Performance

Report

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| Name of service: | Arcare Warriewood |
| Service address: | 23 Warriewood Road WARRIEWOOD NSW 2102 |
| Commission ID: | 0935 |
| Approved provider: | Arcare Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 12 September 2022 to 14 September 2022 |
| Performance report date: | 13 October 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 Warriewood (**the service**) has been prepared by

D. McDonald, 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; 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 11 October 2022

# 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 | **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.

* Requirement 7(3)(e) – the service ensures the performance of each member of the workforce is assessed, monitored and regularly reviewed.

# 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 stated staff always treated consumers with respect and valued their backgrounds and identities. Staff described how they supported consumer choices and demonstrated awareness of how consumers' choices and backgrounds influenced their care and services. Staff were observed respecting consumer choices and preferences, such as using the consumer's preferred names.

Consumers and representatives confirmed the service valued and respected their cultural backgrounds and structured their care to reflect this. Staff identified consumers from diverse backgrounds and provided information on how they supported the well-being and function of all consumers. Care plans specified details about consumers' backgrounds and what was important to them. Language resources were available to support communication with consumers identified to have communication barriers.

Consumers confirmed they were supported to make decisions for themselves and those choices were respected. Staff stated consumers were supported to make decisions about their care including involving others, communicating their choices, and maintaining relationships of value to them. Care planning documentation noted relationships of significance and the importance of maintaining contact with people valued by the consumers.

Consumers confirmed they were supported to make choices and take risks as they wish, such as self-administering medication and advised risks were discussed in a case conference between staff, themselves, their representatives and medical officer. Staff could describe risk assessment and consent process and care planning documentation supported where consumer had chosen to engage in activities which may have an element of risk, this was recorded and reviewed periodically.

Consumers and representatives confirmed the service kept them informed by providing information such as verbal reminders, email, and text correspondence. Staff explained copies of menus and activities calendars were displayed throughout the service and within consumer rooms. Information displayed was clear and understandable and allowed consumer to make their own decisions. Staff were observed assisting consumers to exercise choice.

Consumers confirmed their privacy and dignity were supported and respected by the staff when providing care. Staff described how they ensured consumer privacy was supported and the importance of maintaining consumer privacy and dignity. Staff were observed respecting the privacy of consumers by knocking and greeting them before entering their rooms.

# 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 received the care and services they needed and felt they had a say in the care planning processes. Staff described and care documentation supported, a comprehensive assessment process was undertaken at entry to identify any risks and strategies were planned to inform care delivery. Staff gave examples of consumer's unique care goals and preferences and these reflected those detailed in consumer care plans.

Consumers and representatives said assessment and planning identified and documented the consumers' current preferences, advance care and end of life wishes. Staff demonstrated knowledge of consumer’s current personal and clinical care needs, goals and preferences and described their approach to discussions about end of life care. Consumer files supported consumer goals and end of life care preferences had been captured where these had been expressed. Policies and procedures guided staff in advance care and end of life planning.

Consumers and representatives said they were active partners in care planning processes. Staff advised care plan reviews occurred every 3 months and included case conferences involving the consumer and representatives, medical officers, and other specialists. Care planning documentation evidenced the involvement of consumers, their nominated representative and a range of external providers and services such as medical officers, allied health professionals and specialist support services.

Consumers and representatives considered the service maintained good communication with them and described how staff explained things to them clearly and clarified clinical matters. Consumer files demonstrated outcomes of assessment had been communicated to the consumer and representatives and were documented in a care and services plan which was readily available to the consumer. Management said all consumers and their representatives were offered a copy of their care plan and consumers confirmed they had a copy of their plan.

Care planning documentation evidenced review on both a scheduled regular basis and when circumstances changed, such as consumer deterioration. Consumers and representatives said staff regularly discussed their care needs with them, and any changes requested were addressed promptly. The service had policies and procedures which guided staff in the assessment and planning process for consumers on a 3-monthly basis or as needed following a change in health status.

# 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

Care documentation evidenced individualised care tailored to the specific needs and preferences of the consumer was based on their assessed needs and provision of care was monitored. Consumers confirmed staff provided the care they needed, when they needed it. The service had policies, procedures and work instructions for key areas of care including, but not limited to, restrictive practices, wound management, and pain management, which were in line with best practice and were readily accessible via an online portal.

Consumers and representatives said the service was managing risks to consumers' health, particularly for falls. Documentation supports high-impact and high-prevalence risks were effectively managed through regular clinical data monitoring, trending, and implementation of suitable risk mitigation strategies for individual consumers. Handover sheets were observed to include notes about consumer risks and included reminders to complete behaviour charting and provide emotional support for identified consumers.

Representatives expressed gratitude for the end of life care their loved ones received at the service. Consumers advised if they wished to, they had their advance care plan and end of life wishes completed by themselves or a representative. Staff described how they approached conversations around end of life preferences with sensitivity and how they cared for palliating consumers through supporting regular family visits, regular repositioning, hygiene and comfort care, pain relief, and pastoral care.

Consumers and representatives said the service was responsive to changes in the consumer’s condition and care needs and responded with informed management strategies. Care planning documents and/or progress notes reflected the identification of, and response to, deterioration or changes in the consumer’s condition. Staff described the processes involved when consumers exhibited changes in condition, such as significant weight loss, actions included referrals to appropriate services, such as the dietician, followed by weekly weight checks and the commencement of food and fluid balance charts where applicable.

Consumers and representatives were satisfied with the delivery of care, including the communication of changes to consumers' conditions. Information about the consumer’s condition, needs, and preferences was documented and effectively communicated with those involved in the care of consumers. Care planning documentation demonstrated progress notes, communication books, and care and service plans which provided information to support effective and safe sharing of the consumer's information and support care.

Care planning documentation evidenced a referral process to other health care providers as needed promptly. Consumers and representatives advised timely and appropriate referrals to occur and the consumer had access to relevant health supports. Staff described the process for referring consumers to other health professionals and how this informed care and services. Staff advised the service was supported by physiotherapist, dietitian, and speech pathologist visits as required, and podiatrist visits every 6 weeks.

The service had policies and procedures to support the minimisation of infection related risks through the implementation of infection control principles and the promotion of appropriate antibiotic prescribing. Consumers and representatives stated, and observations confirmed, staff used personal protective equipment and undertook hand hygiene, consistently and correctly. Staff demonstrated knowledge of assessment pathways that promote antimicrobial stewardship. Documentation supported vaccination status of consumers and staff was recorded and monitored.

# 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 said they felt supported to pursue activities of interest to them, which optimised their independence. Staff described how the service partners with the consumer or their representative to conduct assessments which identified the consumer's individual preferences including their likes, dislikes, leisure interests, social, emotional, cultural, or spiritual needs, and any traditions important to them. Staff were observed reminding consumers about planned activities, such as a bus outing which consumers were later observed taking part in.

Staff advised, and consumers confirmed, how the consumers' emotional, spiritual, and psychological needs were supported in ways including through lifestyle staff support, religious services, and by using technology to connect with people important to them. Staff said they referred consumers to the chaplain, who provided group church services on Sundays, one-on-one emotional and spiritual support, as well as pet therapy. Staff were observed arranging a hymn session which took place the day after a religious service.

Consumers and representatives indicated consumers were supported to participate in activities within and outside the service, maintain contact with the people who were important to them, and do things of interest to them. Consumers' care planning documentation aligned with the information provided by consumers, representatives, and staff about their involvement in activities, the community, and maintaining personal relationships. Management and staff described how technology has supported contact between consumers and their families by providing daily voice and video calls when in-person contact has been limited due to visitor restrictions.

Consumers and representatives said the consumer's preferences, needs, and conditions were effectively communicated within the service and with others where appropriate. Staff described the handover process, the electronic care management system, and updates provided during the shift, which ensured changes to consumer needs were communicated. Care planning documentation reviewed, contained information to support safe and effective care as it related to services and supports for daily living.

Staff described the external supports used to supplement care and services for the consumers such as musical performances, group dance activities, pet therapy, and one-on-one discussions. Volunteers were observed engaging with consumers and facilitating activities, including providing pet therapy, where the visitor and dog went around to each consumer's room and offered individual time and support.

Consumers and representatives expressed satisfaction with the quality, quantity, and variety of meals provided at the service and said they were able to provide feedback and comments on the food, which were acted upon. Staff described the process for providing meal choices for consumers and described how meals were adapted to suit individual needs and preferences. Plate warmers and heating lamps were used to ensure meals were kept warm for the consumers.

Consumers and representatives confirmed there was sufficient access to equipment such as mobility aids and lifting equipment as well as resources and equipment for lifestyle activities and daily living. Staff said they had access to equipment when they need it and described how the equipment was kept safe, clean, and well maintained. Maintenance staff confirmed equipment was cleaned regularly after each use and repairs were arranged as required. Equipment in consumers' rooms was observed to be in good condition and accessible.

# 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 staff stated the design and layout of the service environment promoted safety and enjoyment. Staff described how the service environment promoted safe mobility by including periodic common rooms and alcoves, which reduced long hallways and gave consumers areas to rest as needed. The service's interior environment was observed to be clean and designed with dementia-friendly principles in mind, including open, flat halls with accessible handrails, carpets, and painting to delineate between floor and walls.

Consumers and representatives confirmed the service was cleaned, maintained and any reported issues were properly addressed. Consumers confirmed they were able to move freely inside or outside into the courtyard areas, with staff escorting them to areas and activities if they required support. Cleaning schedules were reviewed for areas across the service and maintenance documentation supported preventative maintenance was planned, and completed.

Consumer feedback and observations confirmed the furniture, fittings and equipment were kept clean and safe for use by consumers. Maintenance staff advised external suppliers were contracted for maintenance including call bell systems, and advised preventative maintenance was automated to notify third party suppliers directly to support timely maintenance.

# 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 felt comfortable providing feedback or raising concerns with staff and management. Staff described the processes in place to encourage and support feedback and complaints. Posters and flyers displayed on noticeboards at reception and throughout the service gave information on how to make complaints, along with the service's feedback forms and locked boxes.

Consumers and representatives said they were aware of and had access to advocates, language services, and other methods for raising and resolving complaints. Management described the information and brochures available on advocacy organisations and language services were available to any consumers, including those from culturally and linguistically diverse backgrounds.

Consumers and representatives said the service responded to and acted on their complaints or concerns when they were raised, or when an incident occurred. Staff demonstrated an understanding of open disclosure, explaining how they would apologise to a consumer in the event of something going wrong. Complaints and open disclosure policies required staff to acknowledge an adverse event and to apologise or express regret and provided a step-by-step process for staff to follow.

Consumers and representatives reported their feedback was used to improve services. Management gave examples of how complaints trends in care and staffing availability were used and the actions taken in response, had been used to reallocate staff and had resulted in improvements across the service. The service demonstrated a system and procedure for receiving, monitoring, and actioning feedback from consumers and their representatives.

# 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. | Non-compliant |

Findings

The Assessment Team recommended this requirement was not met. I have considered the Assessment Team’s findings; the evidence documented in the Site Audit report and the Provider’s response and find the service non-compliant this requirement.

* Regular assessment, monitoring, and review of the performance of each member of the workforce is undertaken

The Site Audit report evidenced some members of the workforce had not had their performance monitored, assessed or regularly reviewed as a large proportion of staff appraisals were overdue and management confirmed performance review processes had not been completed.

The Providers response acknowledged the findings and outlined this was due to workforce performance assessment and review processes being transitioned to an electronic system. I note the provider has undertaken and planned corrective actions to remedy the deficiencies, and these actions will take time to complete.

Overall, I am satisfied, at the time of the site audit, the regular assessment, review, and monitoring of workforce performance was not able to be demonstrated.

Therefore, I find Requirement 7(3)(e) is non-compliant.

I find the remaining 4 requirements of Quality Standard 7 are compliant as:

Most consumers and representatives said there was enough staff, however, some consumers said the service was at times short staffed but this did not impact the delivery of care and services. Management demonstrated how they had adapted workforce planning to ensure there were adequate staffing levels, and documentation evidenced the service was planning staffing levels to meet the needs of consumers. Management explained they had a workforce shortage, with several care staff positions vacant, and described a significant recruitment drive which was underway at the time of the site audit. Staff were observed to be unhurried when attending to consumers and performing other duties.

Consumers and representatives said staff were kind, gentle, and caring when providing care. Staff were observed to be interacting with consumers in a kind, caring, and respectful manner and displayed detailed knowledge of consumers and their individual needs and preferences. A review of position descriptions showed they were values-based and reflected Arcare's relationship-centred approach and values.

Consumers and representatives said the staff knew what they were doing. Staff advised they were provided with buddy shifts when they commence employment, and the service had position descriptions which include key competencies and qualifications which were either essential or desirable for each role. Staff were required to have relevant qualifications and documentation evidenced the service had structures and processes in place to ensure the workforce was appropriately qualified and competent to perform their roles.

Consumers and representatives said staff were trained well to do their job. Management advised staff were required to complete role-based annual refresher training which was monitored and followed up with staff. Written materials and training reports evidenced how staff were trained and supported to deliver positive outcomes. Staff said the service provided mandatory and supplementary training to support them to provide quality care.

# 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 expressed confidence in the current management of the service and said they felt supported to be partners in their care. Consumers and representatives who attended the consumers meetings confirmed they could attend virtually, and said they could raise issues and were listened to. The service demonstrated how consumers and representatives were supported to be engaged in the development, delivery, and evaluation of care and services through consumer meetings, surveys, and feedback.

The service is governed by a Board which promoted a culture of safe, inclusive, quality care and services and was accountable for their delivery. The service described how the Board monitored the direction and improvements to the service through reporting mechanisms. Recent information supplied to the Board included analysed data from the service on falls with fractures. The service had published policies and procedures with defined roles and responsibilities aligned to the Quality Standards, and a quality schedule for internal audits to guide the Board, management, and staff in the promotion of safe, inclusive, and quality care and services.

Management demonstrated there were processes and mechanisms implemented for effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, regulatory compliance and workforce governance, feedback and complaints. Staff confirmed they could easily access the information they need to perform their roles which includes care plans, the electronic incident management system, training and policies and procedures via an online portal.

The service had established risk management systems, including but not limited to managing high-impact or high-prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can, and managing and preventing incidents through the use of an incident management system. Risks and incidents were reported, escalated, and reviewed by management at the service level through to the Board who provided feedback and suggestions to management. Staff demonstrated an understanding of consumers with high impact or high prevalence risks, demonstrated how they implement the service's policies in alignment with best practice, and how they implemented recent new strategies which saw an improvement in consumer outcomes.

The organisation’s documented clinical governance framework included policies regarding antimicrobial stewardship, the minimisation of restraints, and open disclosure. Staff described how they had received training about these policies and procedures and how they impacted on care provided. Consumers and representatives provided feedback about the service's complaint resolution process and advised open disclosure was used when things went wrong or incidents occurred.

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