Performance

Report

**1800 951 822**

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| Name: | Oakwood Aged Care |
| Commission ID: | 6965 |
| Address: | 6 Ellis Street, ENFIELD, South Australia, 5085 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 13 June 2024 |
| Performance report date: | 1 August 2024 |
| Service included in this assessment: | Provider: 2807 Tolega Pty Ltd  Service: 4373 Oakwood Aged Care |

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 Oakwood Aged Care (**the service**) has been prepared by T Wilson, 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 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 others.
* the provider did not submit a response.

# Assessment summary

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| Standard 8 Organisational governance | Not applicable |

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 8

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| Organisational governance | |  |
| 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

As not all Requirements have been assessed, the overall rating for this Quality Standard is not applicable.

Requirement (3)(e) was found non-compliant following a site audit in March 2024, as effective clinical governance for the minimisation of restraint was not demonstrated. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including policies and process reform, workforce education, internal audits and communication with consumers and representatives.

At the Assessment Contact undertaken on 13 June 2024, the team were satisfied the service demonstrated clinical governance including antimicrobial stewardship, minimising the use of restraint and open disclosure.

There are processes to ensure restraint is appropriately assessed and used as a last resort. Staff record and review the use of antibiotics and open disclosure occurs when something goes wrong. Staff described the process for clinical care practices, which are in line with organisational procedures. Documentation showed clinical governance included input and clinical review relating to restraint minimisation, antimicrobial stewardship and open disclosure occurred as per the organisation’s policies and processes. Documentation confirmed there is board oversight of clinical governance and review of clinical practices.

Based on the information in the assessment team’s report, I find Requirement (3)(e) in Standard 8 Organisational governance compliant.

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