Performance

Report

**1800 951 822**

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| Name of service: | Oakden Green |
| Service address: | 75-79 Hilltop Drive OAKDEN SA 5086 |
| Commission ID: | 6800 |
| Approved provider: | Quality Care Homes Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 20 April 2023 |
| Performance report date: | 9 May 2023 |

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 Glenn, 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.

# Material relied on

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

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and management;
* an email from the provider received 2 May 2023 indicating a response to the Assessment Team’s report would not be provided.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |

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 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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 |

Findings

At the Assessment Contact conducted on 20 April 2023, the Assessment Team recommended Requirements (3)(b) and (3)(d) in Standard 3 Personal care and clinical care met. The Assessment Team’s report provided the following evidence gathered through interviews and documentation relevant to my finding:

Consumers and representatives interviewed expressed satisfaction with the personal and clinical care provided and had confidence in staff to manage consumers’ clinical risks. Policies and procedures support staff practice and staff confirmed consumers’ high-risk care needs are discussed through handover and weekly high-risk multidisciplinary meetings. The service maintains a restrictive practice register identifying consumers that have been assessed as requiring the use of restrictive practices to manage responsive behaviours. Sampled care files documented use of behavioural charts, behaviour assessments and behaviour support plans which included personalised information of each consumer that had been assessed as requiring the use of a restrictive practices to manage responsive behaviours. Four representatives sampled confirmed being satisfied with the management of responsive behaviours.

A pain management procedure guides staff practice in the assessment and ongoing management of pain. Care files sampled showed pain assessment, pain charting and a care plan outlining a range of strategies for effective pain management. The service has also introduced the use of technology to assist in the identification of pain for non-verbal consumers or consumers with advanced cognitive impairment. Three consumers sampled indicated they were satisfied with their pain management evidenced by effective administration of medication and massage therapy.

Staff demonstrated they were able to implement weight management strategies recommended by the Dietitian and Medical officer resulting in stabilised weight for two consumers being monitored for weight loss and malnutrition. The service has processes for the ongoing monitoring of consumers’ food and fluid intake and consumers are weighed regularly for early detection of any weight related issues.

Staff were knowledgeable of consumers’ care needs and were able to describe pressure area care principles consistent with consumers’ care plans in relation to skin integrity and management of pressure injuries. Care files sampled outlined strategies and management plans for consumers’ pressure injuries.

The use of the falls risk assessment tool (FRAT) identifies consumers who are at risk of falls. Documentation sampled showed strategies implemented to minimise risk of falls through the use of sensor mats, increased monitoring, as well as harm prevention devices, such as mats positioned in a way to minimise injury. Two representatives of one consumer who had fallen said they were notified of the fall and impressed by the action taken. Following the fall, the consumer was reassessed using the FRAT and additional strategies were implemented in consultation with representatives to mitigate risk of future falls.

The service demonstrated 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. Staff have been trained to recognise changes or decline in consumer health and communicate regularly to disseminate information relating to any change in the health condition of a consumer. Management stated progress notes and incidents are regularly reviewed to monitor any change or deterioration in a consumer’s condition allowing implementation of new treatment strategies, when required, in a timely manner. Documentation sampled and interviews undertaken demonstrated staff escalate and effectively manage any decline or change in consumer health.

For the reasons detailed above, I find Requirements (3)(b) and (3)(d) in Standard 3 Personal care and clinical care compliant.

# 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 |

Findings

At the Assessment Contact conducted on 20 April 2023, the Assessment Team recommended Requirement (3)(a) in Standard 7 Human resources met. The Assessment Team’s report provided the following evidence gathered through interviews, observations and documentation relevant to my finding:

The service has implemented processes to ensure the workforce is planned and the number and skills mix enables the delivery of quality care and services. Documentation sampled indicated there were minimal unfilled shifts per week. One care staff stated any vacant shifts would be promptly covered by casual staff or backfilled by management. The fortnightly staff roster showed no unallocated shifts with any unfilled shift covered by casual staff or management. Management also advised rosters are regularly reviewed while evaluating feedback and clinical indicators to ensure consumers’ needs are met. Consumers and representatives were satisfied with staffing levels and said there is adequate staffing numbers and consumers’ care needs and preferences are met in a timely manner. Overall, consumers said there were enough staff available and they did not feel rushed when being assisted by staff. However, two consumers said they occasionally had to wait for assistance but could not describe any impact to their care. Observations showed staff were not rushing when assisting consumers and call bells were being answered in a timely manner.

For the reasons detailed above, I find Requirement (3)(a) in Standard 7 Human resources compliant.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)