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: | 20 September 2023 |
| Performance report date: | 30 October 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 Oasis Aged Care (**the service**) has been prepared by D. Fekonja, 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 - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# 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 |

Findings

The service is identifying and effectively managing high-impact and high-prevalence risks for consumers including falls, wounds, and pressure injuries in partnership with consumers and/or representatives and input from other health practitioners and/or specialists. Consumers and/or representatives were satisfied with how consumers’ high-impact and high-prevalence risks are identified and managed

Falls are managed effectively and protocols followed as per the falls policy and includes conducting monitoring and assessments, reviewing care and mobility plans and pain charting. There were some inconsistencies identified in the documentation and assessments for 2 consumers, but their representatives were satisfied with the care the consumer received post fall.

The Assessment Team also identified inconsistencies in the documentation of medications in the psychotropic register and reports of clinical governance. The service took steps to address these areas during the assessment and acknowledged they had some issues with the electronic and documentation management system.

The service acknowledged the deficits identified by the Assessment Team and has commenced an improvement process. As there was no adverse impact on the consumers and their representatives are satisfied with the care received, I am satisfied that the service is compliant with Requirement 3(3)(b).

# Standard 7

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| Human resources | |  |
| 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

Consumers and representatives are satisfied with the workforce and felt that staff are properly trained, knowledgeable, and qualified to meet consumer needs. Staff are satisfied with the support they receive to learn and upgrade skills, knowledge, and qualifications.

Systems and processes are in place to manage onboarding, mandatory competencies, and training, and identified that staff have appropriate qualifications, knowledge, and experience to perform their duties. The recruitment and selection process includes pre and post-screening, interview questions, reference checks, and mandatory and organisation-specific requirements for education and training.

Staff discussed the various duties and responsibilities they play and how their continued training helps them develop the skills they need to fulfill their roles. This includes medication competency and toolbox training as reflected in staff files and training records. Personnel files include evidence of professional registrations, police checks, and qualifications such as manual handling, infection control, bowel and wound management, medication competency, and personal protective equipment (PPE) training.

Based on the information provided in the assessment contact report and summarised above I find the service is compliant with Requirement 7(3)(c).

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)