Performance

Report

**1800 951 822**

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| Name: | Arcare Thornlands |
| Commission ID: | 8210 |
| Address: | 1 George Thorn Dr, THORNLANDS, Queensland, 4164 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 21 August 2024 |
| Performance report date: | 29 August 2024 |
| Service included in this assessment: | Provider: 1706 Arcare Pty Ltd  Service: 27935 Arcare Thornlands |

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 Thornlands (**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 (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 27 August 2024
* other information known by the Commission

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not Applicable |
| **Standard 3** Personal care and clinical care | **Not Applicable** |
| **Standard 8** Organisational governance | **Not Applicable** |

A detailed assessment is provided later in this report for each assessed requirement. An overall assessment for the Standard is not provided, as not all requirements are assessed.

# 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)(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 |

Findings

The assessment team report included information that the service demonstrates assessment and planning informs the delivery of safe and effective care and services. Consumers report they are satisfied the care and services provided meets their needs, goals and preferences. Care planning documentation includes information about potential risks to consumers’ wellbeing including for falls, skin integrity, pain wounds and dysphagia. The service has policies and procedures in place to guide staff in the delivery of safe and effective care and staff have a shared knowledge of these. Validated risk assessment tools are used by the service to inform the care requirements of consumers. Reports from other health professionals inform the development of individualised care plans. I have considered the information within the assessment team report and the provider’s response. I find requirement 2(3)(a) compliant.

# 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

The assessment team report included information that the service demonstrates high impact high prevalence risks are effectively managed. Consumers report they are confident the service manages their risks effectively. Clinical assessment determine risk management strategies and interventions. Other health professionals inform the development of individualised care delivery. Staff receive training to support the management of risks for consumers. Registered and care staff have a shared knowledge of responding to risks including for falls management, pain, dysphagia and skin integrity. I have considered the information within the assessment team report and the provider’s response. I find requirement 3(3)(b) compliant.

The assessment team report included information that the service demonstrates deterioration of consumers’ health is responded to in a timely manner. Consumers report deterioration of their health is responded to in a timely way. Care documentation demonstrates staff recognise, report, and respond to changes in consumers’ conditions in a timely manner. Registered and care staff have a shared knowledge of responding to deterioration of consumers’ health as well as escalation processes. Information about consumers is shared with staff to ensure effective monitoring of consumers’ health outcomes. I have considered the information within the assessment team report and the provider’s response. I find requirement 3(3)(d) compliant.

# Standard 8

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| Organisational governance | |  |
| 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 assessment team report included information that the service demonstrates effective risk management systems. Consumers report they are confident management monitors and addresses their concerns of risk. The service is guided by best practice policies and procedures which are overseen by the clinical governance of the organisation. Clinical risk is escalated to the organisation’s Board or to external agencies such as the Commission where required. Where incidents occur, the service seeks opportunities to improve outcomes for all consumers. The service maintains a digital incident management system which includes a risk assessment matrix. The service’s plan for continuous improvement supports proactive activities to improve care outcomes related to high-impact and high-prevalence risks within the service. I have considered the information within the assessment team report and the provider’s response. I find requirement 8(3)(d) 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)