

**Performance Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Oakden Green |
| Commission ID: | 6800 |
| Address: | 75-79 Hilltop Drive, OAKDEN, South Australia, 5086 |
| Activity type: | Site Audit |
| Activity date: | 4 December 2024 to 6 December 2024 |
| Performance report date: | 15 January 2025 |
| Service included in this assessment: | Provider: 6977 Quality Care Homes Pty Ltd Service: 4249 Oakden Green |

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 Oakden Green (**the service**) has been prepared by M Murray, 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 staff, older people/representatives and others
* the approved provider’s response to the assessment team’s report received on 8 January 2025.

# Assessment summary

|  |  |
| --- | --- |
| 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 to remain compliant with the Quality Standards.

# Standard 1

|  |  |
| --- | --- |
| 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

Consumer and representative feedback, care and organisational documentation, staff interviews and observations confirmed consumers are treated with dignity and respect, and their identity, culture and diversity valued.

Consumers and representatives gave various examples of respectful interactions with staff and said the service does not make assumptions regarding cultural needs based on cultural stereotypes, and they feel safe at the service to express their culture openly.

Management described the promotion of the aged care code of conduct and aged care charter of rights to staff. Management said initial and ongoing training programs establish and reinforce cultural safety and consumer feedback is gathered on a regular basis to ensure consumer satisfaction with care and services.

Staff demonstrated an understanding of the different cultural and diversity needs of consumers, as well as knowledge of individual consumer’s lived experience.

Care documentation includes whether consumers are only to be provided personal care by a person of the same gender, information of past traumas, such as the death of partners or children, and religious affiliation and cultural practices.

All consumers said they make daily choices about their care, such as meals, the lifestyle activities they attend and the timing of daily personal care provision. Consumers described involving family members in some decisions and representatives said staff encourage their involvement in supported decision-making processes.

The Assessment Team observed consumers meeting in communal areas and three consumers said they have formed ‘good friendships’ with others and have daily catchups.

Staff are respectful of relationships between consumers, their families and others and ensure they are provided with privacy and space.

Management and clinical staff described the identification and documentation of any risk associated with consumers’ chosen activities, discussions with consumers regarding risk and interventions to minimise any risk.

Staff demonstrated knowledge of the risks taken by consumers, and said they support all consumers’ wishes to take risks and to live the life they choose. A risk procedure and flowchart which includes the engagement of allied health and medical officers, as required, guides staff in steps to take to ensure consumers and representatives are fully informed of the risks associated with their decisions.

Consumers described maintaining their independence and how this involved some level of risk which they were willing to accept, including declining advice and medical treatments.

Management and staff described various strategies to support consumers having access to information relevant to their life at the service. Communication barriers are overcome using communication cards, having bilingual staff and the use of interpreters. Staff also described strategies to support consumers with hearing and visual impairments to understand information.

Consumers said they are provided information at consumer forums, via display boards and newsletters, and receive consumer meeting minutes, and felt they had enough information to make relevant decisions. Representatives confirmed information they receive is accurate and timely and provided in multiple ways, such as emails, care plan reviews, face-to-face meetings, and newsletters.

Staff demonstrated knowledge of privacy principles, such as only discussing consumers’ personal information with authorised personnel or approved representatives. Care documentation was only accessible to authorised personnel. Consumers said staff are respectful of their privacy.

# Standard 2

|  |  |
| --- | --- |
| 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

Assessment and planning processes are undertaken in a timely manner, using validated tools to identify risks and develop management strategies. Staff were aware of their role and responsibilities in undertaking assessments for new consumers to identify their needs, preferences, and risks. The outcome of these assessment discussions are accurately reflected in the consumer’s care and services plan.

Risk based assessments are completed by clinical management, the clinical nurse or allied health staff with key risks being assessed within the first seven days to support safe care delivery. The Assessment Team reported risks associated with poor mobility, chronic illness and living with cognitive impairments to be effectively assessed.

Consumers and representatives said staff had asked about the consumer’s care and lifestyle preferences and they had informed staff about care goals such as maintaining the consumer’s mobility. Care planning documentation included the current needs, goals, and preferences of consumers and this information aligned with consumer and representative feedback.

Advance care directives were reflected in care and services plans, and documentation evidenced consultation on end-of-life planning and transition to comfort care. Where the consumer or family had not been comfortable with discussing end of life care, records recorded expectations for resuscitation and/or transfer to hospital for medical management.

Consumers and representatives described their involvement and input into care planning documentation, through formal and informal discussions with clinical and allied health staff. Staff explained processes to ensure regular consultation with consumers and/or representatives, and methods used to engage other providers involved in supporting the consumer’s health. Assessments and recommendations from medical officers and specialists are reviewed and used by nursing staff at the service to inform care planning.

Each consumer has a care and service plan. A copy of the plan is offered to each consumer or their nominated representative. Consumers and representatives confirmed they get a copy of the plan and that the contents of the care plan are discussed at periodic evaluations. Staff described easy access to care plans and said the care plan has sufficient information to support care delivery.

The Assessment Team report that care plan reviews are effective and care plan information is updated in line with any change in the consumer’s health, wellbeing or circumstance. Reviews were noted following events, such as a fall, to identify if the consumer needed more support with their mobility or pain management.

# Standard 3

|  |  |
| --- | --- |
| 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

Consumers said staff know the amount and type of assistance they need for personal care, and their clinical needs were managed safely. The Assessment Team reported consumers who had experienced falls, displayed dementia related behaviours or who needed wound care all received clinical care and other support in line with best practice.

The service has processes to manage risks associated with ageing, including weight loss, pain and chronic illnesses. Staff described the use of risk minimisation strategies such as nutritional supplements, analgesics and protective devices. Consumers said their diabetes and other chronic diseases are being effectively managed by staff. Specialists such as wound consultants support staff to manage consumers’ complex care needs.

Staff were confident in the delivery of end-of-life care and providing comfort measures for consumers receiving palliative care. Care plans inform staff about providing emotional and physical comfort, including pain management, spiritual care, administrating medication, position changes, and skin and oral care.

Clinical staff described processes to identify a change in the condition of a consumer or any clinical deterioration, and actions they would take. Actions included assessments, monitoring, escalating to the medical officer, referring to allied health or specialists and calling an ambulance. Care planning documentation reflected timely identification and response for consumers experiencing a clinical deterioration.

Information is effectively communicated between those involved in the consumer’s care. A daily clinical meeting is held by management and attended by senior staff. Staff explained the electronic care management system included alerts and internal messaging which also keeps them informed of changes to a consumer’s condition or care needs. Allied health staff said they receive verbal updates and can access the care planning documentation for consumers in their program. Consumers said they do not have to repeat their needs to different staff and representatives said they could approach any member of staff for an update and be confident they will receive accurate information.

Timely referrals to people and organisations outside of the service to support consumer care has occurred, including to dietitians, speech pathologists, clinical pharmacists, dementia specialists and mental health providers.

The service has nominated infection prevention staff who coordinate processes to minimise infection related risks. Staff leading the infection prevention program described their responsibilities to monitor monthly infections, ensure staff are familiar with hand hygiene and donning/doffing procedures, and implement outbreak management plans as required.

Clinical staff explained the importance of monitoring for and responding to signs and symptoms of infection, including ensuring pathology testing is undertaken and reviewed by medical officers. The use of antibiotics is minimised and if ordered the full course of the antibiotic is administered.

Vaccination rates of consumers for COVID-19 and influenza are monitored.

# Standard 4

|  |  |
| --- | --- |
| 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

Consumers and representatives described engaging in a range of activities to optimise their well-being and are satisfied they get the supports they need to maintain their independence. The lifestyle team run an active ageing program which focuses on enablement and engagement. The lifestyle coordinator outlined that the activities program is based on consumer needs and includes activities such as concerts suitable for all consumers.

Consumers said staff recognised when they were feeling low and provided emotional support. Staff demonstrated an awareness of how to support consumers’ emotional needs and were aware of the specific needs of consumers who are anxious or distressed. Counselling services for consumers have been accessed as required.

The service organises community outings with the support of staff and volunteers and facilitates individual consumers to visit shopping centres to make their own purchases. Staff demonstrated a familiarity with consumers’ visitors and help organise special celebrations for important events such as anniversaries.

Information is effectively communicated between those involved in the consumer’s care. Catering, lifestyle, maintenance and cleaning staff explained the have daily meetings to share information or they can access the electronic care management system. Consumers said they do not have to repeat their needs to different staff and representatives said they could approach any member of staff for an update and be confident they will receive accurate information.

Timely referrals to people and organisations outside of the service to support consumer care have occurred, including to the community visitors scheme and multicultural services.

The organisation sought an external review of catering services mid-2024, and recommendations had been reviewed for implementation. Consumers said their dining experience has improved and discussed the appointment of a new chef. Management said they are monitoring the quality of meals and doing taste tests. A food focus group had been established and met in December 2024. Meeting minutes included key discussion points, including likes, dislikes, serving sizes and temperature. While consumers explained the dining experience had been an area of concern, most described recent improvements. A representative who regularly orders a meal was satisfied with the quality of the meal. Observations of mealtimes showed the dining experience is not rushed and consumers requiring assistance were helped in a dignified way.

Consumers said provided equipment was always clean and well cared for. Consumers’ needs for equipment, such as mobility aids, comfort chairs, or pressure mattresses, are assessed and ordered by the physiotherapist. Staff outlined their cleaning and maintenance responsibilities for equipment and said items are monitored for safety and any concerns reported to the maintenance department.

# Standard 5

|  |  |
| --- | --- |
| 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

The Assessment Team report the service is maintaining a service environment that is safe, clean, functional, well-cared for, and comfortable. The design of the service supports independent movement and wayfinding for consumers and visitors.

Consumer rooms and communal areas were well lit and linked with wide and clutter-free corridors. Handrails and rest stations were available to support independent movement and manage sudden fatigue. Signage to the courtyards labelled one as a rose garden and the other as vegetables. Rooms were numbered and a photo of the consumer and their first name was on the door, as well as memory boxes displaying personal effects to support independent wayfinding.

Consumers described how they were encouraged to personalise their rooms to make it homely.

The service environment was observed to be clean and well maintained. Staff described cleaning and maintenance processes to care for the service environment and ensure safety.

Consumers said they can access indoor and outdoor areas. There is keypad access to some areas, such as the memory support unit, with staff facilitating entry and access for consumers as outlined in their care plans. Consumers expressed satisfaction with this arrangement.

Maintenance staff demonstrated they follow a preventative maintenance schedule, addressing any hazards or repairs reported. Management said they seek advice from the physiotherapist on the suitability of new furniture. Consumers were satisfied with the suitability of furniture and described the new dining room furniture as comfortable. Representatives said furniture and equipment is clean and suitable for consumers’ use.

# Standard 6

|  |  |
| --- | --- |
| 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

Management said they have multiple avenues available for consumers and representative to be able to provide feedback and make complaints. These include face-to-face, feedback forms, emails, via phone, consumer and representative forums, surveys and during care plan reviews. Observations of the service included posters and brochures to encourage consumers to provide feedback.

Staff are guided by policies and procedures which outline the use of advocacy and interpreter services when required. Advocacy service brochures and posters are displayed in key locations throughout the service, with contact details for advocacy and language services included in admission packs, the residential service agreement and the consumer handbook. Consumers and representatives said they are aware of advocates, language services and other methods for raising and resolving complaints.

Consumers and representatives said management respond in a timely manner to address and resolve any issues. Staff demonstrated knowledge of feedback processes and confirmed assisting consumers to provide feedback when required. Representatives confirmed the service is prompt to make contact when things go wrong or when incidents occur, apologising or expressing regret and said complaints and incidents are handled well.

Management said they review feedback and complaints data regularly to identify any trends and opportunities for improvement, with reports developed and tabled at local and management level meeting forums, such as executive management meetings and quality care advisory group meetings. Consumers and representatives are satisfied management listens to their feedback and their experience of the service they receive has improved as a result.

# Standard 7

|  |  |
| --- | --- |
| 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

Management described processes to ensure the workforce is planned and the correct allocation of staff and skill mix is in place across all areas of the service to meet consumers’ needs and preferences. Staff allocations are reviewed daily. Clinical, care, lifestyle and hospitality staff confirmed there are enough staff rostered to allow them to undertake their duties in a timely manner and vacant shifts are covered by casual or agency staff.

Consumers and representatives said staff are generally kind and caring and any poor staff conduct is addressed by management. Staff are aware of the aged care code of conduct and said training delivered by the service is helpful in guiding appropriate interactions with consumers. Management periodically surveys consumers on their care and services, including whether they find staff kind, caring and respectful. Survey results feed into continuous improvement actions.

Management said they determine whether staff are competent and capable in their role by daily monitoring, yearly performance appraisals, monitoring of professional registrations and mandatory training.

Organisational policies and procedures support recruitment, with screening processes undertaken prior to employment. Staff confirmed induction and orientation is completed on commencement of employment. Consumers and representatives said they are satisfied staff are sufficiently trained. Staff training records for 2024 demonstrate staff completion of initial mandatory training and further ongoing training conducted thereafter.

Management described the ongoing monitoring of staff by supervisors each day and said they use various methods to monitor staff performance, such as call bell response times, feedback and complaints and review of how incidents are managed. Management said informal and formal conversations are conducted with staff identified as requiring further supervision. Performance management plans are entered into as required, to support staff to achieve the expectations of their role.

Staff performance appraisals demonstrated all staff have had an appraisal process conducted within the last 12 months, and staff confirmed the process to be beneficial, improved how they provide care and services, and provided an opportunity for discussion with management regarding ideas for further training opportunities.

# Standard 8

|  |  |
| --- | --- |
| 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**

Consumers and representatives said they are engaged in the development, delivery and evaluation of care and service and feel supported by the service in this process. They find the service is well run, said management listen, and that the board of directors engage with consumers face-to-face and through various communications.

Governance processes include compliance monitoring through internal and external auditing programs. Directors are supported in their role by sub-committees designed to conduct an initial analysis of quality indicators of care and service data, implement management strategies, and to report actions to the governing body via executive management meetings.

Quality care advisory meeting minutes demonstrate key quality indicators are monitored and deviations investigated. There is an escalation process for serious incidents and high-risk matters which ensures they are brought to a director’s attention in a timely manner.

The Assessment Team reported effective governance systems for information management; continuous improvement; financial governance; workforce governance; regulatory compliance and feedback and complaints are in place.

The service has a documented governance framework which describes key elements and provides an overview of systems, components, and the tools which support good governance. The framework defines the rules, relationships, systems, and processes by which authority is exercised and controlled within the service.

The service demonstrated effective risk management systems and practices, including the management of high-impact or high-prevalence risks; identification and response to any abuse and neglect; management and prevention of incidents and supporting consumers to live their best life.

Policies and procedures guide staff on the management of incidents including how and when to report items to the Serious Incident Response Scheme.

The Assessment Team found a clinical governance framework is in place and it includes antimicrobial stewardship, minimising the use of restraint and open disclosure. A medication advisory committee meets quarterly, and a pharmacist supports the service in various aspects of clinical governance including undertaking residential medication management reviews.

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