Performance

Report

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| Name of service: | Arpad Aged Care |
| Service address: | 9 Garrisson Grove WANTIRNA VIC 3152 |
| Commission ID: | 3173 |
| Approved provider: | “Arpad” Elderly Welfare Society Inc |
| Activity type: | Site Audit |
| Activity date: | 7 March 2023 to 9 March 2023 |
| Performance report date: | 11 April 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 Arpad Aged Care (**the service**) has been prepared by A. Douglas, 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
* other information and intelligence held by the Commission in relation to the service.

# 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.

# 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 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 indicated they were treated with dignity and respect, with their identity and culture valued. Care planning documentation identified consumers’ backgrounds, preferences, identities and cultural practices.

Staff identified consumers with diverse cultural backgrounds and explained how they delivered culturally safe care and services. Care planning documentation evidenced the service collaborated with consumers and representatives to capture the consumer’s cultural preferences to guide the delivery of their care and services.

Consumers and representatives were satisfied they were supported to exercise choice and independence, had the ability to make their own decisions, and maintain personal relationships. Staff demonstrated an awareness of consumers’ care preferences and the individuals whom consumers wished to have involved in their care.

The service had documented policies to guide staff on the management of risks to consumers. Staff were aware of consumers who engaged in activities that contained an element of risk, and demonstrated how they supported the consumers to engage in these activities and mitigate potential risks.

Consumers and representatives confirmed they were kept well informed of events such as activities, outbreaks, menu options and allied health visits through notices on display within the service. The Assessment Team observed there was a monthly activities planner displayed in the rooms of consumers.

Staff confirmed consumers’ personal information was kept confidential and was not discussed in front of other consumers. The service had documented policies and procedures regarding the privacy and protection of personal information to guide staff practice.

# 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

Staff demonstrated an understanding of the relevant risks to the health and well-being of each consumer. The service’s assessment and planning processes guided staff practices to ensure care and services were effective at identifying and mitigating risks to consumers.

Consumers and representatives felt their needs, goals and preferences were identified and addressed by the service. Staff advised consumers had access to advance care planning, and provided examples of how they involved consumers and representatives in the decision making process.

Care planning documentation demonstrated consumers and representatives were consulted throughout assessment and care planning and, when required, staff sought input from health professionals. Consumers and representatives considered they were consulted throughout the assessment and planning of their care and services.

Staff described how they advised consumers and representatives of the assessment and planning process. Representatives confirmed the service regularly provided them with updates and feedback through phone calls and emails.

The service had a range of policies and procedures to guide the regular review of care and services. Staff advised care plans were reviewed every 3 months, when consumers’ circumstances changed, or incidents occurred.

# 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 indicted they received safe and effective care that was best practice, tailored to their needs and optimised their health and well-being. Staff demonstrated an understanding of the personal and clinical needs of consumers.

Consumers and representatives were satisfied with the service’s management of high impact or high prevalence risks. Care planning documentation noted high impact or high prevalence risks were identified and effectively managed by the service.

The service had policies and procedures in place to guide staff practice in relation to palliative care assessment, advanced care planning, end of life care, and involvement of specialists for interventions and support. Staff advised advance care planning was discussed with consumers and representatives upon the consumers’ admission to the service.

Deterioration or changes in consumers’ health was recognised and responded to in a timely manner, as confirmed by care planning documents reviewed by the Assessment Team. Consumers and representatives provided positive feedback regarding the service’s approach to responding to changes or deterioration in consumers’ well-being.

Consumers said their care needs and preferences were effectively communicated between their representatives and staff and they received the care they needed. Care planning documentation provided adequate information to support effective and safe care.

Management and staff described how the service organised timely and appropriate referrals to individuals, other organisations and providers of other care and services. The service had policies and procedures to guide staff practice in relation to the involvement of external providers of care and services.

Consumers and representatives were satisfied with the service’s management of COVID-19 precautions and other infection control practices. Staff demonstrated an understanding of the appropriate use of antibiotics and minimising the spread of infection.

# 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 were satisfied they received services and supports that met their needs, goals and preferences and enabled them to maintain their independence and quality of life. The Assessment Team observed consumers participating in a variety of activities throughout the service.

Consumers and representatives described the services and supports which promoted their emotional, spiritual and psychological well-being. Care planning documentation identified information regarding the emotional, spiritual and psychological needs and preferences of consumers.

Staff described how they supported consumers to engage in the community, maintain social and personal connections that were important to them and engage in activities of interest. Care planning documentation identified information about consumers’ interests and strategies to support their choices.

Consumers and representatives advised staff were familiar with consumers’ conditions, needs and preferences, and they could have discussions with staff if there were any concerns. Staff demonstrated a clear understanding of their roles and responsibilities, and relevant updates were communicated through progress notes, assessments and staff meetings.

Care planning documentation identified the service’s collaboration with external organisations and other providers of care and services. Consumers indicated they were referred to the appropriate services they required, and were satisfied with the supports they received.

Consumers and representatives indicated the service provided meals which were varied and of suitable quality and quantity. Care planning documentation included information regarding the consumer’s food and drink preferences, and their nutrition, hydration and dietary needs.

Consumers felt the mobility equipment provided was clean and safe to use. Staff described the processes for identifying and reporting equipment that required maintenance. The Assessment Team observed the service’s equipment had been tagged for safe use and was stored appropriately when not in use.

# 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 indicated the service environment was welcoming and easy to understand and optimised the consumer’s sense of belonging, independence, interaction, and function. The Assessment Team observed staff to be friendly and welcoming when guests or visitors arrived.

Consumers and representatives advised the service environment was safe, clean, and well maintained and allowed consumers to move freely both indoors and outdoors. Staff said the service followed a daily cleaning schedule, and other cleaning tasks where completed as required.

The service had documented policies in place for preventive maintenance and asset management, which included the safety testing and tagging of electrical equipment. Consumers indicated that furniture and equipment was safe, clean, well maintained and suitable for use.

# 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 and understood how to provide feedback or make complaints regarding the care and services they received. Management and staff described the avenues available to consumers and representatives if they wished to provide feedback or make a complaint, and the process they would follow if an issue was raised directly with them.

Consumers and representatives stated they were aware of other avenues for raising a complaint; however, they felt comfortable raising concerns directly with staff and management. The Assessment Team observed information on advocacy services displayed on noticeboards throughout the service.

Staff described the principles of open disclosure, and indicated that in the event something went wrong, they would provide an explanation and apology to the consumer and representative. A review of the service’s feedback and complaints register by the Assessment Team evidenced the service documented feedback and suggestions from consumers and representatives, and timely and appropriate action was consistently taken to resolve the issues.

The service demonstrated feedback and complaints were trended, analysed, and used to improve the quality of care and services. Consumers and representatives felt the feedback and complaints provided during consumer and representative meetings and other avenues was used to improve the quality of care and services.

# 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

Consumers and representatives indicated call bells were promptly answered and this feedback was consistent with observations made by the Assessment Team. Staff provided feedback outlining there was sufficient staffing levels to provide care to consumers.

Consumers and representatives advised staff were kind, caring and respectful in the delivery of care and services. Based upon information received through various mechanisms, including feedback and complaints, consumer and representative meetings, care plan reviews and observations, management were confident workforce interactions were kind, caring and respectful.

The Assessment Team reviewed position descriptions, recruitment and selection procedures and training records which evidenced staff were competent and had the qualifications and knowledge to effectively perform their roles. Consumers and representatives felt confident staff were competent and had the knowledge to address their social, clinical and personal needs.

Staff indicated they received ongoing training, support, professional development, supervision, and feedback to perform their roles and responsibilities. A review of training records by the Assessment Team evidenced staff were up to date with their mandatory training and received a range of training which was relevant to their roles.

Management advised staff performance was monitored through observations, the analysis of internal audits, clinical data and feedback received from consumers, representatives and staff. A review of staff performance appraisals indicated appraisals were occurring in accordance with the service’s policies.

# 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 considered the organisation was well run and were satisfied with their level of engagement in the development, delivery and evaluation of care and services. Management and staff described the ways in which consumers were encouraged to be engaged and involved in decisions regarding the delivery of care and services.

The service had implemented systems and processes to monitor the performance of the service, and to ensure the governing body was accountable for the delivery of staff and quality care and services. The governing body received consolidated reports, which were generated monthly, outlining information relating to internal audits, feedback, reported hazards and risks and a clinical incident data analysis.

There were organisation wide governance systems to support effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management. Staff confirmed information about each consumer’s care needs, goals and preferences was accessible by the workforce.

Staff outlined the processes and strategies in place to manage high impact or high prevalence risks associated with the care of consumers including identifying and responding to neglect, supporting consumers to live the best life they can and managing and preventing incidents, which included the use of an incident management system. The Assessment Team reviewed documentation in relation to the Serious Incident Response Scheme (SIRS) and noted the mandatory SIRS reporting requirements were adhered to in accordance with legislation.

The Assessment Team noted the service had a clinical governance framework in place, as well as supporting polices in place which addressed antimicrobial stewardship, minimising the use of restraint and open disclosure. Management and staff demonstrated a shared understanding of the service’s open disclosure process, and the application of these processes to incidents, complaints, and feedback, inclusive of recent examples.

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)