Oakwood Aged Care

Performance Report

6 Ellis Street
ENFIELD SA 5085
Phone number: 08 8260 6888

**Commission ID:** 6965

**Provider name:** Tolega Pty Ltd

**Site Audit date:** 5 January 2021 to 7 January 2021

**Date of Performance Report:** 11 May 2021

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this 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 Site Audit report received 3 February 2021.

# STANDARD 1 COMPLIANTConsumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

The Quality Standard is assessed as Compliant as six of the six specific Requirements have been assessed as Compliant.

Based on the Assessment Team’s report I find the Tolega Pty Ltd, in relation to Oakwood Aged Care, to be Compliant with all Requirements in this Standard.

The Assessment Team found most consumers interviewed felt they are treated with dignity and respect, they can maintain their identity, make informed choices about their care and live the life they choose. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* Consumers said the staff encourage them to be independent and make their own decisions on how care and services are delivered.
* Consumers felt their personal privacy is respected and said staff always knock prior to entering their personal space.
* Consumers and their representatives felt staff are respectful of consumers’ background, ethnicity and culture. They understand what is important to consumers and they feel safe.

Staff were observed communicating with consumers in a friendly, caring and respectful manner. They were responding to consumers verbally, using body language and facial expression. They also noted staff using vision boards for consumers with a cognitive impairment.

The Assessment Team spoke with staff and felt the service has a culture of inclusion and respect for consumers’ privacy, and they encourage and support consumers to make choices and be independent. They showed an understanding of consumers’ personal history, what is important to them and how they like their care delivered.

Staff showed an understanding of consumers who had chosen activities that have associated potential risks. They could describe how consumers are supported to understand the possible harm of participating in the activity, and how they involve them in problem solving to mitigate the risk. This approach aligned with the organisation’s policy and procedures.

The Assessment Team sampled consumers’ care planning documents which provides consumers’ preferences, wishes and cultural needs. It showed care plans were developed and reviewed in consultation with consumers and their representatives with key strategies and needs documented.

The service was able to demonstrate how consumers’ information is kept confidential and privacy is respected. Staff confirmed shift handover processes, where consumer details are shared, are held in private areas. In addition, staff confirmed they are provided with training on how to respect the consumer’s privacy and the service’s electronic systems are password protected allowing limited access.

The Assessment Team found the organisation schedules self-assessments to monitor processes in relation to Standard 1 to ensure a culture of inclusion and respect for consumers. The service supports consumers to exercise choice and independence and consumers’ privacy is respected.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*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.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*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.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Quality Standard is assessed as Non-compliant as one of the five specific Requirements has been assessed as Non-compliant.

The Assessment Team recommended Requirement (3)(a) in this Standard as not met. The Assessment Team found the service was unable to demonstrate assessment and planning reflects consumers’ needs and informs the delivery of safe and effective care.

I have considered the Assessment Team’s report and the additional supporting documentation provided in the Approved Provider’s response, and I agree with the Assessment Team’s recommendation and find Requirement (3)(a) Non-compliant. I have provided reasons for my finding in the respective Requirement below.

In reference to the other Requirements in this Standard I provide the following information. The Assessment Team spoke with consumers and found consumers feel they are partners in the ongoing assessment and planning of their care and services. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* Consumers and representatives interviewed said they have access to care plan information and they are involved in consumers’ care delivery.
* Consumers said they can choose the daily activities they participate in and they feel comfortable to let staff now how they want their care delivered.
* Consumers and representatives said staff speak to them about end of life and palliative care and understand consumers’ needs.
* Consumers and representatives said they are satisfied with the level of communication with staff.

Staff were able to demonstrate they had an understanding of the care planning and assessment process and could describe how they involve both consumers, their representatives and, when required, other Health Professionals. The service has an electronic system that alerts staff when care plan evaluation and review dates fall due. Staff were able to describe how they are informed when there are changes to a consumer’s care plan.

Further discussions with clinical staff demonstrated the service has processes in place to manage consumers’ advanced care and end of life planning. In addition, the service has policies and procedures to guide staff in their approach to these discussions. This aligns with consumers’ files sited by the Assessment Team noting consumer needs, including palliative care preferences and goals were documented.

The Assessment Team found although the service undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer, the information was not recorded consistently across all consumer documents and, therefore, was deficient in informing safe and effective care delivery.

**Assessment of Standard 2 Requirements**

**Requirement 2(3)(a) Non-compliant**

*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.*

The Assessment Team found information documented in a consumer’s care plan, progress notes, pain and wound charts was inconsistent and did not clearly inform the delivery of safe and effective care and services. While the service could demonstrate assessments were completed for each consumer, the information recorded to inform the delivery of care was not consistent across the relevant documents contained in the consumer’s file.

The Assessment Team provided the following information based on the consumers sampled and is relevant to my finding:

* For a consumer displaying behavioural responses, the pain chart and progress notes sampled were inconsistent and did not provide details on the frequency and/or the amount of medication administered and was not aligned with the service’s electronic medication system. In addition, a change in the consumer’s behaviour was not recorded in the service’s electronic system.
* Documentation gathered on another consumer found wound and medication charting was not consistent with the location and size of the wound.

For the consumer displaying behavioural responses, the Approved Provider provided further clarity and evidence in response to the Assessment Team’s report. I acknowledge further context was provided on date ranges and number of incidents, and clarification on the commentary documented in the incident record. For the other consumer, where wound documentation was not reflected correctly, the Approved provider has advised the documentation has been corrected.

In addition, the Approved Provider has acknowledged the Assessment Team’s findings and has been proactive in managing areas of improvement and implemented corrective actions for the service. These include:

* Educated staff and implemented processes to ensure all documentation for the consumer is consistent, accurate and contains adequate detail.
* All medication listed ‘as required’ is documented in the Pain Assessment Management Chart, along with the effectiveness of the intervention.
* On conclusion of the Site Audit, and based on the findings of the Assessment Team, the staff were provided with training in Pain Assessment and Evaluation for ‘as required’ medications.

In considering the Approved Provider’s response, I acknowledge, for the sampled consumers they did have an assessment and planning process in place and pain and wound management for the consumers were being managed. However, at the time of the Site Audit, consumers’ progress notes, medication, pain and wound charts were inconsistent and lacked detail. Therefore, the service could not demonstrate how the assessment and planning documents guide staff, and how they inform the delivery of safe and effective care and services.

For the reasons detailed above, I find Tolega Pty Ltd, in relation to Oakwood Aged Care, Non-compliant with Standard 2 Requirement (3)(a).

**Requirement 2(3)(b) Compliant**

*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.*

**Requirement 2(3)(c) Compliant**

*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.*

**Requirement 2(3)(d) Compliant**

*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.*

**Requirement 2(3)(e) Compliant**

*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.*

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements has been assessed as Non-compliant.

Based on the Assessment Team’s report and the Approved Provider’s response, I find Requirement (3)(b) in this Standard Non-compliant. The service could not demonstrate they effectively manage high impact or high prevalence risks in regard to monitoring consumer diets and risk behaviours, for the consumers sampled. I have provided reasons for my findings in the respective Requirement below.

In reference to the other Requirements in this Standard I provide the following information. The Assessment Team found, overall, consumers considered they get personal and clinical care tailored to their needs, that is safe and right for them and the organisation has policies and procedures to guide the staff. The following examples were provided by consumers and representatives who consider consumers receive personal and clinical care which is safe and right for them:

* Consumers said they get the care they need, staff are available, and call bells are answered promptly.
* Consumers said they have access to Medical Officers, are referred to allied health professionals as required and kept inform with changes in their care.
* Consumers are confident staff know them well and would recognise, report, and manage any issues with their health or well-being.
* Two representatives said they were satisfied with the care, emotional and psychological support available to the consumers.

The Assessment Team spoke to staff who advised consumers’ assessments are completed by the clinical staff on entry and they described how they monitor and identify changes in consumers’ need, goals and preferences. Information in the palliative care plan included end of life preferences, goals and needs and recognised and addressed consumers’ comfort and dignity. Staff explained they have policies and procedures to guide consumer care and best practice is discussed at monthly clinical meetings.

Care plans sampled are developed from information gathered through the assessment process and conversations with the consumer. Care plans are developed in consultation with both consumers and their representative ensuring care strategies are tailored to meet the consumers’ clinical and personal care needs and preferences.

The Assessment Team found the service was able to demonstrate they have policies for restraint assessment, skin integrity, pain management, palliative care, and management of deterioration in the consumer’s health. The polices are scheduled for regular review by the Clinical Governance Team to ensure they are aligned with best practice guidelines. Consumer files noted Health Professionals are involved in the management and ongoing assessment of restraint, skin integrity and pain.

The Assessment Team also found the service adequately demonstrates appropriate and timely referrals to other Health Professionals as required. The staff were able to demonstrate they have a clear understanding of infection control and antimicrobial stewardship principles. The service demonstrated appropriate infection control measures to minimise risk and staff have access to policies and procedures to guide them.

**Assessment of Standard 3 Requirements**

**Requirement 3(3)(a) Compliant**

*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.*

**Requirement 3(3)(b) Non-compliant**

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The Assessment Team found the service was unable to demonstrate they effectively manage high impact or high prevalence risks associated with the care of each consumer. The Assessment Team provided the following information based on the consumers sampled and relevant to my finding:

* The service was unable to demonstrate they had responded to the changing needs of one consumer, specifically after an incident. Care plan documentation noted the behavioural plan had not been updated in response to the incident and measures implemented to reduce the risk were time limited and not monitored for effectiveness. In addition, the Assessment Team raised concerns around supervision of this consumer in common areas.
* Although, for one consumer, dietary requirements were recommended by the dietitian and documented in the care plan, staff were unable to demonstrate an understanding of the consumer’s dietary needs and the consumer was provided with a meal that was inappropriate and unmanageable. This was not consistent with the specialist recommendations.

The Approved Provider’s response provided further clarity and evidence in response to the Assessment Team’s findings, especially in relation to the supervision of consumers in shared common rooms. I acknowledge further information was provided and included, context around date ranges and evidence indicating the service has monitoring processes in place when consumers are in shared common areas.

In addition, the Approved Provider has acknowledged the Assessment Team’s findings in reference to managing risks. Information has been reviewed and updated in the consumer’s files and the service has been proactive in managing areas of improvement, including:

* Implementing a strategy to manage further incidents for the sampled consumer, however, the strategy was not continued as it identified as a trip hazard.
* Implemented a new behavioural chart for the consumer to monitor the consumer’s behaviour and reduce further incidents.
* Reviewed staff rosters to ensure personal break times are taken outside consumers’ mealtimes, to enable staff to support and monitor consumers.
* Additional training for staff in managing ‘risky behaviours’ and understanding their responsibility and accountability to manage dietary requirements.

I have considered the interviews the Assessment Team had with the consumers, representatives and staff, along with the response and actions implemented by the Approved Provider. I acknowledge the service’s actions and improvements to rectify the matters identified by the Assessment Team. However, I find at the time of the Site Audit, the service could not demonstrate they were managing high impact or high prevalence risks, specifically in relation to monitoring risk behaviour and diet for one consumer. A risk assessment was not completed and strategies were not implemented and evaluated for effectiveness to manage risk behaviour. In addition, staff were unable to demonstrate an understanding of a consumer’s dietary recommendations. These deficiencies in managing the risk behaviour and dietary recommendations impacts the consumer’s health and well-being.

For the reasons detailed above, I find Tolega Pty Ltd, in relation to Oakwood Aged Care, Non-compliant with Standard 3 Requirement (3)(b).

**Requirement 3(3)(c) Compliant**

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

**Requirement 3(3)(d) Compliant**

*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.*

**Requirement 3(3)(e) Compliant**

*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.*

**Requirement 3(3)(f) Compliant**

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

**Requirement 3(3)(g) Compliant**

*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.*

# STANDARD 4 COMPLIANTServices and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

The Quality Standard is assessed as Compliant as seven of the seven specific Requirements have been assessed as Compliant.

Based on the Assessment Team’s report I find the Tolega Pty Ltd, in relation to Oakwood Aged Care, to be Compliant with all Requirements in this Standard.

The Assessment Team found most consumers interviewed believe they are receiving services that are safe, effective and support daily living, they optimise independence, health, well-being and quality of life. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* Consumers said staff support them to do the things they like; they enjoy attending activities provided at the service and they feel supported by the lifestyle staff.
* One consumer said staff support them to take risks in an activity of choice and the risks have been explained to them.
* One consumer said staff provide emotional support and take the time to sit and talk when they are feeling down.
* Other consumers said they can maintain their interest in the community by going shopping and out for coffee and meeting with their family for a meal.
* Representatives sampled said when referrals to other Health Professionals are required, they are arranged in a timely manner.

The service was able to demonstrate how they support consumers’ emotional, spiritual and psychological well-being. On entry, all consumers commence on an Emotional Support Monitoring Chart that allows staff to track the consumer and provide additional support as required. Staff were able to demonstrate how they support consumers and could explain strategies they use in managing the consumer’s well-being. Staff said when they notice a change in a consumer’s emotional well-being, they take time to listen, take them for walk and allow them to talk about things that interest them.

The lifestyle coordinator was able to describe how they identify consumers’ goals, needs and preferences and explained how this information is used to inform the activity calendar. The Assessment Team observed consumers participating in a range of activities.

A sample of consumer files viewed by the Assessment Team demonstrated information about consumers’ conditions, needs and preferences is clearly documented and communicated within the service and with others where responsibility is shared. Staff described how information is shared through handover processes, and they demonstrated an understanding of privacy obligations.

The Assessment Team viewed documentation for four consumers and confirmed the consumers’ dietary needs, allergies, likes and dislikes are identified in consultation with consumers and their representative. This occurs on entry, monthly, or when there are changes to the consumers’ nutrition and hydration needs. All information is shared with kitchen staff.

In consultation with the Food Focus Group (consumers, representatives and staff), the service is currently reviewing the consumers’ dining experience and menu. This aligns with feedback from the consumers; they said meals are nice and staff know what they like to eat.

The service was able to demonstrate the equipment is monitored to ensure it is safe for use, and staff said they have access to the equipment they need to deliver care and services. In addition, staff could describe how they report faulty equipment using the maintenance system. This aligns with the service’s preventative maintenance schedule and repairs.

The Assessment Team observed the clinical and ancillary equipment to be clean and in good working order. Consumers’ rooms are cleaned daily and equipment is cleaned after use.

The Assessment Team found the service has monitoring processes in place in relation to Standard 4 to ensure safe and effective services and supports for daily living are provided, optimising consumers’ independence, health, well-being and quality of life.

**Assessment of Standard 4 Requirements**

**Requirement 4(3)(a) Compliant**

*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.*

**Requirement 4(3)(b) Compliant**

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

**Requirement 4(3)(c) Compliant**

*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.*

**Requirement 4(3)(d) Compliant**

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

**Requirement 4(3)(e) Compliant**

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

**Requirement 4(3)(f) Compliant**

*Where meals are provided, they are varied and of suitable quality and quantity.*

**Requirement 4(3)(g) Compliant**

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANTOrganisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

The Quality Standard is assessed as Compliant as three of the three specific Requirements have been assessed as Compliant.

Based on the Assessment Team’s report I find the Tolega Pty Ltd, in relation to Oakwood Aged Care, to be Compliant with all Requirements in this Standard.

The Assessment Team found most consumers and representatives considered consumers feel they belong; they feel safe and comfortable and the environment promotes independence and enjoyment. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* All consumers indicated they feel at home living at the service, as the environment feels homely, they can personalise their rooms and they have outdoor areas they can enjoy.
* Consumers and representatives said the facility is well maintained and comfortable with respect to temperature, noise, lighting, cleanliness, and they can navigate throughout the service with ease.
* One consumer stated they appreciated the improvements recently completed to the dining room as more consumers were utilising the area.
* All consumers said the furniture, fittings and equipment are well maintained and suitable to their needs.

The Assessment Team observed the environment to be welcoming, comfortable and promoted independence. The equipment, including modern furnishings, mechanical and electronic devices, such as lifters and scales were clean and well maintained. The service was able to demonstrate it has monitoring systems and processes in place for reactive and preventative maintenance work.

The environment has plenty of natural light, was noted to be easy to navigate and consumer rooms were personalised and names clearly displayed. Additionally, consumers are able to move freely both indoors and outdoors. Staff were able to describe how they support consumers to mobilise inside and outside the service.

Cleaning processes are in place and records demonstrate staff are aware of their responsibilities in relation to cleaning tasks. Management confirmed they had recently engaged cleaning staff at the service, rather than using contractors and to increase infection control an additional shift has been added to the daily roster to undertake further cleaning.

The Assessment Team found the organisation has monitoring processes in place in relation to Standard 5 to ensure a safe and comfortable service environment is provided that promotes consumers’ independence, function and enjoyment.

**Assessment of Standard 5 Requirements**

**Requirement 5(3)(a) Compliant**

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

**Requirement 5(3)(b) Compliant**

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

**Requirement 5(3)(c) Compliant**

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANTFeedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The Quality Standard is assessed as Compliant as four of the four specific Requirements have been assessed as Compliant.

Based on the Assessment Team’s report I find the Tolega Pty Ltd, in relation to Oakwood Aged Care, to be Compliant with all Requirements in this Standard.

The Assessment Team found most consumers consider they are encouraged and supported to give feedback and make complaints, and finds the service takes appropriate and timely action. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* Two consumers interviewed said they attend the Food Focus forum and Resident meetings and provide feedback.
* Most consumers and representatives said they felt supported to provide feedback and make complaints to both staff and Management.
* Most consumers and representatives said Management work closely with them to action feedback and implement service improvement.
* One representative interviewed said their family member had a fall and the service notified them and explained the actions taken to minimise further incidents.

Consumers are provided with information in relation to internal and external complaint avenues and access to language and advocacy services. Information in relation to feedback forms, open disclosure brochures and a suggestion box were all observed at the front entrance. The service has also developed a ‘Welcome Pack’, including a “do you have a concern pamphlet’, all provided on entry.

The service has Open Disclosure, Compliments and Complaints policies and procedures to support staff to identify and action feedback and to understand their role and responsibility around open disclosure. The Facility Manager was able to demonstrate how they are involved in reviewing and resolving feedback. Training in open disclosure has been provided to all staff and a brochure has been developed and provided to consumers.

The Assessment Team observed the feedback register, which listed the source of the matter, additional information in relation to the matter and next steps, actions taken and if it was open or closed. Management were able to describe how the service monitors feedback and complaints, how this information is reported and how it informs the continuous improvement plan to improve the quality of care.

The Assessment Team found the organisation has monitoring processes in relation to Standard 6 to ensure input and feedback from consumers, representatives, staff and others is sought by the service and used to inform continuous improvements for individual consumers and the organisation.

**Assessment of Standard 6 Requirements**

**Requirement 6(3)(a) Compliant**

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

**Requirement 6(3)(b) Compliant**

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

**Requirement 6(3)(c) Compliant**

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

**Requirement 6(3)(d) Compliant**

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANTHuman resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Quality Standard is assessed as Compliant as five of the five specific Requirements have been assessed as Compliant.

Based on the Assessment Team’s report I find the Tolega Pty Ltd, in relation to Oakwood Aged Care, to be Compliant with all Requirements in this Standard.

The Assessment Team found most consumers consider they get quality care and services when they need them and from people who are knowledgeable, capable and caring. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* Consumers and representatives said staff are kind and caring, they treat consumers with respect, and are responsive to consumers’ needs.
* Consumers and representatives felt there are adequate numbers of staff with appropriate skills.
* One representative advised the personal care staff are very attentive to their family member’s needs and have a high level of regard for them.
* Three consumers said when they ring the call bell the staff answer quickly.

The feedback register for period January to December 2020 recorded numerous compliments from both consumers and representatives about the quality of care delivered by the staff. The Assessment Team observed staff interacting with consumers in a clam, caring and positive manner and they were taking their time when assisting with care needs.

The service was able to demonstrate the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. The service described having a recruitment and onboarding process to ensure the workforce hired is competent. The staff advised they receive ongoing training and support.

There are processes to ensure the workforce is planned and the number and mix of staff deployed enables delivery of quality care and services. Management said the service has processes to manage both planned and unplanned leave and staffing levels are regularly monitored. This aligned with comments from staff who said they have enough time during a shift to complete their duties.

Call bell response times for December 2020, indicated an average response time of seven minutes, over 12,396 calls. Management have seen a need to cater for one consumer’s needs, who they have identified at risk of falls, and have allocated staff on a one-on-one basis allowing the consumer to maintain their independence and move freely throughout the service.

A staff performance appraisal, monitoring and development process is in place. Records show all staff at the service has performance reviews after the induction period and annually. The process includes observation of staff practice and feedback from other staff. The service has policies and processes to manage underperformance.

The Assessment Team found the organisation has monitoring processes in place in relation to Standard 7 to ensure the workforce is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

**Assessment of Standard 7 Requirements**

**Requirement 7(3)(a) Compliant**

*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.*

**Requirement 7(3)(b) Compliant**

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

**Requirement 7(3)(c) Compliant**

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

**Requirement 7(3)(d) Compliant**

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

**Requirement 7(3)(e) Compliant**

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

# STANDARD 8 COMPLIANTOrganisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Quality Standard is assessed as Compliant as five of the five specific Requirements have been assessed as Compliant.

The Assessment Team recommended Requirement (3)(c) in this Standard as not met, as they found the service was unable to demonstrate an understanding of regulatory compliance, specifically in regard to compulsory reporting of alleged incidents.

In considering the Assessment Team’s finding and the Approved Provider’s response I have come to a different view in relation to the Assessment Team’s recommendation. I find Requirement (3)(c) in this Standard, Organisational Governance, Compliant and I have provided reasons for my finding in the respective Requirement below.

In reference to the other Requirements in this Standard, I provide the following information. The Assessment Team found most consumers and representatives interviewed considered the organisation is well run, and they can partner in improving the delivery of care and services.

Consumers and representatives explained how they are involved in the development, delivery and evaluation of care services and how this is managed through feedback forms, monthly consumer meetings and surveys.

The service demonstrated the organisation’s governing body promotes a culture of safe, inclusive, quality care and services and is accountable for care delivery provided to consumers. The organisation has implemented a range of reporting mechanisms to inform the governing body of any deficiencies in care and services. This aligns with the information provided by Management and examples of reporting were provided to the Assessment Team.

Overall, the Assessment Team found the organisation, has a governance structure and systems to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance, risk management and feedback and complaints.

In addition, the organisation has policies to guide staff best practice in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. The service was able to provide copies of the policies and records indicating they were recently reviewed and updated. Staff advised they have been educated in the polices and were able to provide examples relevant to their roles and responsibilities.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*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.*

The Assessment Team found the organisation demonstrated effective organisation wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance and feedback and complaints. However, the Assessment Team were not satisfied the organisation demonstrated effective systems relating to regulatory compliance.

The Assessment Team reviewed the incident register for the service and identified in June 2020, an alleged incident occurred. The alleged incident was documented in the consumer’s file and the compulsory report was completed; however, the Facility Manager advised the incident was not reported. The Assessment Team found the service did not comply with their legislative responsibilities (Accountability Principles 2014).

Further, discussions with Management identified a recent Site Audit, managed by the Aged Care Quality and Safety Commission (ACQSC) at another service operated by the organisation, was found Non-compliant in relation to regulatory reporting. In response, the organisation undertook a review of the systems to manage, identify, address, escalate and record reportable incidents. The Assessment Team noted the organisation has completed the following:

* Reviewed and updated the policy, Mandatory Reporting, Elder Abuse and Missing Consumers and reflected language noted in the Accountability Principles 2014.
* Updated the organisation’s incident forms to reflect the correct reporting lines.
* Training in Elder Abuse and Mandatory Incident Reporting for the Facility Manger and Registered Nurses was completed in November 2020. Other staff were scheduled for February 2021.

In addition, the Assessment Team identified in November 2020 the service had correctly reported an alleged incident, it was investigated thoroughly and the service processes aligned with the legislative requirements. This demonstrates the organisation has the regulatory compliance systems and processes to enable the service to comply with legislative reporting requirements.

I agree with the Assessment Team’s finding, noting in June 2020 the organisation did not report an alleged incident in line with legislative requirements and the organisation at this time, did not have the regulatory compliance systems and processes in place to guide the service. However, I acknowledge the actions the organisation has taken to correct the deficiencies, and the service has demonstrated they have the systems and processes to enable compliance with mandatory reporting.

For the reasons detailed above, I find Tolega Pty Ltd, in relation to Oakwood Aged Care, Compliant with Standard 8 Requirement (3)(c).

### Requirement 8(3)(d) Compliant

*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.*

### Requirement 8(3)(e) Compliant

*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.*

# 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.

The service has implemented improvements to address the deficiencies identified by the Assessment Team and have included improvements which directly address the issues identified by the Assessment Team. The service should seek to ensure the following:

Standard 2 Requirement (3)(a)

* All consumer documents are consistent, accurate, up-to-date and complete to inform the delivery of effective care and services and manage risks.

Standard 3 Requirement (3)(b)

* Review and monitor how consumers’ care is delivered, when circumstances have changed and/or when an incident has occurred to ensure the service is responding appropriately and promptly to consumers’ changing needs.
* Manage risks related to the care of each consumer in line with the consumer’s care and service plan.