Performance

Report

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| Name: | Oran Park House Aged Care Facility |
| Commission ID: | 1118 |
| Address: | 1 Thompson Street, ORAN PARK, New South Wales, 2570 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 23 April 2024 |
| Performance report date: | 16 May 2024 |
| Service included in this assessment: | Provider: 372 Thompson Health Care Pty Ltd  Service: 22783 Oran Park House Aged Care Facility |

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 E Woodley, 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.

# Assessment summary

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| Standard 1 Consumer dignity and choice | 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** |

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 |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. One of the six specific Requirements has been assessed and found compliant.

The Assessment Team found the service demonstrated consumers are treated with dignity and respect, with their identity, culture and diversity valued. Consumers interviewed by the Assessment Team felt staff are respectful, gentle when providing care, and value their background and culture. Care plans reviewed for sampled consumers reflected their diversity, including information about their cultural and religious beliefs and preferences and how staff can support these. Staff were observed by the Assessment Team interacting with consumers respectfully and were familiar with consumer’s backgrounds. Staff interviewed said they participate in a range of initial and regular training around dignity, respect, culture, and diversity.

The service demonstrated each consumer is treated with dignity and respect, with their identity, culture and diversity valued. I find Requirement 1(3)(a) is compliant.

# 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 |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. Two of the seven specific Requirements have been assessed and found compliant.

The Assessment Team found the service demonstrated it is consistently providing safe and effective personal and clinical care that is best practice, tailored to each consumer’s needs, and optimising their health and well-being. Consumers and representatives interviewed provided positive feedback regarding the care provided to them and felt it is safe and individualised. Care documentation reviewed evidenced care is planned and provided in a way that is individualised and tailored to the specific needs and preferences of consumers.

The service demonstrated effective management of changed behaviours and restrictive practices in line with current legislation, including informed consent, identification of triggers and individualised strategies to assist in managing behaviours, and ensuring restrictive practice is used as a last resort. The service demonstrated effective falls prevention and management, utilising a multi-disciplinary approach. Care staff interviewed could describe strategies implemented to help reduce falls including appropriate footwear, encouraging use of mobility aids, and removing clutter or obstacles. The service demonstrated effective pain management for consumers living with acute and chronic pain. Clinical staff interviewed described strategies to assist alleviation of pain including non-pharmacological interventions such as repositioning, mobility, pillows, and splints. Review of care documentation showed the service utilises pain assessment tools such as pain scales and non-verbal pain cues to monitor for pain and evaluate the effectiveness of interventions. The service demonstrated best practice wound management including individualised strategies for consumers to prevent pressure injuries.

The service demonstrated high impact and high prevalence risks associated with the care of consumers are effectively managed through clinical governance systems and processes to identify and manage risks. Clinical data is analysed and discussed at regular meetings to identify the high impact and high prevalence risk across the service. The service demonstrated meaningful review and root cause analysis occurs in response to incidents to determine the cause, and identify appropriate interventions or strategies to prevent or reduce their reoccurrence. Evidence of consultation and advice from the allied health team and other health specialists are documented in the incident investigation form and updated in consumer’s care plans.

The service demonstrated the delivery of safe and effective personal and clinical care that identifies, manages, and reduces the high impact and high prevalence risks associated with consumer’s care. I find Requirement 3(3)(a) and Requirement 3(3)(b) are 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 |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. One of the five specific Requirements has been assessed and found compliant.

The Assessment Team found the service plans the workforce to ensure they have sufficient and skilled staff to meet consumer’s needs. All consumers and representatives interviewed by the Assessment Team felt there was sufficient staff to meet their care and service needs, staff know consumers well, and provide care in a timely manner. Staff interviewed by the Assessment Team felt there is sufficient staff rostered on shifts for them to complete their duties, and said the service considers the mix and skills of staff needed on shifts to meet consumer needs. Documentation reviewed by the Assessment Team demonstrated all shifts were filled in the weeks prior to the Assessment Contact, and the service has processes to manage planned and unplanned staff leave without compromising consumer care.

The service demonstrated the workforce is planned and deployed to enable the delivery and management of safe and quality care and services. I find Requirement 7(3)(a) is 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)