Ozcare Parkwood Gardens

Performance Report

100 Usher Avenue   
Labrador QLD 4215  
Phone number: 07 5500 2400

**Commission ID:** 5635

**Provider name:** Ozcare

**Site Audit date:** 8 June 2021 to 10 June 2021

**Date of Performance Report:** 23 July 2021

# Publication of report

This Performance Report **will 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** | **Compliant** |
| Requirement 2(3)(a) | 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** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | 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.
* other information and intelligence held by the Commission regarding the service.

# STANDARD 1 COMPLIANT Consumer 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

Overall consumers and representatives considered that consumers are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. For example, staff are kind and treat consumers with respect and dignity and value their individual identities. The service supports consumers to be independent, exercise choice and make decisions about care and services provided. Consumers and representatives confirmed consumer’s personal privacy is respected.

Staff demonstrated an understanding of consumers’ background, culture, values and beliefs. They described ways they enable and support consumers’ choices and preferences, including maintain relationships of importance to the consumer.

Staff described various ways the service provided information to consumers including through noticeboards, verbal and written communication and newsletters. Staff said consumer information is stored in password protected computers or locked work areas and only accessible by appropriate personnel.

The Assessment Team observed staff interactions to be kind, caring and respectful of consumers privacy.

Review of documentation provided to the Assessment Team demonstrated the service supports consumer choice and independence through attendance at consumer meetings where consumer feedback is encouraged; staff had completed training on consumer privacy and dignity; and the Charter of Aged Care Rights’ is signed by consumers and/or representatives on entry to the service.

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

## 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 COMPLIANT 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

Consumers and representatives considered that are partners in the ongoing assessment and planning of the consumers’ care and services. They expressed satisfaction with the information provided, and their involvement in care planning processes. Consumers and representatives said they are informed about the outcomes of assessment and care planning and can access the consumer’s care and services plan if they wish.

Consumers and representatives said they had either made their end of life wishes clear or did not wish to discuss, however they would be comfortable to approach the clinical staff or management if they needed.

Registered Nurses demonstrated an understanding of the service’s assessment, care planning and evaluation process including consideration of consumers risk. They described how they approach conversations about end of life and advanced care planning as part of the initial assessment and at scheduled care plan reviews.

Care staff said consumers’ current needs were documented in care plans and confirmed they have access to care plans either in a paper copy or electronically. Care staff described what is important to individual consumers in regard to how their personal and clinical care is delivered, including their needs, goals and preferences. Care staff said they are advised at shift handover of any changes in consumers’ health and well-being, including if a consumer is referred to another health professional.

Care planning documentation reflected individualised consumer’s needs, goals and preferences. Consumer assessment and care plans are completed on entry to the service and regularly reviewed in partnership with the consumer and representative, including when there were changes in consumer’s condition.

The service had policies and procedures to guide staff in the assessment and planning process, including assessment of risk and assessing consumer care at the end of life.

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

## 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.*

### 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 COMPLIANT 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

Most consumers and representatives considered consumers received personal care and clinical care consumers that is safe and right for them. They provided examples of how staff ensure the care provided to consumers was right for them, including regularly asking them about the consumer’s care, the way it is delivered and involving them in discussions regarding alternative care options. Consumers and representatives expressed satisfaction that referrals to Medical Officers and/or other health professional were timely in response to consumers changing personal and/or clinical care needs. Consumers and representatives expressed confidence that when the consumer needed end of life care, the service will support consumers’ to be as free as possible from pain and to have those important to them with them.

Some consumers and representatives raised concerns about staff sufficiency and provided some examples of when this had impacted care delivery including consumers being incontinent when they had to wait for staff to respond to their request for assistance. At the time of the Site Audit, the Assessment Team raised this with Management who provided evidence that concerns in relation to staff delays in responding to consumer requests for assistance had been actioned. Management advised they would follow up with the named consumers and representatives. I have considered information in the site audit report, I note the Assessment Team interviewed 32 consumers and/or representatives and the Assessment Team identified most consumers reported staff are available and there was minimal delay in response to call bells.

Staff could describe how they ensure personal and clinical care is best practice, their opportunities for continuing education and how they ensure information is shared both within the organisation and with others outside the organisation. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. Staff identified the highest prevalence risks for individual consumers and how incidents were used to inform changes in practice.

Care planning documentation included evidence of how staff had supported consumers including those with complex clinical are needs, for example, consumers requiring wound care, urinary catheter and behaviour management. Documentation demonstrated referrals to other health professionals and the identification of, and response to consumer deterioration or a change in consumer’s condition and/or health status.

The service had a suite of policies, procedures and tools in place to support the delivery of care provided, for example in relation to restraint, pressure injury prevention and management, pain management, clinical deterioration and handover processes. The service had implemented policies and procedures related to antimicrobial stewardship, infection control and outbreak management to guide staff. Staff confirmed they have received training in infection minimisation strategies including infection control, and antimicrobial stewardship. Practices were in place that demonstrated that the service had planned and is prepared for a potential outbreak.

The service had systems and processes to monitor care delivery including monthly clinical audits, whole of service audits and staff training to support best practice.

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

### 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) Compliant

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

### 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 COMPLIANT Services 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

Overall consumers and representatives considered that consumers get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. They confirmed the service’s lifestyle program supported the individual needs of consumers, including supporting them to be as independent as possible and maintaining relationships of importance both inside and outside of the service.

Staff described what is important to individual consumers and how they support consumers’ needs, goals and preferences to promote independence and quality of life. Activities staff said a monthly activities calendar is developed using assessment information and feedback from consumers. The service also supports consumers who are unable to participate in activities on the calendar to engage in other activities that are meaningful to them. For example, for one named consumer who required full assistance to mobilise, staff support with walks in the garden and music therapy.

Consumers and representatives expressed satisfaction with the food provided at the service, they said consumers like the food, have plenty to eat and their input is sought by the catering team.

Care planning documentation included information about consumers activities of interest, evidence of participation in activities both inside and outside of the service; and information about relationships consumers wish to maintain. Individual consumer’s dietary needs and preferences were reflected in care documentation.

Staff confirmed they had sufficient equipment available when they need to use it.

Review of maintenance request forms provided to the Assessment Team identified where equipment is broken it is fixed in a timely manner.

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

## 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 COMPLIANT 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

Consumers and representatives considered that consumers felt safe and comfortable at the service, and expressed satisfaction with the service environment. For example, consumers and representatives said the service is clean and well maintained and consumers can navigate around service with ease.

Management described the features and design of the service’s secure living environment that supported functioning of people with cognitive impairment. For example, wide corridors to support consumers to freely move inside and outdoors, and a central communal area within the unit to support a sense of community.

Staff described the process of reporting maintenance requests, including when a hazard or risk to staff or consumers that had been identified. Staff documented maintenance issues in the maintenance books available in all areas of the service.

The service environment was observed to be welcoming, including signage to direct consumers and visitors to various areas of the service. Consumers were observed to move freely around communal areas of the service. Consumer rooms were personalised and decorated to reflect their individuality.

The service had a maintenance schedule and review of documentation confirmed maintenance was conducted as scheduled and maintenance issues were addressed in a timely manner.

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

## 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 COMPLIANT Feedback 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

Consumers and representatives expressed they felt comfortable in raising concerns and providing feedback, via the service’s feedback forms, at consumer meetings or directly to management and staff. Consumers and representatives who had raised a concern said their feedback was addressed in a timely manner, and an apology and explanation provided.

Care staff said, they if can, they resolve complaints immediately, and provided examples of informal complaints about day to day issues. They said if the issue could not be resolved, they would inform the Registered Nurse and support consumers to complete feedback forms. Registered Nurses described their role in following up consumer complaints, recording complaints on the electronic complaints register and escalating complaints to management as required.

Management provided examples of when the service had responded to concerns raised by consumers and representatives using an open disclosure approach, including discussion of strategies for resolving complaints in a transparent and timely manner. Staff demonstrated an understanding of an open disclosure process including providing an apology and offering an explanation.

The service had a complaints management policy and procedure that specifies the process around the management of compliments, complaints or suggestions. Review of the service’s complaints register provided to the Assessment Team identified the actions which were followed by management to resolve the complaint as outlined in the organisational policy.

The organisation provided consumers with information on how to make complaints, including within the consumer compendium provided on entry to the service.

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

## 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 COMPLIANT 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

Consumers and representatives said that staff were kind, caring and competent when providing care and services. Consumers and representatives expressed satisfaction that Management and staff had appropriate skills and knowledge to ensure the delivery of safe and quality care and services.

Overall consumers and representatives expressed satisfaction with the number of staff available to support consumers, and said there were minimal delays in response to requests for assistance.

Management described how the Quality Standards are part of both the orientation and induction process for all staff and that the Quality Standards are a standing agenda item at staff meetings. Management described how they determine whether staff are competent and capable in their role, which included orientation on commencement of employment, mandatory training programs and performance reviews. Staff expressed satisfaction with the service’s training program and said they had access to online training and other forms of training such as toolbox training sessions.

Review of information provided to the Assessment Team identified the service monitors call bell response times and where irregularities are identified these are actioned by Management. The service’s continuous improvement plan identified, following feedback in January 2021, about staff sufficiency from consumers and staff, a review of the roster was conducted and additional recruitment of staff was undertaken. Review of roster allocation sheets for the period 7 May 2021 to 30 May 2021 identified all rostered shifts were filled and the service used agency staff on one occasion.

The organisation had a position description and roles and responsibilities statement for each staff role.

The Assessment Team observed staff interactions to be kind, caring and respectful.

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

## 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 COMPLIANT 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

Consumers and representatives considered that the organisation is well run and that they can partner in improving the delivery of care and services. Consumers and representatives said they are consulted about the consumer’s care and service needs and improving the delivery of care and services. For example, in discussions at consumer meetings, feedback being sought through surveys and ongoing discussion related to cares.

Management and staff described ways in which consumers are encouraged to be engaged and involved in decisions about their care and the service, such as via consumer meetings, feedback forms, discussions with consumers and representatives, consumer surveys and case conferencing.

The organisation’s governance and quality framework demonstrated a leadership structure which included the governance; management of workforce; risk and quality improvement; clinical practice delivery; and improvement committees. The framework included a shared responsibility and accountability for maintaining standards of quality for consumer safety, care delivery and system wide governance at an organisational and service level. The organisation, through policies, processes and training promotes a culture of safe and quality care and services. Reporting systems provide the organisation’s governing body with timely information about the performance of the service to enable accountability.

The organisation had implemented effective organisation wide governance systems, effective risk management systems and processes and a clinical governance framework. Organisational policies guide staff practice including in relation to risk management, antimicrobial stewardship, restraint minimisation and open disclosure. Staff were familiar with these policies and could describe how they applied to the work that they do.

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

## 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.*

### 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*
4. *managing and preventing incidents, including the use of an incident management system.*

### 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

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.