Performance

Report

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| Name of service: | Oasis Aged Care |
| Service address: | 1039 Karadoc Avenue IRYMPLE VIC 3498 |
| Commission ID: | 3529 |
| Approved provider: | Southern Cross Care (Broken Hill) Ltd |
| Activity type: | Site Audit |
| Activity date: | 8 November 2022 to 10 November 2022 |
| Performance report date: | 20 December 2022 |

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 Oasis Aged Care (**the service**) has been prepared by M. Nassif, 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; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives.
* the provider’s response to the assessment team’s report received.
* other information and intelligence held by the Commission in relation to the service.

# 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

Consumers and representatives said consumers are treated with dignity and respect within the service. This was consistent with observations. Staff described the way in which consumers’ privacy, dignity and cultural diversity is valued. Care planning documents included information of individual cultural and diversity needs for each consumer.

Consumers and representatives said consumers’ culture is respected and they are able to express their cultural identity and interests. Staff had in-depth knowledge of each consumers’ identity and articulated how they meet the individual needs of these consumers. Care planning documents included information on cultural needs of consumers. However, one consumer’s care planning documents did not reflect their cultural and religious preferences. Management gave an undertaking to review the consumer’s care planning document to include their cultural and religious preferences. The provider’s response demonstrated this has since been completed the consumer has no cultural or religious preferences. No impacts on the consumer was identified.

Consumers and representatives described how they were supported to exercise choice and independence, had the ability to make their own decisions and maintain personal relationships. Staff described how they support consumers to make choices for themselves and encourage independence. Care planning documents identified consumer choices for care and services and supports for maintaining independence.

Care planning documents evidenced the completion of risk assessments for consumers to support them to take risks to enable them to live the best life they can. The service’s risk management framework supports the “dignity of risk” concept that recognised consumers have the right to make decisions that affect their lives and have those decisions respected, even if that decision poses some form of risk to the consumer.

Consumers and representatives indicated they receive information that is current, accurate and timely. Consumers said they are kept informed of the weekly activities and menus through the activities schedule displayed on noticeboards in communal areas. Staff described how they provide a printed weekly activity schedule to consumers and this was observed to be displayed in consumers rooms.

Staff described the practical ways they respect the privacy of consumers, such as knocking on consumers’ doors prior to entering and keeping doors closed when providing personal care, and this aligned with feedback from consumers. This was consistent with observations. Consumers confirmed that their privacy is respected.

# 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

Consumers and representatives said they receive the care and services they need that is safe and effective. Care planning documents demonstrated comprehensive assessment and planning processes to identify the needs, goals and preferences of consumers including the identification of risk to each consumers health and well-being. However, one consumer had an infested wound. The Site Audit report and provider’s response demonstrated the service appropriately responded to the infested wound, including consulting with relevant specialists, raising awareness with staff and moving the consumer to an appropriate room. The consumer’s representatives were informed and happy with the outcome.

Care planning documents reflected consumers’ goals, needs, and preferences including advance care plans and end-of-life care wishes. Consumers and representatives said staff involve them in the assessment and planning of the consumer’s care, including end of life planning if the consumer wishes.

Care planning documents evidenced the involvement of consumers, representatives and other health professionals in the assessment and planning process. Staff described how they involve consumers and representatives in the assessment and planning process and consumers and representatives confirmed they were involved.

Consumers and representatives said the outcomes of assessments and planning are communicated to them and they are offered a copy of care planning documents.

Care planning documents evidenced they were reviewed monthly or earlier if any changes to a consumers’ condition is recognised or any incidents occur. The service had policies and procedures for recording and reporting incidents and updating care planning documents when circumstances change, such as a change in health or when incidents occur.

# 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

Consumers and representatives said they are satisfied the care delivered is tailored to their needs and optimises their health and well-being. The service had policies and procedures to direct care that is best practice. Care planning documents reflected individualised care that is safe, effective and tailored to the specific needs and preferences of the consumer. However, one consumer who suffers from chronic back pain wrote 2 complaints to management stating their mattress was not adequate for their needs. The provider’s response outlined consultation is underway with a physiotherapist to trial a new mattress for the consumer.

Staff and management identified high prevalence and high impact risks for consumers. Care planning documents identified effective strategies to manage key risks and were recorded in assessment tools. Consumers and representatives were satisfied that high impact or high prevalence risks are effectively managed.

Consumers and representatives said consumers’ end of life needs and preferences are recognised and consumers are supported to be pain free. Staff described the way care delivery changes for consumers nearing end of life and practical ways consumer’s comfort is maximised. Care planning documents detailed consumers advance care planning information.

Consumers and representatives expressed confidence that changes in consumer care needs would be identified and addressed. Care planning documents demonstrated identification of, and response to deterioration or changes in consumers’ condition and health status. Staff explained how deterioration is discussed and assessed by clinical staff which may trigger a medical review, and transfer to hospital.

Care planning documents demonstrated care and service plans and handover reports, provided adequate information to support effective and safe sharing of consumers' information to support care. Staff described how changes in consumers care and services are communicated through verbal handover, meetings, accessing care plans, accessing the daily consumer task reports or messages through electronic notifications.

Consumers and representatives said timely and appropriate referrals to other health professionals occur. Staff described the process for referring consumers to other health professionals and care planning documents evidenced referrals to other health professionals such as physiotherapists, geriatricians and speech pathologists.

Consumers and representatives said they are satisfied with infection control practices, and staff described how they minimise infection and monitor consumers for infections. The service had policies and procedures on antimicrobial stewardship and infection control that guides staff practice, and explains how the service will prepare for, identify, and manage any outbreaks.

# 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

Consumers and representatives felt satisfied with the services and supports for daily living that meet consumers’ needs, goals and preferences and optimised their overall health and well-being. Staff provided further evidence that consumer needs and preferences are considered when providing supports for daily living including, respecting consumers who prefer one-to-one activities and/or group activities. Care planning documents demonstrated assessment and care planning processes capture what and who is important to each consumer to promote their well-being and quality of life.

Consumers said there are services and supports for daily living that promote their emotional and spiritual well-being and this was reflected in their care plans. Staff described how they coordinate support between the consumers family and religious services within the service, to enhance consumers emotional and spiritual well-being. Care planning documents outlined consumers’ emotional and spiritual needs with strategies in place to support and promote these needs being met.

Consumers and representatives said consumers are supported to keep in touch with the people who are important to them, participate in the community and maintain relationships. Staff described the supports in place for individual consumers to enable them to participate within the wider community and maintain personal relationships and these activities of interest were reflected in care planning documents.

Consumers and representatives reported information about consumers’ condition, needs and preferences is communicated within the service, and with others where responsibility of care is shared. Staff described how changes in consumers’ care and services are communicated through both verbal and documented handover processes. Care planning documents provided adequate information to support safe and effective care as it related to services and supports for daily living.

Consumers said they received timely referrals to organisations and other services they use. Staff described how the service works with external individuals such as visits from a local chaplain to support consumers spiritual and psychological needs, volunteers and hairdressers.

Consumers and representatives expressed satisfaction with the meals provided by the service and that the meals are of suitable quality and quantity and align with the consumers preferences and dietary needs. Staff explained the dietary needs and preferences of consumers and confirmed the menu is reviewed monthly with input and feedback from consumers food focus meetings.

Equipment which supported consumers to engage in lifestyle activities was observed to be safe, suitable, clean, and well maintained. Consumers confirmed this to be the case and staff described the process for reporting faulty 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

Consumers and representatives confirmed the service environment is welcoming and easy for them to navigate, and said they have a sense of independence and belonging at the service. Consumers said they are encouraged to personalise their rooms with their own furnishings and personal effects.

Consumers said the service environment is clean and well maintained and observations confirmed consumers are able to move freely, both indoors and outdoors. Staff were observed cleaning consumers rooms and areas of high use and referring to different cleaning schedules. Documentation demonstrated cleaning and maintenance processes are completed in a timely manner.

Furniture, fittings and equipment at the service was observed to be safe, clean, well-maintained, and suitable for the use and needs of the consumers. Cleaners were observed cleaning common areas, furniture, and high frequency touch points. The preventative maintenance logs demonstrated regular maintenance of equipment is completed according to the electronic maintenance system, and all requests are attended to promptly.

# 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

Consumers and representatives felt supported to provide feedback and make complaints. Staff and consumers described the different avenues for consumers to raise concerns such as through discussions at meetings and verbally to both management and staff.

Consumers and representatives were aware of other avenues for raising a complaint however said they were comfortable raising concerns with staff or management. Staff advised they assist consumers with vision or communication difficulties, and access translation services for consumers who need them. The service had information brochures on advocacy services and the complaints process, which was provided to consumers in their admission pack.

Consumers and representatives said the service responds to their complaints appropriately, keeps them informed of outcomes, and provided an apology when things go wrong. The service had a documented policy and procedure which guides staff in documenting, investigating, resolving, and evaluating feedback and complaints and applied an open disclosure process where appropriate. Staff demonstrated an understanding of the principles of open disclosure, and when an open disclosure process is to be applied.

Consumers felt feedback and complaints are reviewed and used to improve the quality of care and services. The service demonstrated how feedback, complaints are trended and analysed and used to improve the quality of care and services. Staff described how information from feedback and complaints is used to improve the quality of care and services.

# 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

Consumers expressed satisfaction with the staffing numbers and said staff meet their needs and preferences and confirmed staff answer their call bell promptly. The staff roster demonstrated a mix of adequate staff to provide continuous safe and quality care, with no shift left unfilled. Management advised they have a large pool of staff available, and agency staff are infrequently used as permanent staff work extended shifts to cover for unplanned staff leave.

Consumers and representatives said staff engage with them in a respectful, kind, and caring manner. Staff were observed engaging with consumers in a kind and respectful manner, addressing consumers by their preferred name and exercising patience when delivering care and service.

Consumers and representatives felt staff are competent and were confident that staff are skilled to meet consumer care needs. Management described the process to ensure staff are suitable and competent in their role through the recruitment process. Documentation demonstrated staff have appropriate qualifications, knowledge, and experience to perform their duties.

Consumers and representatives were satisfied that staff are adequately trained and equipped to do their jobs. The service’s training register reflected staff completed annual mandatory training and online training resources. Staff described the training, support, professional development, and supervision they receive during orientation and on an ongoing basis. Management and staff described how performance is reviewed regularly through ongoing performance review and a performance improvement plan. The service’s annual performance appraisal procedure reflected all staff meet with management every 12 months for performance reviews.

# 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

Consumers and representatives were confident that the organisation is run well and were satisfied with the level of engagement in the development, delivery and evaluation of care and services. Management and staff described ways in which consumers are encouraged and involved in decisions about changes to the organisation, and the development, delivery and evaluation of care and services they receive.

The organisation had implemented systems and processes to monitor the performance of the organisation and to ensure the governing body is accountable for the delivery of safe, inclusive, and quality care and services. Monthly reporting to the Board occurred through sub-committee processes to outline clinical and incident data analysis, feedback and complaints, risks and audit results and continuous improvement.

The service demonstrated effective wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. For example, management confirmed the Board has been responsive to requests for budgetary changes to support the needs of consumers.

The service had a documented risk management framework in place to manage high impact or high prevalence risks, identify and respond to consumer abuse and neglect, support consumers to live the best life they can, and to manage and prevent incidents. Staff demonstrated understanding of these areas, for example, they explained how they identify signs of abuse and neglect.

The service had a clinical governance framework and supporting policies that addressed antimicrobial stewardship, minimising the use of restraint and open disclosure. Management and staff demonstrated a shared comprehensive understanding of each of these areas.

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)