and reviewing their performance and how this linked to performance development plans and appraisals. Management provided examples of how the service assesses, monitors and reviews staff performance in administering time-sensitive medication, which has resulted in reduced medication errors.

For the reasons detailed, it is my decision that this requirement is Compliant.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

The performance report dated 13 April 2022 found the service non-compliant with requirement 8(3)(c). Deficiencies were related to ineffective organisational-wide governance systems relating to information management, continuous improvement, workforce governance, regulatory compliance, and feedback and complaints.

The Assessment Contact - Site report discloses that this requirement was assessed by interviews with management and staff and a documentation review.

Regarding information management, the Assessment Contact - Site report evidenced that the service has acted to improve its performance under this requirement, including implementing information management systems and processes, including meetings, improved clinical handover processes and pathways for communication with consumers and representatives. A documentation review confirmed that consumers and representatives had information to support them in making informed decisions relating to consumer care and services.

Concerning continuous improvement, the Assessment Contact - Site report evidenced that the service has acted to improve its performance, including processes to engage consumers in feedback and to utilise this to inform improvements at the service and staff education. The service had a plan for continuous improvement that reflected actions to improve the quality and safety of consumer care and services.

For workforce governance, the Assessment Contact - Site report evidenced that the service has acted to improve its performance, including organisational systems and processes to ensure a sufficient, skilled and qualified workforce. A workforce review resulted in recruiting key positions, such as a designated infection prevention and control lead. Members of the workforce described their responsibility and accountability for their roles in delivering consumer care and services.

Regarding regulatory compliance, the Assessment Contact - Site report evidenced that the service has acted to improve its performance, including implementing a monitoring tool to report and ensure the service complies with relevant legislation and regulatory requirements.

Regarding feedback and complaints, the Assessment Contact - Site report evidenced that the service has improved its performance, including reviewing systems and processes to support the engagement of consumers as part of improvement processes, such as a ‘Care Page Consumer’ survey undertaken monthly. A review of the service’s continuous improvement plan identified initiatives resulting from consumer feedback.

In coming to my decision under this requirement, I have considered information evidenced in the Assessment Contact - Site report under this and other requirements.

For the reasons detailed, it is my decision that this requirement is Compliant.

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| 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 |

Findings

The performance report dated 13 April 2022 found the service non-compliant with requirement 8(3)(d). Deficiencies related to lack of evidence of the sustainability, monitoring and effectiveness for high impact high, prevalence risks such as time-sensitive medication, consumers with swallowing difficulties and compromised skin integrity.

The Assessment Contact - Site report provided evidence that the service has acted to improve its performance under this requirement. Established daily clinical meetings discuss and monitor high-impact, high-prevalence risks for consumers, including time-sensitive medications, risks associated with consumer care and service delivery, and reporting of incidents, including those required under the Serious Incident Response Scheme. Registered nurses review end-of-shift reports to monitor potential consumer risks. The service demonstrated mechanisms to ensure appropriate identification, monitoring and reporting of incidents by staff, including an electronic tool to assist staff with classifying incidents.

In coming to my decision under this requirement, I have considered information evidenced in the Assessment Contact - Site report under this and other requirements.

For the reasons detailed, it is my decision that this requirement is Compliant.

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