Performance

Report

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| Name: | Eldercare Oxford |
| Commission ID: | 6949 |
| Address: | 35 Hulbert Street, HOVE, South Australia, 5048 |
| Activity type: | Site Audit |
| Activity date: | 4 June 2024 to 6 June 2024 |
| Performance report date: | 15 July 2024 |
| Service included in this assessment: | Provider: 1070 Eldercare Australia Ltd  Service: 4357 Eldercare Oxford |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Eldercare Oxford (**the service**) has been prepared by Katherine Richards, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management, and others.

The provider submitted an email dated 27 June 2024 stating they would not be making a formal response to the Site Audit report.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | 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. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | 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. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

This Quality Standard is compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers said staff treat them with dignity and respect in all interactions and understand their values. Staff explained the importance of getting to know consumers and show respect through honouring preferences. Care planning documentation included information on consumer backgrounds and life histories. Staff interactions with consumers were kind and respectful, demonstrating understanding of the individual.

Cultural needs and preferences were included within care planning documentation in line with policies and procedures. Staff said cultural needs were recognised through assessment and planning processes and supported, with group activities to celebrate cultural events of interest. Policies and procedures to inform culturally safe care included a diversity and inclusion policy.

Consumers outlined how they were supported to make informed choices about their care and relationships to maintain their independence. Staff gave examples of how they supported consumers make decisions and maintain relationships. Care planning documentation recorded details of people involved in decision making for consumers and outlined consumer choices within needs and preferences.

Management explained how consumers were supported to take risks, with discussions to inform choice considering benefits and possible harm. Care planning documentation for consumers taking risks of choice included assessments, signed by the consumer, with summary of discussion about risks and strategies. Consumers described how their decisions to undertake activities with risk were supported by the service.

Consumers said they received enough information to make choices about meals, activities, and happenings in the service. Staff explained how information was shared with consumers through meetings, calendars, menus, and discussions, tailoring communication strategies to meet consumer needs where required. Meeting minutes reflected consumer attendance and involvement and summarising topics discussed.

Staff outlined how they maintained privacy and dignity of consumers during care and kept personal information confidential and shared only with authorised persons. Consumers said staff were respectful of privacy, knocking and seeking permission before entering their rooms, and closing curtains and doors during care. The privacy policy outlined systems and processes to maintain confidentiality, and staff were observed putting the guidance in practice.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | 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. | Compliant |
| Requirement 2(3)(b) | 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. | Compliant |
| Requirement 2(3)(c) | 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. | Compliant |
| Requirement 2(3)(d) | 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. | Compliant |
| Requirement 2(3)(e) | 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. | Compliant |

Findings

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Management explained the process to undertake initial and ongoing assessments, and how these identified risks leading to development of mitigating strategies reflected in a care and services plan. Staff said the care and services plan supported development of understanding consumers and their care needs, including risks and management actions. Care planning documentation included outcomes of assessments, identified associated risks and care requirements for safe and effective care and services.

Consumers said their needs, goals, and preferences were incorporated into care planning, and staff offered opportunities to discuss end of life wishes. Staff explained discussions about advance care directives were held within the entry process with monitoring for completion. Care planning documentation reflected the current needs, goals, and preferences of consumers and included advance care directives.

Consumers and representatives described their involvement in assessment and planning, and aware of other providers engaged in the process. Staff explained the importance of partnering with consumers to understand their preferences, and they incorporated input of other specialists and providers to develop the care and services plan. Care planning documentation included summary of discussions with consumers and representatives, and advice or assessment outcomes from other providers.

Consumers and representatives said they were aware of information in the care and services plan and could access a copy. Staff explained use of regular meetings with consumers and representatives, such as care evaluation meetings, with summaries documented in the care planning documentation. Staff said they could always access a hard copy of the care and services plan in the nurses’ station, and copies were offered to consumers and/or representatives following review.

Staff detailed the practice of undertaking routine reviews of care and services, as well as if there were incident, and updates were made to reflect changes in consumer condition or needs. Care planning documentation evidenced reviews had been undertaken at least every 6 months, or sooner if there was incident or change of health, and strategies adjusted where indicated.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | 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. | Compliant |
| Requirement 3(3)(e) | 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | 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. | Compliant |

Findings

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives described delivery of tailored and safe personal and clinical care. Staff were knowledgeable of policies and procedures reflective of best practice, and feedback reflected awareness of tailored strategies for consumers, including for specialised care needs. Care planning documentation and staff feedback referenced monitoring and evaluation of tailored strategies for effectiveness and consumer safety.

Care planning documentation outlined key consumer risks and strategies, monitoring, and responsive actions. Staff were familiar with key risks for consumers and correlating strategies, with management explaining effectiveness of strategies was discussed for collaboration in meetings. Policies and procedures outlined practices to identify, manage, and monitor risks.

Staff explained processes to support consumers nearing the end of life, including actions to keep the consumer comfortable through repositioning, hygiene, and managing pain. Specialist palliative care staff visited monthly to discuss consumers nearing end of life, and referrals could be made between scheduled visits if required. A palliative care procedure supported staff caring for consumers to ensure a comfortable and peaceful death.

Consumers and representatives explained how staff responded to deterioration or change in consumer condition, including transfer to hospital when required. Staff explained how they recognised and responded to change in consumer condition, including undertaking observations, assessments, and coordinating escalation or referral. Care planning documentation included examples of assessment and actions taken following change in consumer health or incident.

Consumers said they were aware staff shared information about them to ensure familiarity with their needs and preferences. Staff explained how information about consumers was accessed and shared within documentation and verbal handover. Management said progress notes were reviewed daily to ensure information was documented and shared, and processes including use of handover, communication books, and meetings ensured all areas of staff were informed. Visiting health professionals had access to care and services plans and progress notes and spoke with clinical staff for updates.

Staff gave examples of referrals made to various providers, explaining the referral process for various services. Care planning documentation reflected timely and appropriate referrals to meet consumer needs.

Consumers and representatives described staff actions to prevent infection, such as using hand sanitiser and personal protective equipment, explaining it was effective at reducing outbreaks. Staff said they received regular infection control training, and clinical staff outlined practices to ensure appropriate antibiotic use, such as pathology testing. Infection prevention and control program activities included training and observation of staff practice, vaccination programs, monitoring of infections, and COVID-19 screening practices.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | 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. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | 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. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Staff demonstrated awareness of consumer needs and preferences, and outlined how services and supports were adapted to optimise independent participation in daily activities. Consumers and representatives said services and supports enabled consumers to live the life they want. Care planning documentation outlined needs and preferences for daily living and events.

Consumers gave examples of how their emotional needs were understood and supported, and they had opportunities to attend religious services or receive chaplain visits. Staff explained how they identified consumers requiring additional emotional support and how they would respond, including spending additional time with consumers, scheduling volunteer visits, or coordinating time with the spiritual practitioner. Care planning documentation outlined emotional, spiritual, and psychological needs and supportive strategies.

Consumers said they felt supported to participate in activities of interest within the service and broader community, and they had built friendships with other consumers as well as maintained important relationships with family and friends. Staff demonstrated awareness of people of importance to consumers and interests were used to inform group or solo activities. Care planning documentation outlined supports to participate in the community, maintain interests, and maintain important relationships.

Staff in differing roles explained how they were updated on consumer information, for example, kitchen staff said they were informed of dietary changes by clinical staff. Consumers said their needs and preferences are effectively shared and they do not repeat information.

Care and services documentation reflected timely referrals made to meet the identified needs of consumers. Consumers said referrals made for them were to appropriate people. Staff explained how referrals were made for a range of services, including volunteers.

Consumers gave positive feedback on the variety, quality, and quantity of meals, explaining staff efforts to meet dietary needs and incorporate feedback on preferences. Consumer consultation and feedback is incorporated into the development of the menu, including through focus groups and managing individual requests for favourite meals and a social barbeque observed during the Site Audit. Staff explained processes to ensure food safety requirements and meet consumer dietary needs and preferences.

Consumers verified they had access to suitable, clean, and safe equipment and said they would report concerns to staff. Staff stated there was sufficient equipment, with assessment for safe consumer use, and could explain how they would report maintenance needs. Staff were observed cleaning shared personal and leisure activity equipment.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

This Quality Standard is compliant as 3 of the 3 Requirements have been assessed as compliant.

Representatives said they were welcomed and encouraged to treat the service as the consumer’s home, with consumer’s verifying they viewed the service as home. Rooms were personalised with consumer belongings and decorations, and the décor was home-like reflecting the likings of those residing within. Staff described features and supports for consumers with different needs to move independently throughout the service environment. Clear signage directions and maps supported independent wayfinding through spacious corridors linking communal areas.

Consumers described the service as clean and well maintained. Staff explained cleaning and maintenance processes. Consumers could access outdoor areas, including after hours, and processes supported independent access of the front door. Documentation verified services and supports worked to checklists to maintain the cleanliness and safety of the environment with processes for communicating and addressing required ad hoc cleaning and maintenance services. Consumers were observed moving freely through the service, including through outdoor courtyards and verandas.

Consumers said furniture, fittings, and equipment was clean and suitable for their needs. Staff explained the maintenance schedule with preventative and reactive processes, with monitoring for adherence. Documentation verified routine servicing of equipment and actions to address damaged furniture, with service tags on equipment and safety items up to date.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

This Quality Standard is compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers and representatives said they felt encouraged and supported to offer feedback or raise complaints. Staff explained available feedback methods, explaining if an issue was raised verbally, they would attempt to address the concern or escalate to management. Meeting minutes verified feedback was sought on a range of services, with a standing agenda item of feedback and complaints. Feedback forms and boxes were readily available in multiple locations within the service.

Consumers said they were aware of advocacy services, and could access further information through the displayed pamphlets, although none reported having a need. Staff were aware of how they could access language and advocacy services, and management explained coordinating an annual visit from an advocacy group to explain their role to consumers. Displayed posters and brochures offered information on advocacy and complaint services, and information was also offered in the consumer handbook.

Consumers gave examples of how the service responded to complaints, identifying the apology made and appropriate resolution. Staff were familiar with the open disclosure process, outlining steps within it to prioritise communication and transparency. Management said all complaints were investigated, addressed, and evaluated for satisfactory outcomes. Recorded feedback and complaints were captured in a register with detailed steps reflective of the open disclosure process.

Management described how feedback and complaints were reviewed and used to drive improvements, with items requiring longer input or planning included within the Plan for continuous improvement. Consumers said management listened to feedback and described improvements made in response. The Plan for continuous improvement included entries arising from consumer complaints, feedback, and suggestions with actions and monitoring.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | 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. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and staff said there were enough staff to provide quality care without rushing, and staff worked together to meet consumer needs. Management explained planning and monitoring processes to ensure there were enough staff to meet consumer needs, fill shifts, and meet regulatory requirements. Rostering evidenced consideration of the mix of care, clinical, and agency staff to fill vacancies and meet consumer needs.

Consumers described staff as kind, caring, gentle, and respectful. Staff training reflected emphasis on supporting consumer dignity, choice, and diversity, and they expressed confidence in raising any disrespectful behaviour witnessed with senior staff if it ever occurred. Management said recruitment processes, including reference checks and interviews, ensured a kind and caring workforce, with ongoing monitoring of interactions with consumers through feedback.

Management explained recruitment processes to ensure staff were suitable, qualified, and competent for their roles, with monitoring for the 6-month probational period. Staff personnel records included verification of security checks, professional registration or certification, vaccination compliance and mandatory training. Position descriptions outlined responsibilities, qualifications, attributes, skills, training, and experience.

Consumers described staff as having sufficient training. Management detailed the induction and ongoing training program, covering key topics including the Quality Standards, infection control, incident management, and consumer rights. Staff said they received adequate education relevant to their roles and responsibilities, and said if they made a mistake, they were supported by management. Management explained processes to ensure staff compliance with mandatory training.

Staff explained the process for performance reviews, undertaken every 2 years. Management explained the formal performance appraisal process for staff during probation and ongoing thereafter, with informal monitoring undertaken through observations, consumer feedback, reviewing documentation, and within staff meetings. Personnel files included performance appraisals undertaken in line with policies and procedures.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | 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. | Compliant |
| Requirement 8(3)(d) | 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. | Compliant |
| Requirement 8(3)(e) | 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. | Compliant |

Findings

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers detailed their engagement and input into services through consumer advisory meetings and focus groups, stating they felt confident to speak up and felt listened to. Management explained additional methods of consumer input including surveys, feedback and complaint processes, and case conferences, explaining the Consumer advisory body had been adjusted to suit consumers and support engagement. Meeting minutes recorded attendance and actions to be taken from consumer input.

Management explained how the governing body was involved in the delivery of care and services, reflected in clinical governance policies. The structure and reporting lines were recorded within the organisational chart, with management explaining reciprocal pathways for sharing information. Meeting minutes evidenced monitoring of the performance of the service through review of key reports.

Organisational governance systems included policies, procedures, reporting, and monitoring of key areas of performance. Financial governance included pathways to seek changes to the budget or for extraordinary expenditure to support consumer needs. Regulatory compliance was monitored by the governing body, overseen by the board, with essential changes communicated within policies, procedures, memos, staff meetings, and training. Information management systems enabled staff access and communication of consumer information, policies, and procedures whilst considering management of personal and sensitive material.

The risk management framework enabled identification of current and emerging risks and potential consequences to develop strategies to mitigate and manage. Management outlined how high impact or high prevalence risks were identified through analysis of clinical data and incidents, analysed in meetings, and monitored through reporting. Consumers were supported to live their best lives, including taking risks, through the assessment and planning processes. Staff described their role to recognise abuse or neglect, and investigate and report incidents, including through the Serious Incident Response Scheme.

The clinical governance framework incorporated policies, procedures, and training relating to key clinical care areas, including antimicrobial stewardship, restrictive practices, and open disclosure. Staff received antimicrobial stewardship training and infection prevention and control, with monitoring of infections and antibiotic use within the Medication administration committee meetings. Management and staff were familiar with the different types of restrictive practices and obligations for use, including requirement to trial alternate strategies and monitor effectiveness. Policies informed staff application of open disclosure, including roles and responsibilities, with strategies implemented to prevent recurrence.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)