Performance

Report

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| Name of service: | Oran Park House Aged Care Facility |
| Service address: | 1 Thompson Street ORAN PARK NSW 2570 |
| Commission ID: | 1118 |
| Approved provider: | Thompson Health Care Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 24 July 2023 to 27 July 2023 |
| Performance report date: | 12 September 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 Oran Park House Aged Care Facility (**the service**) has been prepared by J. Howard, 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 conducted from 24 July 2023 to 27 July 2023; the site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* The Approved Provider’s response to the site audit report, received 22 August 2023.
* Other information and intelligence held by the Commission in relation to this 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 | | Compliant |
| 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 were treated with dignity, respect and their culture valued. Staff were knowledgeable of consumers’ cultural backgrounds and life experiences and described how they facilitated events relevant to consumers’ heritage. Care documentation reflected consumers’ identity, culture and diversity.

Consumers said their backgrounds were respected and care was consistent with their cultural and religious preferences. Staff were familiar with consumers’ religious preferences and with those from culturally and linguistically diverse backgrounds. Care and services were tailored to consumer needs, including facilitating religious practices. Care documentation reflected consumers’ culturally diverse needs and preferences.

Consumers and representatives said they were supported to make choices regarding consumers’ care, including maintaining important relationships. Staff described supporting consumers to maintain relationships within and outside of the service, and tailoring services for married consumers. Care documentation reflected consumers’ individual choices regarding care and relationships they wished to maintain.

Consumers said they were supported to take risks to enable them to live their best lives. Staff were knowledgeable of consumers wishing to take risks and mitigation measures, as reflected in care documentation. Staff were guided by a risk policy to identify, assess and manage potential harms to consumers.

Consumers and representatives confirmed they received current and timely information which they could understand regarding clinical care, meals and activities. Staff described informing consumers in-person, through an activity calendar and menu, and assisting cognitively impaired consumers by using cue cards. Staff were observed communicating clearly with consumers to support consumers’ decision-making.

Consumers said their privacy was respected and their personal information kept confidential. Management said, and observations confirmed, staff knocked on doors and awaited permission to enter, discussed consumer information privately, locked computers and securely stored consumer information. Staff were guided by privacy policies to ensure the security of consumers’ confidential information.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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 confirmed involvement in care assessment and planning. Staff described undertaking assessments upon entry, developing an interim care plan within 24 hours, and subsequently a finalised plan within 4 weeks. Records showed care assessments were scheduled following entry, to ensure care plan finalisation.

Management confirmed end of life wishes were discussed at the time of entry, if appropriate, or at a later opportunity. Consumers were encouraged to have an advance care plan in place, which was reviewed in partnership with the consumer and representatives, when required. Care documentation evidenced consumers’ needs, goals and preferences, including advance care plans.

Consumers and representatives confirmed their participation in assessment and planning of care and services. Staff described working in partnership with consumers and representatives and care documentation evidenced integrated and coordinated assessment, planning and review involving various allied health professionals. Staff were guided by a policy to assess, plan and review consumers’ care and services.

Consumers and representatives confirmed staff regularly discussed changes to care and services and offered copies of care plans. Staff confirmed updating consumers, representatives and relevant allied health professionals regarding care outcomes, and observations confirmed the availability of current care documentation.

Consumers and representatives said care and services were reviewed routinely or when circumstances changed. Management confirmed care plans were reviewed every 3 months, in response to changes or incidents, and consumers underwent monthly clinical assessments. Care documentation evidenced appropriate routine or responsive reviews.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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

Most consumers and representatives said personal and clinical care was safe and tailored to consumers’ needs and preferences. Staff were knowledgeable of consumers’ individual needs, including for pain management, restrictive practices and skin integrity. Most care documentation evidenced consumers were receiving care that was safe, effective, tailored to needs and preferences and developed in consultation with allied health professionals.

Management described processes to identify and mitigate high-impact and high-prevalence risks to consumers. Staff frequently met to discuss high-risk consumers, and to review and update mitigation strategies, as needed. Care documentation reflected assessments undertaken to identify risks and responsive clinical and environmental mitigation strategies.

Staff were equipped to discuss end of life wishes with consumers and representatives and were knowledgeable of processes to ensure dignity and comfort during palliation. Care documentation for a recently passed consumer confirmed their wishes were respected while comfort and dignity were maintained. Staff were guided by palliative care policies outlining best practice.

Staff were knowledgeable of indicators to identify consumer deterioration and appropriate clinical and environmental responses. Care documentation for most consumers evidenced identification of, and response to, changes in consumers’ condition, including involvement from allied health professionals, resulting in positive outcomes.

Consumers and representatives gave positive feedback regarding staff communicating information about consumers’ condition, needs and preferences. Staff were knowledgeable of consumers’ individual needs and preferences and exchanged information through handover and discussions. Staff were observed exchanging consumer information regarding incidents, appointments and medications.

Consumers and representatives said referrals to care providers was timely and appropriate. Staff were knowledgeable of referral pathways to supplement care delivery, including to on-site allied health professionals. Care documentation evidenced timely referrals to medical officers, physiotherapists and dieticians, amongst other specialists.

Management, staff and the Infection Prevention Lead were knowledgeable of infection control practices in accordance with the outbreak management plan. Observations confirmed staff and visitors were screened for infection at entry and wore personal protective equipment. Staff were guided by policies and procedures regarding infection minimisation and control.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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

The Assessment Team recommended Requirement 4(3)(d) was not met.

*Requirement 4(3)(d):*

I considered the Assessment Team’s findings, the evidence documented in the site audit report and the Approved Provider’s response.

The site audit report identified deficiencies with sharing information relating to dietary requirements for 2 named consumers. In response to a medical condition, one consumer required a specialised diet; however, staff had provided food misaligned to these requirements. The consumer’s care documentation did not include required nutritional guidance or the need for a specialised diet. At the time of the site audit, the deficiencies were raised with management and the consumer’s care documentation was updated accordingly and shared with catering staff.

The Approved Provider’s response acknowledged the findings relating to the consumer and confirmed a subsequent review by a dietitian which confirmed the consumer’s medical condition did not require a specialised diet. Supporting evidence was provided which confirmed the dietician’s review and diagnosis, including provision of further education for the consumer, their representative and staff, and a follow up visit to ensure ongoing understanding of dietary requirements.

A representative of another consumer reported the consumer wished to avoid eating red meat as it was difficult to chew and the consumer had advised staff accordingly. Following this advice, the representative confirmed red meat continued to be served to the consumer and this may have contributed to the consumer’s recent weight loss. Care documentation evidenced the consumer’s dislike of red meat, noting an alternative should be offered. Observations confirmed red meat was served to the consumer, albeit appearing softer and easier to chew. Management confirmed discussing meal options with the consumer prior to service and that the consumer agreed to a serving of red meat; however, evidence of the consumer’s choices were not provided. At the time of the site audit, management advised catering staff of the consumer’s preferences and a dietary plan was observed reflecting the required changes.

The Approved Provider’s response acknowledged the findings relating to the consumer and advised the consumer subsequently confirmed they did like red meat when it was tender, and therefore easy to consume. Documentary evidence showed a review by a speech pathologist following the site audit confirmed any meat should be served with gravy, cut into small pieces, and fed with assistance. Further evidence showed a review by a geriatrician prior to the site audit confirmed the consumer’s weight loss was related to ongoing medical conditions, not from a lack of food intake. This information had been shared with the consumer’s representative prior to the site audit.

Further evidence confirmed staff had informed the consumer’s representative of the consumer’s preference for tender red meat and the inclusion of this information in the consumer’s care documentation prior to the site audit. At the time, this was acknowledged and understood by the representative who gave positive feedback regarding the outcome.

Material provided by the Approved Provider addressed the apparent deficits mentioned in the site audit report regarding communication of consumers’ needs and preferences. Therefore, I find the service is compliant with Requirement 4(3)(d).

*The other Requirements:*

I find the service compliant with the remaining Requirements in Quality Standard 4.

Consumers said they were supported to engage in activities of interest which promoted their independence and quality of life. Staff described developing activities based on assessments undertaken at entry and ongoing consumer feedback. An activity calendar reflected consumers’ various interests and staff were observed assisting consumers to participate in activities, where required.

Consumers said the service supported their emotional, spiritual and psychological well-being. Staff described identifying consumers’ need for emotional support through behavioural changes and offering spiritual support through religious services routinely held on-site. Care documentation recorded consumers’ emotional and spiritual needs and responsive support from staff.

Consumers said they were supported to engage in activities within the service and the community and maintain important relationships. Staff described various visitors to the service to complement lifestyle activities, including musicians, performers and religious representatives. Management confirmed consumers were supported to maintain contact with family and friends through video communication, and consumers were observed socialising with others.

Consumers and representatives said consumers were supported by other individuals and organisations for the provision of care and services. Staff described collaborating with other care providers, including pastoral care, volunteers and entertainers to supplement in-house activities and care delivery. Documentation reflected pathways to external providers.

Most consumers gave positive feedback regarding the variety, quality and quantity of meals. Staff confirmed menus were informed by consumer feedback during regular meetings and alternate meals were offered to suit needs and preferences. Some consumers’ care documentation did not show full consideration of nutritional needs, which I have considered under Requirement 4(3)(d) where it is most relevant.

Consumers confirmed equipment was accessible, clean and well-maintained. Staff confirmed adequate supply of equipment to meet consumer needs and shared equipment was cleaned regularly. Records evidenced timely completion of preventative and responsive cleaning and maintenance.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 said the service was welcoming, easy to navigate and provided a sense of belonging. The service environment included single or shared rooms, lounges, courtyards, libraries, a salon and café. Management described encouraging consumers to personalise their rooms and observations confirmed mobility infrastructure and clear wayfinding signage.

Consumers provided positive feedback regarding the cleanliness and maintenance of the service and said they could move freely inside the service and surrounds. Staff described cleaning routines and processes to request and complete maintenance. Observations confirmed the service environment was clean and records confirmed daily cleaning and prompt resolution of maintenance requests.

Consumers said furniture, fittings, and equipment were safe, clean, and well-maintained, including mobility equipment, call bells and kitchen appliances. Staff were knowledgeable of processes to clean and check equipment for safety and functionality through preventative and scheduled maintenance.

# Standard 6

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| Feedback and complaints | | Compliant |
| 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

The site audit report recommended Requirement 6(3)(c) was not met.

*Requirement 6(3)(c):*

I considered the Assessment Team’s findings, the evidence documented in the site audit report and the Approved Provider’s response.

The site audit report noted deficiencies regarding staff recording verbal feedback and complaints in the service’s complaints management system, resulting in a lack of appropriate responsive action. Such complaints related to consumers’ dietary requirements, maintenance requests and pain management verbally communicated to staff by consumers and representatives.

At the time of the site audit, staff confirmed they would immediately respond to some complaints if possible; however, more complex matters were referred to management for advice prior to registering the complaint. Management confirmed all staff could register complaints in the complaints management system; however, records showed only management staff had registered complaints. At the time of the site audit, management advised deficiencies would be addressed, but did not provide details of plans to ensure effective management of feedback and complaint processes.

The Approved Provider’s response included material which showed deficiencies raised in the site audit report were resolved either prior to, or promptly following, the site audit. The Approved Provider confirmed, in accordance with the service’s complaint handling procedures, some complaints were immediately resolved when possible, which circumvented the need to include information in the complaints management system. Only in cases where issues persisted or resolution was unsatisfactory, would the complaint be recorded in the complaint register.

Further, the Approved Provider confirmed undertaking internal audits following the site audit which found feedback and complaints were recorded, monitored and analysed to inform the service’s plan for continuous improvement. Consumers and representatives referenced in the site audit report were surveyed as part of the service’s internal audit and confirmed they understood the feedback and complaint processes and available support services.

I acknowledge evidence included in the Approved Provider’s response addressed the deficits noted in the site audit report regarding appropriate action taken in response to complaints. Therefore, I find the service is compliant with Requirement 6(3)(c).

*The other Requirements:*

I find the service is compliant with the remaining Requirements in Quality Standard 6.

Consumers and representatives were comfortable with raising complaints or providing feedback to staff. Management confirmed consumers were encouraged to provide feedback or make a complaint through forms, meetings, or by speaking to staff. Observations confirmed the availability of feedback forms and meeting minutes evidenced discussion of consumer feedback and suggestions.

Consumers and representatives said they were aware of advocacy services and were comfortable raising issues with staff in the first instance. Management and staff were knowledgeable of advocacy and translation services and how to inform consumers of such services. Information regarding advocacy and language services was displayed on posters and included in the consumer handbook.

Consumers whose complaints were registered in the continuous improvement plan confirmed their feedback and complaints were used to improve care and services. Management described, and records evidenced, completed or planned improvements in response to registered complaints, and the continuous improvement plan was reviewed weekly to identify trends.

# Standard 7

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| Human resources | | Compliant |
| 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 provided positive feedback regarding staffing numbers and their care needs being met. Management described utilising a staff notification system to fill shift vacancies with ongoing team members, which prevented the need to engage agency staff. Rosters reflected sufficient staff coverage and call bells were attended to within benchmarked timeframes.

Consumers and representatives said staff interactions were kind, caring and respectful. Staff were knowledgeable of consumers’ backgrounds and preferences and were observed interacting with consumers in a kind and respectful manner. Staff were guided by policies and procedures to support best practice.

Consumers and representatives provided positive feedback regarding staff competency to meet consumers’ care needs. Management confirmed new staff underwent orientation training and were paired with experienced staff to assist integration. Records reflected valid professional registrations, security vetting and competencies and experience relating to role eligibility.

Consumers and representatives said staff were qualified and trained to perform their roles. Management confirmed staff participated in mandatory training include, but not limited to, serious incidents, restrictive practices and infection prevention. Records evidenced a high proportion of staff had completed mandatory training.

Management confirmed staff completed annual performance appraisals and their performance was also informally monitored and reviewed. New staff underwent probationary reviews at 6 months post commencement, and annually thereafter. Records evidenced timely progression of annual performance appraisals.

# Standard 8

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| Organisational governance | | Compliant |
| 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 said they were involved in the development, delivery and evaluation of care and services. Management confirmed consumers and representatives were involved through the feedback and complaint processes, meetings and surveys. Meeting minutes reflected consumer involvement in the development and delivery of care and services.

Management confirmed the governing body promoted a safe and inclusive culture by frequently sharing information and implementing changes in response to consumer need. Management confirmed governing body information is forwarded onto consumers and staff relating to clinical performance, quality and safety.

The service had an established suite of systems and processes to support information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. Management confirmed effective financial and workforce governance frameworks and compliance with regulatory requirements. Some deficiencies were observed regarding information management and feedback and complaints, which I have considered under Requirements 4(3)(d) and 6(3)(c), respectively, where they are most relevant.

A systematic approach was used to manage high-impact and high-prevalence risks to identify, report, escalate and review risks and incidents to improve care delivery. Management confirmed daily review of the risk management system for discussion during shift handovers, and monthly review of clinical indicators. Staff participated in annual mandatory training regarding serious incident management and were knowledgeable of the practical application of risk policies and procedures.

Management confirmed staff worked with allied health professionals to minimise use of antibiotics and restrictive practices, where appropriate, and practice open disclosure following incidents. Staff were knowledgeable of antimicrobial stewardship and open disclosure principles and were guided by a clinical governance framework and policies.

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)