Performance

Report

**1800 951 822**

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| Name: | Arpad Aged Care |
| Commission ID: | 3173 |
| Address: | 9 Garrisson Grove, WANTIRNA, Victoria, 3152 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 29 August 2024 |
| Performance report date: | 23 September 2024 |
| Service included in this assessment: | Provider: 1110 "Arpad" Elderly Welfare Society Inc  Service: 1932 Arpad Aged Care |

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 Arpad Aged Care (**the service**) has been prepared by N Chahal, 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 acknowledged the assessment team’s report on 5 September 2024.

# Assessment summary

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| Standard 3 Personal care and clinical care | 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.

# 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 |

Findings

Consumers and representatives confirmed the personal care provided is effective and tailored to meet individual needs and preferences. There was evidence to support the service utilises a multidisciplinary approach for management of wounds, skin integrity and pain through involvement of medical practitioners and specialists. This was confirmed through review of consumer care documentation including progress notes, charting and care plans, which demonstrated ongoing review of pain and management of wounds according to specialist’s directives. Staff described individualised preventative and management strategies that promote consumer comfort and support wound healing.

There was evidence of consumer examples that supported the service’s ongoing commitment to minimising the use of restrictive practices, in accordance with legislative requirements. The Assessment Team sighted care documentation for consumers subject to restrictive practices including a psychotropic register, behaviour support plans (BSPs), assessments, informed consent and authorisations. The reviewed care documentation supported that the service undertakes regular and as needed reviews of consumers’ changed behaviours using a multidisciplinary approach. Staff described individualised intervention strategies and non-pharmacological and pharmacological strategies to effectively manage consumers’ changed behaviours, in line with the documented BSPs.

The Assessment Team noted the service had not identified one consumer as subject to environmental restrictive practice. In response to the feedback, management acknowledged the restrictive practice and described current strategies documented in the consumer’s care documentation. The service also contacted the consumer’s representative during the Assessment Contact.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Requirement 3(3)(a).

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)