Performance

Report

**1800 951 822**

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| Name of service: | Arcare Templestowe |
| Service address: | 75 King Street TEMPLESTOWE VIC 3106 |
| Commission ID: | 3255 |
| Approved provider: | Arcare Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 8 March 2023 |
| Performance report date: | 04 April 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 Templestowe (**the service**) has been prepared by C Spiller, 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.

# Assessment summary

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| 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 7** Human resources | Not applicable as not all requirements have been assessed |

An assessment contact was conducted on 8 March 2023 to assess Standard 3 requirements 3(3)(b) and 3(3)(d), Standard 4 requirement 4(3)(f) and Standard 7 requirement 7(3)(a).

The service was found to be non-compliant in requirements 4(3)(f) and 7(3)(a) following a Site Audit conducted 18 May 2022 to 20 May 2022. The scope of the assessment contact was extended to include requirements 3(3)(b) and 3(3)(d) in response to information held by the Commission.

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

Findings

I am satisfied the Service is compliant with Requirements 3(3)(b) and 3(3)(d).

During the Assessment Contact on 8 March 2023, consumers and/or their representatives interviewed, indicated consumers receives safe care. Representatives of consumers who were prescribed psychotropic medications confirmed they have been consulted and consented to the use of chemical restrictive practices. File review and feedback from staff demonstrate the use of restrictive practices are assessed, managed, monitored, and reviewed and PRN psychotropic medication is not the first line intervention for behaviours of concern. The service maintains a register of restrictive practices and demonstrates effective review which has resulted in the cessation of many consumers’ psychotropic medications since December 2022. The organisation’s updated policies and procedures guide staff in the provision of safe and effective care. The service’s learning and development program and clinical governance builds capacity of staff to deliver safe, effective care.

The Assessment Team found the Service had implemented a range of actions to improve the delivery of safe and effective care specifically in relation to chemical restrictive practices and administration of medication including psychotropic medications such as conducting monthly audits on restrictive practices, changing its medication management system to improve safety, reviewing care planning documentation in relation to risk, restrictive practices and behaviour support.

The Assessment Team found the service has implemented several actions to improve the delivery of safe and effective care specifically in relation to recognising and responding to consumer’s deterioration, including reviewing the clinical staff model and increasing the frequency of clinical risk meetings from monthly to fortnightly. Overall representatives interviewed said that the service had responded in a timely manner to their consumer’s changed condition in recent times. File review identified staff managed signs of deterioration for consumers according to organisations policies and procedures. Staff demonstrated knowledge and skills in observing and signs of deterioration and timely management of deterioration including referral to other health providers and organisations. Staff training logs evidenced clinical staff had participated in recognising and responding to a deteriorating consumer training in February 2023.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

I am satisfied the Service is compliant with this Requirement.

This requirement was found non-compliant following a Site Audit conducted 18 May 2022 to 20 May 2022. The service was unable to demonstrate that the meals provided were of a suitable quality to meet the preferences of consumers and were not providing a quality dining experience.

The organisation added several actions to the plan for continual improvement in response to the non-compliance identified at the Site Audit on 18 May 2022 to 20 May 2022.

During the Assessment Contact on 8 March 2023 the service demonstrated they have successfully implemented these actions. Consumers and /or representative feedback has improved, feedback documentation viewed reflects improvements. Training has been provided to staff to improve the dining experience. Staff demonstrated knowledge related to consumer food preferences and requirements. The service is trialling food ordering software and has purchased equipment to ensure food is served at the correct temperature. All consumers sampled said the meals were a good temperature, adequate quantity, choice was offered, and additional food was available on request. The Assessment Team observed the dining experience and noted staff were treating consumers with respect and were providing choice.

# 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

I have assessed Requirement 7(3)(a)as compliant.

This requirement was found non-compliant following a Site Audit conducted 18 May 2022 to 20 May 2022. The service was unable to demonstrate there were enough regular staff, and that agency staff did not understand consumers’ care needs. The service was not always responding to consumers’ needs in an appropriate time frame.

The organisation added several actions to the plan for continual improvement in response to the non-compliance identified at the Site Audit on 18 May 2022 to 20 May 2022.

During the Assessment Contact on 8 March 2023, the service demonstrated they are implementing these actions, however, there have been some delays due to the loss of key management. Overall, consumers’ and/or representatives’ feedback has improved. Agency staff demonstrated knowledge related to consumer care needs. The service is actively recruiting, is providing orientation to new permanent and agency staff, and providing training to permanent and agency staff. Consumers and/or their representatives said there were not enough regular staff, and the service needed more staff, however, they did not express concern their care needs were not attended to. Training records confirmed how staff and agency staff have been supported to deliver safe and quality care to consumers. On balance, I have assessed this Requirement as 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)