Performance

Report

**1800 951 822**

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| Name: | Oakden Green |
| Commission ID: | 6800 |
| Address: | 75-79 Hilltop Drive, OAKDEN, South Australia, 5086 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 7 November 2023 |
| Performance report date: | 29 November 2023 |
| 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 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 (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives, and management.

The provider did not submit a response to the assessment team’s report.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **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** |
| **Standard 8** Organisational governance | **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 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 |

Findings

Staff were knowledgeable of assessment processes and said care plans included sufficient information to inform care. Risks are assessed on admission, at regular care plan reviews and where there is an identified change to the consumer’s condition. Documentation identified risks to consumers’ health and well-being and included mitigation strategies to minimise the risk. Risks to consumers are monitored through daily progress note reviews, care plan reviews, auditing processes and weekly high-risk meetings. Consumers and representatives expressed satisfaction with the care and services being provided and said staff are knowledgeable of the risks associated with consumers’ care.

Based on the assessment team’s report, I find requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers compliant.

# 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 |

Findings

Documentation showed high-impact or high-prevalence risks are identified and staff were aware of the mitigation strategies implemented to manage risk. Management said they monitor high-impact or high-prevalence risks through daily progress note reviews, auditing schedules and weekly high-risk meetings. Risk data is analysed and trended to inform improvements to care and services. Consumers and representatives were satisfied with the care and services provided and said the service effectively manages risks associated with consumers' care.

Based on the assessment team’s report, I find requirement (3)(b) 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 |
| 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 |

Findings

Systems and planning processes are in place to recruit and monitor staffing levels. A range of factors, including the number of consumers, trends in call bell activations, incidents and feedback, are considered when rostering the right number and mix of staff. Staff felt sufficient staff are rostered with appropriate shift coverage to enable the provision of quality care and services. All consumers said there are sufficient staff rostered and did not have to wait long when assistance was required.

Staff are supported by management and said they have the required training to undertake their roles. The organisation has systems in place to monitor and ensure the workforce have the appropriate qualifications and registrations relevant to their role. Consumers and representatives said staff are knowledgeable and understand the needs of consumers in their care.

Based on the assessment team’s report, I find requirements (3)(a) and (3)(c) in Standard 7 Human resources compliant.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

Information management systems are in place to ensure staff have access to information to perform their role. Management described how they demonstrate financial accountability and provide financial reports to executive. Processes ensure staff are selected, trained, and supported to meet the organisation’s values and job specifications of each role. The organisation has memberships with peak bodies to monitor changes to aged care legislation and regularly monitor communications distributed by the Aged Care Quality and Safety Commission. Feedback and complaints are managed at a site level and reported at monthly operational and Board meetings. Consumers and representatives said the service asks for feedback about care and services and makes improvement as a result.

Systems and processes are in place to monitor high-impact or high-prevalence risks of consumers and ensure each consumer is supported to live the best live they can. The risk management system supports staff to deliver safe and quality care by providing information on identifying and responding to risks and complaints. The Board is responsible for overseeing management and ensuring risk management and accountability arrangements are in place throughout the organisation. Consumers assessed as high-risk are discussed at meetings and staff said consumer risks are communicated during handover.

Based on the assessment team’s report, I find requirements (3)(c) and (3)(d) in Standard 8 Organisational governance 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)