Ozcare Palm Lodge

Performance Report

424 Bowen Terrace
NEW FARM QLD 4005
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**Commission ID:** 5918

**Provider name:** Ozcare

**Assessment Contact - Site date:** 11 June 2020

**Date of Performance Report:** 17 July 2020

# 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 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| **Standard 5 Organisation’s service environment** |  |
| Requirement 5(3)(b) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) | 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.

# 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 and therefore an overall rating for the Quality Standard 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.*

The Assessment Team found that consumers receive personal and clinical care that is safe and optimises their health and well-being. The service has implemented a number of improvements in both personal and clinical care, including for example, in wound management and the management of psychotropic medications.

Care planning documentation was reviewed by the Assessment Team; they sampled clinical documentation for consumers with diabetes, complex behaviours, wounds, pain, skin care needs and those receiving psychotropic medications. The Assessment Team identified that care is individualised and reflects consumers’ needs and preferences.

Consumers reported satisfaction with the personal care and clinical care they receive.

Staff could describe the strategies they use to support consumers and promote their health and well-being.

Management advised the Assessment Team of recent improvements that have been made at the service including:

* a review of psychotropic medications
* an increased focus on the use of alternative strategies in order to minimise the use of restraint
* education and training for nursing staff including topics such as restraint and wound care, and
* additional monitoring activities to ensure deficiencies are identified and actioned.

For the reasons detailed above this requirement is Compliant.

# STANDARD 5 Organisation’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 Assessment Team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 5 Requirements

### 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.*

The Assessment Team observed the service is clean, well maintained and comfortable for consumers; they noted consumers have access to both indoor and outdoor areas and staff provide assistance as required. Hygiene stations are in place, call bells are in reach of consumers, fire fighting equipment and appropriate signage is available. A preventative and reactive maintenance schedule is in operation and there are a number of processes to monitor the ongoing maintenance and cleanliness of the environment.

Maintenance staff and cleaning staff described to the team how they undertake their roles. They said that as a result of additional resources they have the time to complete their duties.

Consumers advised the Assessment Team that they are happy with the cleaning services and are satisfied with the comfort of the environment.

For the reasons detailed above, 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 and therefore an overall rating for the Quality Standard 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.*

Positive feedback was received from all consumers and representatives interviewed by the Assessment Team about the workforce. Consumers said they are satisfied with staff availability and with their skills and knowledge. Consumers were asked about care delivery, responsiveness to call bells, the timeliness of medication administration and cleaning programs; high levels of satisfaction were reported.

Management advised the Assessment Team of a number of improvements that have been made that are specific to this requirement. They said that:

* Staff hours have been increased in nursing, care, cleaning and diversional therapy.
* Changes have been made to the call bell system which now links to portable phones carried by care staff; call bell data is being reviewed daily and follow up occurs if delays are identified.
* Registered staff reported that changes in staffing have been effective and care staff say they have sufficient time to complete their duties.

Ongoing consumer satisfaction with the workforce is being monitored through review of call bell data, consumer meetings and surveys. Recent data reviewed by the Assessment Team demonstrated a continuous downward trend over the previous three months in call bell response times.

For the reasons detailed above this requirement is Compliant.

# STANDARD 8 Organisational 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 Assessment Team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 8 Requirements

### 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 organisation has systems and processes to monitor and evaluate how it performs against strategic objectives for safe and quality care and services. Information and advice is shared across the organisation; regular reviews occur to identify unmet needs, risk, regulatory and continuous improvement priorities.

Staff have access to the information they need to undertake their role and were able to describe the avenues through which they receive information (written and verbal handover, memoranda, emails, newsletter, policies and procedures). The Assessment Team reviewed recent staff communications to identify the timeliness, accuracy and quality of information provided by the service.

Management provided the Assessment Team with information about the service’s continuous improvement systems and processes; this included how the service is monitored using consumer feedback and internal and external audits. The Assessment Team were provided with examples of recent improvements in environmental control and equipment, human resources, and improved clinical processes.

The organisation’s fiscal governance processes were described to the Assessment Team and examples were provided where management had sought changes to expenditure to support consumers’ changing needs. Examples of business case development and project designs (completed in partnership with consumers and staff) such as building improvements and improvements to outdoor areas, were provided to the Assessment Team.

In relation to workforce governance the Assessment Team identified improvements including recruitment and retention in key positions, learning and development and system and process improvements.

There are systems and processes in place to ensure the organisation is complying with its regulatory responsibilities. The Assessment Team examined how the organisation undertakes its’ regulatory responsibilities in relation to reportable assaults and restraint and found that:

* changes to aged care laws are communicated to staff, and staff demonstrated knowledge of their responsibilities
* policies and procedures are revised as necessary and are in place to guide staff
* annual mandatory training is provided to staff
* the organisation has processes to test the system and ensure that regulatory responsibilities are being met.

Management advised the Assessment Team that feedback and complaints are monitored and reviewed for improvement opportunities. Consumer feedback and complaints includes monthly consumer experience surveys and associated action plans.

For the reasons detailed above, 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.