Performance

Report

**1800 951 822**

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| Name: | Arcare Taigum |
| Commission ID: | 5891 |
| Address: | 156 Muller Road, Taigum, Queensland, 4018 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 27 September 2023 to 28 September 2023 |
| Performance report date: | 27 October 2023 |
| Service included in this assessment: | Provider: 1706 Arcare Pty Ltd  Service: 23009 Arcare Taigum |

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 P. Sherin, 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 (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives, and others.
* the provider’s response to the assessment team’s report received 13 October 2023 providing additional information.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 3 Personal care and clinical care | 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 7** Human resources | **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 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

Consumers and representatives expressed satisfaction with personal and clinical care provided at the service, said staff know consumers’ care needs well, and confirmed the care consumers receive is right for them.

Care planning documentation demonstrated consumers receive care in line with their needs to optimise their health and wellbeing. Care documentation identified individualised strategies to guide staff practice in the management of consumers’ needs including but not limited to falls, wounds, pain, continence care, and medication. Staff demonstrated knowledge of each consumer’s personal and clinical care needs and strategies in place to support their care; this aligned with information documented under care plans.

For consumers subject to restrictive practice, care documentation evidenced risk assessments, authorisations, consent forms and behaviour support plans in place. The Assessment contact report brought forward information to evidence the service’s practice of locking external exit doors afterhours had not been identified as an environmental restrictive practice; this information is considered under Requirement 5(3)(b) below.

Staff have access to clinical policies, procedures, and training. The service conducts regular clinical meetings, audits, and clinical incident trending and analysis to ensure safe and best practice care delivery.

# 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

Consumers and representatives said the service is clean, well maintained, and comfortable; this was observed by the Assessment Team. Staff described processes in place to ensure the cleanliness, safety, and ongoing maintenance of the service.

The Assessment contact report brought forward the following information to demonstrate consumers were unable to freely move outside the service environment to access external courtyards and exit the service independently. This included:

* The service’s main exit door requires a coded keypad access. Whilst the code is displayed above the keypad, the keypad height may prevent some consumers from operating the keypad independently. A sign displayed at the main door instructs visitors to ensure they are not letting consumers out as they leave the service.
* Between the hours of 4:00pm and 8:00am, doors to the service’s external courtyard areas and main exit door are automatically locked requiring swipe card access to exit. Some doors to the courtyard area are also difficult to open. Consumers must request for staff assistance afterhours to unlock the doors to exit the service.
* Consumers expressed they would like to spend more time outdoors however required someone to take them. Some consumers commented they did not think they were allowed to access external areas unsupervised.
* Staff did not demonstrate knowledge of which consumers are free to leave the service independently and advised they would redirect consumers if observed attempting to do so.
* The service had not identified the practice of locking main exit doors afterhours may be environmental restraint due to restricting consumers’ free movement.

The Provider responded to the Assessment contact report with additional clarifying information and supporting evidence of actions taken to address the above issues, including:

* The coded keypad has been moved to a lower height to facilitate ease of use by consumers in wheelchairs. The code is displayed in large font above the keypad. The sign at the main door was temporarily placed due to an incident and has now been removed.
* Two out of 4 doors leading to external courtyard areas always remain unlocked for consumer access. Maintenance work has been conducted to ensure the doors are easy to slide open.
* The timer to lock exit doors has been adjusted to commence from 5:00pm. Memos have been circulated to all consumers/representatives to remind them of the security features of the service and that they can request staff for access afterhours. This information is included in the service’s consumer handbook and has now been added as an agenda item in consumer meetings.
* Individual assessments have been completed and one-on-one consultations conducted with all consumers (residing outside of the service’s memory support unit) and/or representatives to discuss the service’s security features and ensure informed consent. The Provider has asserted nil complaints have been raised by consumers/representatives in this regard.
* Additional outdoor activities have been included in the service’s lifestyle calendar based on consumer feedback.
* A toolbox talk has been conducted with reception staff regarding environmental restrictive practice, perimeter restraint, and their responsibility to facilitate consumers’ freedom of movement and access.

I have considered the evidence presented in the Assessment contact report and the Provider’s response. I am satisfied the Provider has demonstrated appropriate actions to immediately respond to and address the identified deficits and to enable consumers’ free access to the outdoor environment.

I, therefore, find 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

Consumers and representatives said staff are available when required and respond promptly when asked for assistance.

Staff confirmed staffing numbers are sufficient to provide care and services in accordance with consumers’ needs and preferences.

Management described the service’s processes to ensure the right number and skill mix of staff are available based on occupancy, clinical care needs, and regulatory requirements; and to cover shifts in cases of planned and unplanned staff leave.

Call bell records are reviewed weekly with analysis and investigation of overlength call bells to implement improvements.

Staff were observed responding promptly to requests for assistance from consumers.

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)