Performance

Report

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| Name of service: | Performance report date: |
| Arcare Templestowe | 27 June 2022 |
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| Arcare Pty Ltd | 18 May 2022 to 20 May 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 Templestowe **(the service)** has been considered by James Howard, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 18 May 2022 to 20 May 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 provider’s response to the assessment team’s report received 20 June 2022
* other intelligence and information held by the 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 | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* **Standard 4** Services and supports for daily living
* **Standard 7** Human resources

# Standard 1

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| Consumer dignity and choice | | Compliant |
| 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

This Standard is Compliant as I decided the service was Compliant with six of six Requirements in the Standard.

Consumers confirmed staff consistently treated them with respect and dignity and they felt staff acknowledged their individuality, along with their various cultures, values, and diversity. Consumers advised they were supported to be independent in their lives by taking risks and were given information to assist them with making informed choices. Consumers reported they were encouraged to maintain relationships with people important to them and could engage in activities as they wished. Consumers advised staff respected their privacy and they were happy with the care and services they received.

Staff demonstrated a strong understanding of consumers’ diversity and individual needs and gave specific examples of how their daily practices showed respect for consumers and maintained consumers’ dignity by tailoring their care and service delivery to individual consumers’ needs and preferences. Staff discussed methods used to assist consumers to receive and understand information they needed to make informed choices, particularly when engaging with risk. Staff described how they consistently ensured they maintained consumers’ privacy.

Documentation such as assessments, care plans, progress notes, medication charts and monitoring records held by the service demonstrated the service valued and respected consumers’ individual needs and preferences. The service had a diversity policy and was committed to ensuring the dignity and respect of its consumers, this included supporting consumers to stay in touch with people who were important to them. The service sought to identify and understand consumers’ backgrounds and to provide services that were culturally safe and effective. The Assessment Team observed notes from meetings, as well as interactions between staff and consumers, which showed consumers were able to make their own choices and exercise dignity of risk. The service demonstrated sharing of information with consumers, including regular updates to changes within the service, which assisted consumers to make informed choices. The service supported consumers’ privacy via a policy which detailed the service’s commitment to consumers’ personal privacy and confidentiality.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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 identify 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, which 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 advised care planning, assessment and ongoing reviews formed the basis of the care and services provided to them. Consumers reported the service’s care planning processes accurately identified their needs and preferences, which included end-of-life wishes. Consumers stated they were engaged in the care planning process, along with people of their choosing including other medical professionals, and any outcomes of the care planning process were discussed with them. Consumers and representatives reported they had ready access to documentation and could speak with staff at any time should they have concerns and were kept informed of any changes or incidents affecting a consumer’s condition. Consumers said they felt comfortable with review timeframes and ongoing monitoring of their conditions, including resultant updates to care planning documentation.

Staff spoke about the care planning process from consumer admission through to end-of-life wishes and showed their understanding of how the process guided and informed the care and services provided to consumers. Staff spoke about ongoing assessment and review of consumers and gave examples of when changes in condition or incidents occurred, which resulted in updates to care planning. Staff said care plans were reviewed every three months or as required. Staff demonstrated their understanding of their role in the care planning process and the importance of having others involved in the care planning process, such as people of importance to the consumer and/or medical professionals. Staff described how they accessed care planning documents through the service’s electronic care system and how they could provide copies to consumers and representatives when requested.

The service had policies and procedures in place which guided and informed staff in developing consumers’ care plans. The process showed how the service managed consumers’ goals, needs, preferences and risks to ensure consumers received safe and effective care. The Assessment Team observed documents and procedures used to guide staff in preparing care plans as well as guiding how staff provided care and services. The service had policies and processes concerning end-of-life care and its admissions policy contained a checklist which ensured it obtained all relevant information concerning consumers’ needs and goals. The policies included the requirement to involve others in the care planning and assessment processes, in accordance with consumers’ wishes. The service informed representatives and consumers of matters relevant to care and service delivery, which included providing care documents upon request.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 advised the clinical care they received was safe and matched to their needs and preferences. Consumers and representatives spoke of how care and services aligned with consumers’ care plans and their stated preferences, which included preferences concerning end-of-life wishes. Consumers confirmed their needs and preferences were known and effectively managed by staff who provided care and services to them, which included any risk factors associated with them. Consumers and representatives said any deterioration in consumers’ conditions was identified and responded to promptly, including timely referrals to other health professionals as required. Some consumers raised concerns about the number of staff available to care for them at certain times and whether some staff were sufficiently trained/skilled to care for them and this issue is considered further in Standard Seven.

Consumers felt the service managed end-of-life care professionally and were confident their wishes would be respected. Consumers reported infection control and hygiene practices by staff gave them confidence in the services’ ability to control infections and/or COVID-19 outbreaks.

Staff described how they provided safe and effective clinical care to consumers through following care plans, involving appropriate staff, using pain management and monitoring conditions, all of which were aligned to best practice. Staff spoke of methods used to manage high impact risk and high prevalence risk within the service and gave practical examples that included issues such as frequent falls, wound care, and medication issues. Staff demonstrated their knowledge of end-of-life procedures and methods for maximising comfort. Staff spoke of how they identified and managed consumers whose condition had deteriorated, which included escalating to registered staff, updating care plans, referrals to other health professionals and communicating with representatives. Staff spoke about how information flowed within the service, which included using the electronic care management system to provide all relevant people with timely and accurate information. Staff described how they ensured infection control was effective, which included use of personal protective equipment, minimising the use of antibiotics and COVID-19 testing processes.

The service demonstrated it had up-to-date care planning documentation that ensured consumers received safe and effective care that met their individual needs and preferences. The care planning documentation sampled by the Assessment Team demonstrated the service identified and responded appropriately to any changes in consumers’ conditions and provided appropriate care, which included involvement of external health professionals through the referral process. The service had effective processes and procedures for managing risk within the service and appropriate training and policies in place for staff regarding infection control and COVID-19 concerns.

# Standard 4

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| Services and supports for daily living | | Non-compliant |
| 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. | Non-compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

## Findings

I decided this Quality Standard is non-compliant as I am satisfied the service is non-compliant with Requirement 4(3)(f).

*Requirement 4(3)(f):*

The majority of consumers and representatives sampled during the site audit expressed disappointment with the quality of meals provided by the service. The feedback provided to the Assessment Team included the following:

* food was either over-cooked or under-cooked
* meals were served cold
* food was not appealing and lacked taste
* meals were over- or under-seasoned
* a lack of explanation as to why certain foods were not an option

During the site audit, the Assessment Team spoke with management about the concerns voiced by consumers and representative. Management advised it had received complaints and feedback in relation to meals and provided a response to the issues both during the site audit and in the response to the site audit report of 20 June 2022.

During the site audit, management explained it had introduced a ‘food committee’ in the past, in response to complaints regarding food; however, it was discontinued due to COVID-19. Managed advised it did not consider it necessary to recommence the food committee this year because feedback regarding the quality of food had been added as an item in the service’s continuous improvement plan. Management agreed it had not provided an explanation to consumers of the risks or reasons around allowing the serving of certain foods.

In its response of 20 June 2022, the Approved Provider gave several examples of feedback from consumers which expressed satisfaction with the quality of food, the introduction of new software for food and meals preparation, minutes from a food focus meeting and a proposed schedule for future meetings and risk assessment documentation supporting the serving of certain foods in line with consumer choice.

The Approved Provider advised it had implemented several processes to remedy the situation:

* A ‘scanner box’ has been purchased to monitor the temperature of food whilst it is being delivered to consumers.
* A regional executive chef has been assigned to Arcare Templestowe from 20 May 2022 onwards to support and investigate the catering processes.
* The regional executive chef will meet one-on-one with each consumer to gather specific feedback about their likes and dislikes.
* Weekly food focus meetings will commence from 30 May 2022, to gather regular feedback.
* A choice and dignity process will be explained to all consumers, to inform them of the availability of food choices such as a soft poached egg or a medium rare steak.
* Training on dignity and risk/choice will be completed by culinary staff in this service and across all Arcare services.
* A seasonal menu will be reviewed and updated based on consumer feedback.
* Meal services will be monitored daily with feedback being actioned accordingly.
* The quality of ingredients will be reviewed and monitored.

While I acknowledge the service is now taking appropriate action to address the issues identified in the site audit report, there has not been sufficient time to demonstrate the sustainability and effectiveness of the Approved Provider’s changes. The volume of negative comments contained in the site audit report shows the service had not identified and addressed consumers’ concerns around food quality and choice prior to the site audit.

Therefore, I considered the service was not providing meals that were suitably varied and of high quality and, as a result, I decided the service was non-compliant with Requirement 4(3)(f) at the time of the site audit.

*The remaining Requirements:*

I am satisfied the service is compliant with the remaining 6 requirements in this Quality Standard.

Consumers said the lifestyle program supported their needs, goals, and preferences and staff supported them to engage in activities of interest. Care plans listed consumers’ activity preferences and lifestyle staff said they used this information when creating the activity schedule. Staff said they designed activities to suit the various needs of consumers, engaged with other organisations and services to supplement activities, and supported consumers to attend activities outside the service environment. Consumers were observed interacting and engaging in activities. Equipment used by consumers was in good condition.

Consumers said they were comfortable speaking to staff if they wanted emotional support. Staff described how they provided support and were observed speaking with consumers in a caring and respectful manner. The service supported consumers’ spiritual well-being through regular religious services.

Consumers said they were supported to maintain relationships and described how the service supported them to make friendships and spend time together. Staff described how they assisted consumers to participate in the community and keep in contact with their families. Care planning documents showed consumers were referred to other organisations and providers when relevant.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 they felt at home in the service and the environment was clean and well maintained. Consumers confirmed they could move about freely within the service and had access to outdoor areas as they wished. Consumers described the service as easy to navigate with the environment supporting their mobility aids. Consumers advised staff kept the service in good condition with well-maintained gardens and outdoor areas and cleaning and maintenance staff kept the furniture and fittings in good order.

Staff advised they were always available to help consumers within the service, whether it be to help navigate or to provide other assistance in moving about. Staff described features of the environment designed to encourage and support consumers to move around safely. Staff spoke of how they used the internal electronic system to raise requests for maintenance and advised consumers could raise matters for attention verbally to them or use feedback forms.

Maintenance staff described the processes and procedures for ensuring equipment was maintained and kept in good condition, which included regular maintenance as well as reactive repairs. Staff confirmed they had enough equipment and supplies to do their jobs and advised how they followed cleaning processes before and after consumers used equipment. Staff described equipment storage procedures and the processes they followed when they identified a hazard.

The service’s environment was conducive to freedom of movement and independence and provided consumers with feelings of safety and belonging. The Assessment Team observed how consumers personalised their rooms through displays of photographs, decorations, and items of personal importance. The service had various in-house amenities such as a hair salon, café, theatre room and billiards room. The Assessment Team examined maintenance logs and schedules and noted maintenance issues were promptly addressed and the service environment was monitored, with hazards identified and communicated appropriately.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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 displayed an understanding of the complaints and feedback process and advised they knew how to engage and felt comfortable doing so. Consumers provided examples of when they had provided feedback with improvements made as a result. Consumers and representatives confirmed they were confident the service would action their complaints in an appropriate and timely manner. Consumers advised they used feedback forms and spoke directly with staff if they wished to raise an issue. Representatives of consumers with culturally diverse backgrounds spoke of their ability to raise issues on behalf of their loved ones and spoke of the external processes, organisations, and advocacy services they could use to raise complaints and provide feedback. Consumers and representatives gave examples and described the responses by management, including the use of an open disclosure process when things went wrong. Representatives advised of times when they were contacted in relation to matters and/or incidents and were provided with appropriate information. Some consumers noted concerns such as interpreter services not being offered or little or no change after providing feedback; however, the Assessment Team considered both concerns and did not see any further information which indicated the service had failed to properly deal with consumers’ concerns.

Staff described the ways they supported and encouraged consumers and representatives to engage in the feedback and complaints process and explained the escalation process followed when they received a complaint from a consumer. Staff discussed the use of consumer meetings, feedback forms, verbal feedback, and surveys as methods for encouraging consumers to provide feedback. Staff confirmed they were trained in complaints and feedback policies and procedures, including assisting with engaging advocacy and language service providers. Staff spoke of the open disclosure process and talked about specific instances where this was used in practice and described the open disclosure process as an integral part of the complaints and feedback process. Staff demonstrated how they recorded complaints and used the information to seek improvement opportunities in areas such as care provision, food, or wait times for staff. Staff provided and discussed numerous examples of where this had occurred, and the outcomes achieved.

The service had policies and procedures in place which supported consumers and representatives to provide feedback and complaints. The service demonstrated consumers were made aware of and had access to both internal and external processes for providing feedback and lodging complaints. Consumers had access to advocacy and language services as required. The service used feedback forms and had multiple mailboxes for these forms located within the service which were checked regularly, and information transferred to the service’s complaints and feedback register. Posters displaying the process for complaints and feedback as well as contact details for the Older Persons Advocacy Network were displayed around the premises. The Assessment Team reviewed the complaints and feedback register and saw all complaints from the last 3 months were documented and contained an appropriate response. Where the service identified improvement opportunities, these were added to the service’s continuous improvement plan for monitoring and action.**Standard 7**

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| Human resources | | Non-Compliant |
| 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. | Non-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

I decided this Quality Standard is non-compliant as I am satisfied the service is non-compliant with Requirement 7(3)(a).

*Requirement 7(3)(a):*

The Assessment Team noted the following issues raised by consumers and representatives:

* Most consumers and representatives sampled said there were insufficient regular staff, with a large number of agency and casual staff at the service. Consumers and representatives said staff did not respond quickly when they needed attention and were not always available to help them do activities they enjoyed.
* Consumers and representatives stated agency staff did not understand their care needs, and therefore they did not receive the care they needed and were dissatisfied by the care they received.

In response to the Assessment Team, management advised:

* The service has significant staffing issues due to COVID-19 cases in the community, as well as other factors.
* Management discussed recruitment drives and strategies it has implemented to attract new and agency staff.
* Management discussed a process to utilise casual and part time staff before agency staff and strategies implemented to assist new and agency staff, such as a condensed information guide or ‘cheat sheet’.
* Management described the process for covering unplanned leave which included utilising the casual staffing pool at both service and organisational level. If this process was unsuccessful, management explained it then attempts to contact non-rostered staff on both a service and organisational level. Finally, if those methods were unsuccessful, it sought agency staff from preferred agencies to cover unfilled shifts and also offered extended shifts to staff on duty.
* Management advised the service recently implemented a process to assist agency staff orientation, such as the Nurse Unit Manager reviewing the shift cohort to ensure the even distribution of staff resources, and the creation and trial of a condensed consumer information guide for agency staff to identify consumers’ preferences, identify consumers who required staff assistance and consumers’ preferred mealtimes. This process was being monitored and reviewed.

The Approved Provider’s response of 20 June 2022 provided an update on the service’s recruitment purposes, which included sign-on bonus payments for new staff, including care staff and registered nurses. The response provided details of improvements it is making in relation to the number and mix of staff.

While I acknowledge the service recognised and is taking action to address the issues raised by the Assessment Team and in the site audit report, there has not been sufficient time to demonstrate the sustainability and effectiveness of the Approved Provider’s changes. I consider at the time of the site audit the service did not demonstrate the workforce was planned to enable the delivery and management of safe and quality care and services.

Therefore, given the above information, I decided the service was non-compliant with Requirement 7(3)(a) at the time of the site audit.

*The remaining Requirements:*

I am satisfied the service is compliant with the remaining Requirements of this Standard.

The Assessment Team observed interactions between staff and consumers were kind and caring, with staff showing respect and awareness of cultural diversity. The service had documented policies and procedures which guided staff practice and required staff to deliver care and services through a person-centred approach. The service demonstrated staff had the required qualifications and knowledge to effectively perform their roles. Consumers and representatives said they were confident staff were skilled to meet their care needs. Staff said they were confident training equipped them with the knowledge to provide care and services for consumers. Management explained how professional qualifications required by staff were completed and monitored. The Assessment Team observed processes for ongoing performance management of staff, including annual reviews. The service demonstrated staff were recruited, trained, equipped, and supported to deliver safe and quality care and services.

**Standard 8**

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| Organisational governance | | Compliant |
| 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 felt the service was professionally managed and reported satisfaction with their level of involvement in the care assessment and planning processes. Consumers and representatives described how they were involved in providing input into the way the service was run and care was delivered and gave examples such as consumer meetings and being encouraged to provide verbal and written feedback.

The Assessment Team reviewed the organisational structure that included the Arcare board, executive team, operations, state management, quality team, funding team, human resources, finance team, catering team, and home care team.

Staff said consumers and representatives were supported to engage in the development, delivery and evaluation of care and services and gave examples of how that occurred, such as:

* feedback and complaints process
* monthly food focus meetings
* feedback forms
* regular case conferences and consumer meetings
* flexibility and consultation with lifestyle programs to suit consumers individuality

Management described the involvement of the governing body in the promotion of a culture of safe, inclusive, and quality care and gave examples, such as:

* communication to the board from clinical governance meetings and quality management meetings
* service-level information was fed up to the board through emails, memoranda, and meetings.

The Assessment Team reviewed the organisation’s diversity plan and inclusion policy which supported the Quality Standards and promoted the provision of inclusive and culturally safe care and services.

The service demonstrated it had effective governance systems relating to the management of information, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. However, deficits were identified in Standard 7(3)(a) in relation to the use and orientation of agency staff and the impact this had on consumer’s care needs.

The organisation provided a documented risk management framework, including policies describing how:

* ‎High impact or high prevalence risks associated with the care of consumers were managed.
* ‎Abuse and neglect of consumers was identified and responded to.
* ‎Consumers were supported to live the best lives possible.
* ‎Incidents were managed and prevented.

The organisation had policies in place for a clinical governance framework, antimicrobial stewardship, minimising the use of restraint and open disclosure.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)