Performance

Report

**1800 951 822**

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| Name: | Churches of Christ Arcadia Aged Care Service |
| Commission ID: | 3705 |
| Address: | 120 McCracken Street, ESSENDON, Victoria, 3040 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 5 October 2023 |
| Performance report date: | 13 November 2023 |
| Service included in this assessment: | Provider: 370 Churches of Christ in Queensland  Service: 5927 Churches of Christ Arcadia Aged Care Service |

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 Churches of Christ Arcadia Aged Care Service (**the service**) has been prepared by M Nicholas, 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 to the assessment team’s report received 13 October 2023.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 4** **Services and supports for daily living** | **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)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

Consumers and their representatives expressed satisfaction with how high impact and high prevalence risks are identified and managed. A review of care planning documentation demonstrated effective planning and implementation of preventative strategies to mitigate risks including weight loss, falls and pressure injuries. Management and staff demonstrated an understanding of how risks are assessed and managed in consultation with consumers and/or their representatives, general practitioners, specialists, and allied health professionals.

A multidisciplinary approach was observed to manage unplanned consumer weight loss, falls and pressure injuries with medical and allied health recommendations documented and implemented. Consumer care documentation reviewed detailed contributing factors and risk management strategies. The Assessment Team noted documentation aligned with organisational policies and procedures. Staff demonstrated an understanding of individual consumer needs and provided examples of preventative strategies to address high impact and high prevalent risks including weight loss, falls and pressure injuries.

The Assessment Team noted timely communication with consumer representatives regarding strategies implemented to address and minimise risk. Consumer representatives expressed satisfaction with the effective management of risks.

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

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | |  |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

Consumers and their representatives expressed satisfaction with the quality, quantity, and choice of meals served with meals meeting consumer needs. The Assessment Team noted a variety in meals with menus reviewed by a dietitian. Staff and management discussed the importance of creating an inclusive and enjoyable dining experience. The Assessment Team noted a positive dining experience with staff observed to provide mealtime assistance to support consumer participation and safety. Staff demonstrated an understanding of individual consumer needs and preference including location of supporting documentation. The Assessment Team indicated documentation was accurate and accessible.

Consumer feedback is sought through written and verbal methods including during resident meetings attended by the chef. Consumers are encouraged to provide suggestions for upcoming menus.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with requirement 4(3)(f).

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)