

**Performance Report**

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| Name: | Arcare Warners Bay |
| Commission ID: | 8266 |
| Address: | 64-72 Warners Bay Road, WARNERS BAY, New South Wales, 2282 |
| Activity type: | Site Audit |
| Activity date: | 13 November 2024 to 15 November 2024 |
| Performance report date: | 6 February 2025 |
| Service included in this assessment: | Provider: 1706 Arcare Pty Ltd Service: 28180 Arcare Warners Bay |

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 Warners Bay (**the service**) has been prepared by Jodie Earnshaw, 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 Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, older people/representatives and others.
* the provider’s response to the assessment team’s report received 20 December 2024. The response includes commentary and supporting documentation as well as a plan for continuous improvement.

# 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 | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# 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 |
| 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

Consumers and representatives said they are treated with dignity and respect, and their identity and culture are valued. Consumers said staff were respectful in their interactions, and supported their preferences related to maintaining their independence and choices. Documentation showed the service document key information about consumers in their care to guide individualised care and services including, consumers’ personal history, and religious, spiritual, and cultural preferences. Policies and procedures relating to dignity and diversity guide staff practice in providing respectful, dignified, individualised care and services.

Consumers and representatives said they feel safe, and the workforce understands and accommodates their cultural needs and preferences. Documentation showed care plans reflect consumers’ cultural, spiritual, and religious needs and preferences. Staff demonstrated they knew consumers well and gave examples of providing tailored care and services which are culturally safe, including supporting consumers to attend religious services.

Consumers and representatives are satisfied staff support them to make decisions about how services and supports are delivered, and who they would like to be involved in making decisions about their care. Consumers said staff support them to develop and maintain relationships of importance to them, including with their relatives. Staff demonstrated they support consumers to make decisions about how they would like care and services delivered, and who they prefer to be involved. Staff demonstrated an understanding of relationships which are important to consumers and provided examples of how they facilitated connections between consumers and their family members.

Consumers and representatives said staff support them to take risks, to enable them to live the best life they can, including supporting consumers to continue with activities they enjoy in the wider community. Documentation showed risks related to consumer choices are assessed and strategies to mitigate risks are documented in the care plan and communicated to staff. Staff demonstrated an awareness of consumers’ right to take risks and provided examples of consumers they supported to live the best life they can, whilst supporting their safety and wellbeing.

Consumers said staff keep them informed about a range of matters important to them including, activities, the menu, key issues arising in the service, and feedback mechanisms. Consumers said information is provided to them in a timely manner and in a range of ways which promotes consumer choice, engagement and understanding. Documentation and observations of the Assessment Team showed staff provide timely information to consumers verbally, in writing, via meetings, and information is displayed in consumers’ rooms, and communal areas of the service.

Consumers said their privacy is respected and maintained by staff including when staff enter their private rooms and when providing personal care. Observations of the Assessment Team described staff maintaining consumers’ privacy and confidentiality including when entering consumer’s rooms and by ensuring consumers’ care records are kept confidential and secure.

Based on the information summarised above, I find this Standard is compliant.

# 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 |
| Requirement 2(3)(b) | Assessment and planning identifies 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, that 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 and representatives said consumers receive the care and services they need, and they have partnered with staff during the assessment and planning of risks related to their care. Staff demonstrated an understanding of the assessment and planning process, identifying risks through the assessment process, and planning for safe and effective care and services. Documentation including assessments and consumers’ care plans showed, risks related to consumers’ care had been identified and strategies to mitigate risks documented and communicated to staff, to inform the delivery of safe care and services.

Consumers said their care plans reflected their current needs, goals and preferences and they received care and services which met their needs. Documentation showed overall, care plans reflected consumers’ needs, goals, and preferences, including advanced care and end of life planning. Staff demonstrated understanding of the service’ assessment and planning process including, involving consumers in the process, and incorporating advanced care and end of life planning, where consumers’ wish.

Consumers said they are satisfied with the level of involvement they have in the assessment and planning process, and said they can involve others if they wish. Documentation showed staff engage with consumers and others, during the assessment and planning process. Staff described the assessment and planning process including how they partner with consumers, and other providers of care, at various intervals, including on entry to the service, and during regular care plan reviews.

Consumers and representatives provided feedback staff maintain communication with them during the assessment and planning process and communicate the outcomes of this process. Consumers said they felt comfortable discussing any concerns with staff and staff offered them a copy of their care plan. Staff provided examples where they had communicated with consumers about the outcomes of assessments and care planning, including during entry, on an ongoing basis, and during scheduled care conferences. Staff demonstrated they offer consumers a copy of their care plan.

Consumers and representatives said staff regularly discuss any changes in their care needs to ensure they remain current. Documentation showed assessments and care plans are updated following incidents, hospitalisations, and changes in consumers’ condition. Staff described how they review and reassess consumers following incidents, to ensure the care and services meet consumers’ current needs, goals, and preferences.

Based on the information summarised above, I find this Standard 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 |
| 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 and representatives reported satisfaction with the personal and clinical care provided and provided feedback that their personal preferences are met. Documentation demonstrated care provided for consumers aligned with best practice, and policies and procedures guide staff in providing best practice care, which is tailored to consumers’ needs. Staff demonstrated an awareness of consumers’ personal care needs and preferences and provided examples of how they tailor care to optimise consumers’ wellbeing.

Consumer care records and clinical data records demonstrated the service effectively manages high-impact, high-prevalence risks, including in relation to diabetes, falls, choking, wounds, the use of psychotropic medication and the administration of time sensitive medication. Policies, procedures, and protocols guide staff in managing risks to consumers wellbeing. Staff provided examples of how they identify risks to consumers wellbeing, conduct ongoing monitoring of consumers at risk, and implement strategies to mitigate risks related to the care of consumers.

Staff establish end-of-life pathways, engage palliative care specialists, conduct regular monitoring of consumers, and provide pain management, comfort measures, and psychosocial support to consumers in accordance with advanced care directives and their end-of-life goals. Staff demonstrated awareness of providing dignified care in line with consumers’ cultural and personal preferences during end-of-life stages and explained the processes in place to ensure ongoing communication with consumers and their representatives in line with consumers’ wishes.

Documentation showed staff recognise and respond appropriately to a change in consumers’ condition in a timely manner, including, providing immediate care, and referring to other providers of health care, where required. Staff advised they escalate changes to a consumers’ mental health, cognitive or physical function to clinical staff and medical officers, in accordance with policies and procedures.

Consumers said staff knew them well, provided care and services in line with their needs and expressed they were satisfied with the level of communication between staff about their care needs. Staff described various information sharing processes which enabled them to understand consumers’ condition and care needs, including electronic access to consumers’ care plans, and clinical information and care updates during shift handovers. Documentation showed care plans are available to staff, appointments and additional requirements for consumers are documented, so all responsible for the care of consumers understand the consumers condition and care needs.

Consumer representatives said they were satisfied referrals were made to appropriate providers of care and were completed in a timely manner. Documentation for sampled consumers showed appropriate referrals to allied health professionals, medical officers, and specialists, with recommendations documented in care plans, and communicated to staff to guide care and service delivery.

Management advised the service has an Infection Prevention and Control lead and an outbreak management plan, and reporting mechanisms to track infections. Clinical staff demonstrated an understanding of antimicrobial stewardship and outbreak management. Documentation showed antimicrobial stewardship is discussed at the medication advisory council, and clinical staff meetings, and audits are completed to track infection related risks to consumers. Personal protective equipment is available, and isolation protocols are implemented in line with the policies and procedures.

Based on the information summarised above, I find this Standard is compliant.

# Standard 4

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

Findings

Consumers reported services and supports for daily living effectively meet their needs, goals, and preferences, promoting their independence, health, and well-being. Staff explained how consumers’ needs, goals and preferences are identified, and demonstrated a person-centred approach is implemented to ensure consumers wellbeing and independence is optimised. Consumers were observed participating in activities tailored to their goals, with wellness staff regularly reviewing consumers’ preferences and needs.

Consumers expressed satisfaction with the emotional, spiritual, and psychological supports provided, and described how religious services help meet spiritual needs, and the kind, caring attitude of staff helped them feel emotionally supported. Staff said they offer one to one support for consumers reporting low mood and where engagement levels in lifestyle supports is minimal.

Consumers said they feel supported to engage in activities within the service environment, and in the wider community. Consumers said staff support their relatives to visit and engage in events, which helped them maintain personal relationships. Staff described how they identify consumer preferences for social engagement and based the activity schedule on consumer feedback, enhancing social and personal connections. The Assessment Team observed consumers engaged in social activities and interacting with each other.

Management and staff described effective communication practices, internally and with external providers of care, including message boards, the electronic care management system, verbal handovers, and updates on mobile electronic devices. Documentation demonstrated updates on consumers’ condition, needs, goals and preferences.

Consumers reported satisfaction with the service’s referral process and timely access to additional care and support. Staff explained referral protocols to external providers for allied health, dementia specialist services, and other providers of care and services. Documentation demonstrated prompt, appropriate referrals, and recommendations are updated in consumers’ care plans.

Consumers reported overall satisfaction with meal quality, quantity, and variety. Documentation showed a variety of meal options, and care plans reflected consumer dietary preferences and requirements. Observations of the Assessment Team reported a variety of meal choices available during mealtimes, and food and drinks available outside of scheduled mealtimes.

Consumers reported feeling safe using equipment, which is suitable for their needs, and they were confident equipment is repaired or replaced when needed. Staff reported having sufficient and well-maintained equipment, and the service is supportive of purchasing more equipment as needed. Observations described clean and functional equipment, including mobility aids, and lifting and adaptive equipment.

Based on the information summarised above, I find this Standard is compliant.

# Standard 5

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| Organisation’s service environment |  |
| 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 and representatives said the service environment is welcoming, easy to navigate and promoted a sense of safety. The Assessment Team report described navigation and wayfinding signage throughout the service, and a light, welcoming environment. Consumers rooms were observed to be personalised, and consumers were engaged in the garden areas.

Consumers said their rooms are clean and comfortable, maintenance requests are completed in a timely manner, and they can move freely indoors and outdoors. Management and staff described the maintenance and cleaning processes, and documentation demonstrated all maintenance requests had been completed in a timely manner, ensuring consumer safety. Observations of the consumers’ rooms and communal areas were described as clean and well maintained, and doors to external areas remain unlocked to enable consumers to move freely indoors and outdoors.

Consumers advised furniture and equipment is safe, clean, and well-maintained. Management and staff described their responsibilities and processes for ensuring furniture and equipment is clean, safe, and well maintained.

Based on the information summarised above, I find this Standard is compliant.

# Standard 6

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| Feedback and complaints |  |
| 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 and representatives said they were comfortable providing feedback and raising concerns with management and staff and felt heard. Management described various ways consumers and representatives are able to provide feedback and make complaints including, in person, the use of feedback forms, access to a secure mailbox, and during ‘resident and relative’ meetings. Staff described the feedback and complaints management process and actions they take to support consumers and representatives to provide their feedback and make complaints.

Consumers and representatives advised they prefer to raise concerns internally and issues are resolved to their satisfaction. Documentation showed information about external complaints avenues, advocates, and language services is made available to consumers.

Consumers and representatives said where they have raised issues, management and staff have addressed them to their satisfaction and offered an apology. Documentation showed feedback and complaints have been addressed in accordance with the service policies and procedures, and an open disclosure approach is adopted. Management described raising complaints at leadership meetings and allocating matters to the appropriate manager for resolution.

Consumers provided examples of how their feedback had translated into service improvements including relating to accessibility of information. Documentation demonstrated complaints are outlined in a register, and actions taken to resolve complaints are recorded and used to drive service improvements.

Based on the information summarised above, I find this Standard 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 |
| 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

Overall, consumers and representatives said there are enough staff available to meet their care needs, and staff take their time when providing care. Most staff said there enough staff with the right mix of skills to provide safe, quality care and services to consumers. Management described the master roster, and how they allocate staff to ensure the delivery of safe, quality care and services, including considering staff skill, and the acuity, goals, needs, preferences of consumers. Management said they are currently reviewing staffing levels in one area of the service following feedback, to ensure the right number and mix of staff is available to provide safe, quality care and services.

Consumers and representatives said staff are kind, caring and respectful in their interactions. Management advised they consider feedback, audits, and observations to monitor staff conduct, to ensure staff interactions meet organisation and consumer expectations. Staff demonstrated they understood the importance of providing kind, respectful care, and gave examples of providing care and services which are respectful of consumers’ identity. Policies and procedures guide staff in providing kind, caring and respectful care and services.

Consumers said staff are competent and provided examples of their confidence in the competency of registered staff providing wound care, and care staff providing activities of daily living. Staff said management support them to maintain and develop their skills, to ensure they are competent to perform their roles well, and they have access to training to upskill. Records show staff complete a range of competencies relevant to their roles and responsibilities, including medication competency, manual handling, and infection prevention and control.

Consumers and representatives said they are confident staff are skilled and well trained. Management described the training calendar which includes mandatory and optional training, available to support staff knowledge and skills and to enable them to effectively perform their roles. Staff advised they undertake mandatory training and have access to a catalogue of optional training, to further their knowledge and skills. Staff training records showed staff had undertaken mandatory training, as required.

Management described various ways they assess, monitor, and review the performance of staff, including during a probationary period, 6 months after commencing employment, and annually.

Based on the information summarised above, I find this Standard is compliant.

# Standard 8

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| Organisational governance |  |
| 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 have a voice in relation to how care and services are provided, and wider service improvements. Consumers said they are supported in their engagement in various ways, including during ‘resident and relative’ meetings, participation in the food focus group, and via resident experience surveys. Management reported consumers and representatives can provide feedback directly to the Board, and Board members and the Chief Executive Officer make themselves available to engage directly with consumers on site. The service has a consumer advisory body and consumers have been invited to express their interest in joining the body.

Overall, consumers and representatives said they are satisfied with the care and services they receive and feel safe living in the service. Management described the constitution of the governing body, which includes members with clinical expertise. Documentation showed the Board is informed of the service’s performance in relation to the Quality Standards, through regular meetings, reports, and various committees.

Documentation showed the service has a workforce governance framework, and members of the workforce are designated responsibility to recruit, train, and monitor the performance of staff, and ensure staff engaged are suitable to hold their positions, and provide safe, quality care to consumers.

Management described electronic software and subscriptions which aid in tracking, monitoring, and communicating legislation and policy updates. Management described the systems in place to encourage consumer feedback and complaints, and ensure appropriate action is taken, including applying an open disclosure process, to improve outcomes for consumers.

Management described a range of systems, policies, and processes to ensure effective risk management, including, a risk register to monitor high impact high prevalence risks to consumers, a clinical governance committee to monitor trends in relation to clinical incidents, and serious incidents reportable under the Serious Incident Response Scheme. Staff demonstrated an understanding of identifying and responding to consumer abuse and neglect and supporting consumers to live the best life they can. Policies and procedures guide staff practice and training records demonstrated staff participation in risk management, incident management, and recognising and responding to abuse and neglect of consumers.

Documentation showed a clinical governance framework is in place and associated policies and procedures guide the delivery of safe, quality, clinical care. Management described clinical care delivery and clinical governance are discussed during a variety of executive, clinical, and staff meetings. Policies and procedures are in place to guide staff practice in open disclosure, antimicrobial stewardship, and restrictive practices, and staff and management were able to describe these processes, and how they are used to improve quality outcomes to consumers.

Based on the information summarised above, I find this Standard is compliant.

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