Ozcare Noosa Heads

Performance Report

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**Commission ID:** 5477

**Provider name:** Ozcare

**Assessment Contact - Site date:** 11 February 2021

**Date of Performance Report:** 17 March 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

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | 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 Assessment Contact - Site; the Assessment Contact - 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 Contact - Site report received on 13 August 2020
* information held by the Commission including the performance report for the Assessment Contact- site conducted on 15 to 16 July 2020 and the Approved Provider’s plan for continuous improvement received on 21 September 2020 in relation to the Assessment Contact.

# STANDARD 2 Ongoing 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 Assessment Team did not assess all Requirements in Standard 2, therefore a compliance rating or summary is not provided.

## Assessment of Standard 2 Requirements*.*

### Requirement 2(3)(a) 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.*

Consumers and representatives said the service involved them in consumers care and they receive the care they needed.

Care planning documentation included initial assessments which identified consumer’s needs, goals and preferences. The Assessment Team confirmed assessments were completed upon entry to the service and were reviewed every three months or when changes in consumer’s care needs occurred. Staff advised care plan review processes had changed to every six months or when consumer’s needs changed, to improve the quality of information recorded in care plans. Care plans included information relevant to the risks of each consumer including, but not limited to, behaviours, falls, pain, wound management and restrictive practices.

Management advised registered staff had received training in relation to assessment, care planning and restraint practices. Consumer’s progress notes were reviewed by Clinical nurses and any issues were followed up with registered staff.

Management advised and the Assessment Team confirmed improvements implemented by the service included the development of new care planning documentation and restraint assessment and management processes. Improvements with the service’s identification and monitoring of chemical restraint and psychotropic medications processes were confirmed during the Performance Assessment. Education records indicated staff had completed additional training regarding restraint management processes.

The Assessment Team confirmed restraint authorisations and risk assessments were completed for those consumers who required physical or chemical restraint. The Assessment Team identified care information for a named consumer, who required chemical restraint, evidenced regular reviews of their medication, the involvement of their Medical officer and specialist dementia services. Care information demonstrated the use of non-pharmacological strategies were recorded and implemented prior to the use of chemical restraint.

Monitoring processes had been implemented by the service to ensure Clinical nurses had overseen the completion of restraint documentation, assessment information, psychotropic medication reviews and the service’s electronic clinical management system. In addition, the organisation’s management team reviewed psychotropic medication usage which was reported on and discussed with the service each month.

I have considered the information provided by the Assessment Team and the Approved Provider’s response in relation to improvement actions undertaken by the service in response to the deficiencies identified in the previous Assessment Contact. The service demonstrated they actively pursued continuous improvement in response to the deficiencies previously identified. I am satisfied with the service’s actions.

This Requirement is compliant

# STANDARD 3 Personal 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 Assessment Team did not assess all Requirements in Standard 3, therefore a compliance rating or summary is not provided.

### 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.*

Consumers and representatives said they received the care they needed which is tailored to their needs. They said they were included in discussions regarding care delivery and were provided input regarding their preferences. Care documentation demonstrated care delivery was individualised, safe, effective and tailored to the specific needs and preferences of the consumer.

Registered staff described the individual needs and preferences of named consumers including, but not limited to, behaviour and falls management. Management advised and the Assessment Team confirmed external specialists were consulted to assist with the management of consumers’ challenging behaviours and wounds. They confirmed staff had received relevant training to assist them in the delivery of safe and quality care.

The organisation had a suite of evidence-policies to guide staff in the delivery of care and services including, but not limited to, restraint, skin integrity and pain management.

Restraint authorisations were current for consumers who required bed rails, resided in the secure area of the service or were prescribed medication for the purpose of chemical restraint. The Assessment Team confirmed risk assessments and authorisations were completed for all consumers where restrictive practices were required. Registered staff advised and care documentation confirmed restraint practices were managed safely and appropriate consultation, authorisation, application and monitoring practices were evidenced. The Assessment Team confirmed the service employed monitoring and review processes for the use of psychotropic medications. The service’s restraint management and minimisation policy has been reviewed by the organisation and includes restraint free strategies to guide staff when delivering care to consumers.

The organisation’s skin integrity policy was available to guide staff in the delivery of care and services for consumers. The Assessment Team confirmed wounds for a named consumer were monitored, managed and reviewed appropriately.

The organisation had policies in relation to pain management to guide staff through assessment and management process which included the use of specialised assessment tools for consumers who could not verbalise pain.

Management advised and the Assessment Team confirmed improvements implemented by the service have occurred in relation to the service’s care planning/assessment and monitoring processes, restraint practices, clinical education, and organisational guidelines had been completed.

This Requirement is compliant

# STANDARD 7 Human 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 Assessment Team did not assess all Requirements in Standard 3, therefore a compliance rating or summary is not provided.

## 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.*

Consumers and representatives said consumers were receiving the care and assistance they required from staff. Consumers said staff were aware of their individual needs and preferences and care and services were delivered in a timely manner. Most consumers said there were enough staff to provide assistance and their requests for assistance were responded to promptly.

Staff said they have enough staff to meet the needs of consumers. Care staff advised they have access to a Registered nurse each shift and the service’s buddy system enabled them to spend more time talking and engaging with consumers during lunch meal service. Management confirmed a buddy system provides each area of the service with additional care staff each day every shift. Call bell response times were analysed regularly and investigated by management if outside prescribed timeframes. Rostering documentation demonstrated shifts were generally filled. Management advised they were in the process of reviewing the roster to ensure staffing levels met the care need levels of consumers in each area of the service. The Assessment Team identified the service can access agency staff if required who are provided with an orientation process to ensure they are aware of consumer’s care needs. The Assessment Team observed consumers were well groomed, had access to fluids and were assisted by staff in a timely manner.

This Requirement is compliant

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.