Performance

Report

**1800 951 822**

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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: | Assessment Contact - Site |
| Activity date: | 4 May 2023 |
| Performance report date: | 13 June 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 Warriewood (**the service**) has been prepared by Melissa Buhagiar, 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 conducted on 4 May 2023, 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 22 May 2023
* the following information given to the Commission, or to the assessment team for the Assessment Contact - Site of the service: Performance Report dated 13 October 2022 following the Site Audit conducted 12 September 2022 to 14 September 2022, Site Audit Report following Site Audit conducted 12 September 2022 to 14 September 2022.

**Assessment summary**

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |

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.

**Other relevant matters:**

An Assessment Contact was conducted on 4 May 2023 to assess previous non-compliance in Standard 7 Requirement (3)(e) following a site audit from 12 September 2022 to 14 September 2022. The service did not have an effective system to ensure the performance of the workforce was regularly assessed, monitored and reviewed.

The scope of the visit was extended to also assess Standard 3 Requirement (3)(g) following the identification visitors to the service were not being screened before entering the service and no surgical mask or regular RAT testing was occurring for visitors or staff at the service unless they were symptomatic or in an outbreak.

**Standard 3**

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| Personal care and clinical care | |  |
| 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**

The Assessment Team identified at the commencement of the Assessment Contact on 4 May 2023, that they were not asked to complete any screening for COVID-19 or other communicable diseases on entry to the service. The Assessment Team were told RAT testing was not required, nor were masks to be worn by visitors or staff, at the direction of the Board, despite a recent outbreak of Respiratory Syncytial Virus (RSV) ending one week prior. The service also had consumers positive for COVID-19 one month prior. Management advised all necessary measures were taken during recent outbreaks such as the isolation of positive consumers, monitoring of all consumers and staff for symptoms, appropriate RAT testing and full use of PPE by staff.

The Assessment Team identified that there was screening using the QRS code, however noted there were no questions asked in relation to visitors having symptoms of respiratory illness, or if they had any recent exposure to someone with COVID-19.

Management advised the Assessment Team, the Board had decided that staff and visitors did not have to wear surgical masks at the service unless there was an outbreak and provided two emails for the Assessment Team to read dated 16 March 2023 and 6 April 2023. The Assessment Team were advised that this may change throughout 2023 as needed. The email from the Board dated 6 April 2023 announced the removal of COVID-19 screening sheets for staff but said the organisation ‘still encourages everyone to adhere to the recommendations of continually testing negative on a rapid antigen test and if preferred wearing a mask indoors especially as we enter the cooler months. Surgical masks are available on site should team members choose to wear one but there is no requirement to do so’. Management advised that RAT tests are attended if consumers or staff are symptomatic. The national infection control specialist said this decision was based on an organisational risk assessment that was conducted. Surgical masks can be worn, and RAT testing conducted by staff and visitors according to personal preference.

The Assessment Team found through information gathered during the Assessment Contact, the service implements effective strategies during outbreaks for the safety of consumers and continues to monitor and conduct the testing of consumers and staff if symptomatic.

The approved provider included copies of communications that the Assessment Team were provided from the Board and a copy of the Continuous Improvement Plan.

I have found that the approved provider is Compliant with Requirement 3(3)(g).

**Standard 7**

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| Human resources | |  |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

**Findings**

This Requirement was found non-compliant following a Site Audit from 12 to 14 September 2022. The Assessment Team identified the service could not demonstrate regular assessment, monitoring, and review of the performance of each member of the workforce. Whilst management was aware that appraisals were overdue, they explained the service is in transition to a new performance review process, which contributed to the overdue status.

During the Assessment Contact on 4 May 2023 information was gathered through interviews and document review which identified the improvements listed in the continuous Improvement Plan had been actioned.

The Assessment Team interviewed staff who confirmed that they had undertaken performance appraisals in the last two months. One staff said they had only been at the service for 2 months but stated they were aware the performance appraisal process and anticipated one would occur in the next few months.

Management advised that the organisation’s new appraisal process had commenced in mid-2022 in a new annual format with quarterly stages of review, these include team member self-assessment, line manager review of self-assessment, line manager discussion with team member and evaluation and progress review.

Management advised that 100% of staff have commenced the performance appraisal process, with the majority having completed the annual process and the remaining staff in varying stages of the appraisal process.

The Assessment Team discussed the service’s process for managing the performance of staff following incidents relating to staff error. Management provided two examples of staff performance management following medication incidents in 2022 and 2023. Documentation reviewed included: SIRs records, meeting minutes with relevant employees, training records and competency refresher assessment as necessary. In addition, management advised that the service has implemented an electronic medication management system and records reviewed that relevant clinical staff have had training in the use of the new system.

Information gathered during this Assessment Contact identifies that the service has implemented effective actions to ensure a more robust staff appraisal system is in place and that performance appraisals are occurring on time.

I have found that the approved provider is Compliant with this requirement.

1. The preparation of the performance report is in accordance with section 68A– assessment contact, of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)