Performance

Report

1800 951 822

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Performance report date: |
| Ottoman Village Aged Care | 22 June 2022 |
| Commission ID: | Activity type: |
| 3528 | Site audit |
| Approved provider: | Activity date: |
| Broadmeadows Turkish Islamic Society Inc | 10 May 2022 to 13 May 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 Ottoman Village Aged Care (**the service**) has been considered by L Glass, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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, dated 10 May 2022 to 13 May 2022; the site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers and representatives and others.

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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

The service demonstrated that consumers are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live their best life. Consumers and representatives expressed satisfaction that consumers are treated with dignity and respect and that their identity, culture and diversity is valued.

Consumers and representatives described how the consumer’s culture influences the way staff deliver care and services on a daily basis. Staff were able to describe how they provide culturally safe care to consumers.

Consumers and representatives said they are satisfied that consumers are supported to remain independent. Representatives reported satisfaction with being involved with consumers care. Staff were able to describe how they support consumers to exercise choice and continue relationships of choice.

Consumers and representatives expressed satisfaction with the way consumers were supported to live the best life they can. Staff could describe areas in which identified consumers want to take risks and how consumers and representatives are involved in problem-solving solutions to reduce risk where possible

Most consumers and representatives said they are satisfied with the communication received from the service and timely updates about changes or incidents that have occurred. Staff were able to describe how consumers are provided with information. While minor areas for improvement were identified, these were raised with the management representative during the site audit and addressed.

Consumers and representatives described in various ways how staff maintain privacy and respect for consumers. Management explained how policies and procedures guide staff practices in relation to keeping personal information confidential.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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

The service demonstrated that consumers are involved in the assessment and planning of their care and services, that there is regular review of consumers care and that other organisations are included in consumers care to optimise their health and well-being.

Consumers and representatives said they are involved in initial and ongoing assessment and planning of their care and services. There is a range of risk rated tools to assist with identifying each consumer’s individual risk. Staff said they have ready access to information to support consumer’s through assessment, care planning and associated documentation.

Consumers and representatives said they are consulted about their care needs and preferences. The service demonstrated that assessment and planning addresses consumers current needs, goals and preferences. Staff described how they engage with consumers and representatives in relation to end of life planning.

Consumers and representatives said they are satisfied that care is based on an on-going partnership with involvement from health care professionals. Staff described how they include other organisations and providers of consumers’ care in the assessment and planning process.

Most consumers and representatives expressed satisfaction regarding communication related to assessment and care planning, although not all consumers and representatives could confirm they had received a care plan. The service has guidelines for staff to follow related to assessment and planning. Staff described how the outcomes of care planning are communicated to consumers and representatives.

Consumers and representatives confirmed they are satisfied with communication from staff when care and services are reviewed, or when circumstances change. Assessment and care planning documentation confirm that care and services are reviewed on a monthly and 3 monthly basis and when circumstances change. Staff demonstrated knowledge regarding review and monitoring following incidents such as falls, skin tears, infections and weight loss.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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

The service demonstrated that consumers are receiving personal and clinical care that is safe, meets their needs and is effectively managed, reflects their preferences and enhances their health and well-being.

Most consumers and representatives expressed satisfaction with how consumers clinical care is provided. The service has policies and procedures that reflect a best practice approach to guide staff in providing personal and clinical care. Staff demonstrated an understanding of the individual personal and clinical needs of consumers and described how they report and manage pain and restrictive practices; incidents and skin break down. While minor areas for improvement were identified, these were raised with the management representative during the site audit and addressed.

Consumers and representatives expressed satisfaction with the management of consumers high impact risks. The service has policies regarding risk management and risk rated tools are available to monitor consumers who may experience high impact or high prevalence risks. Staff demonstrated an understanding of consumers high impact risks and their approach and care for consumers.

Most consumers and representatives confirmed that staff communicate with them regarding their goals and preferences related to end of life wishes. The service has policies to ensure consumers receiving end of life care have their comfort and dignity maximised.

Consumers and representatives provided positive feedback in relation to staff communicating deterioration or changes in the consumer’s health. Documentation indicates timely referrals to health professionals when needed and supports identification, monitoring and appropriate care when changes occur. Staff demonstrated an understanding of what to do and how to respond to the deterioration of health in a consumer.

Consumers and representatives confirmed that information is shared with others when necessary. The service has processes for communicating information about consumers’ conditions, needs and preferences as required and share information about the consumer’s condition through various ways internally and provide feedback to others who share in the care of consumers.

Consumers and representatives confirmed that referrals occur to medical officers and other health professionals when their care needs require specialised input. There are visiting allied health professionals such as a physiotherapist, speech pathologist, dietician and podiatrist. Visiting health specialists include dementia services, a geriatrician and the in-home service from the local hospital. Staff are aware of the referral process and of services available.

Consumers and representatives said they were satisfied with treatments provided when infections are diagnosed, and they are aware of the service’s precautions to prevent and control infectious outbreaks. The service has policies and procedures, as well as equipment and supplies to manage both the COVID-19 pandemic and any other infectious outbreaks. Staff demonstrated an understanding of COVID-19 infection control practices and antibiotic prescribing.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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 service demonstrated it is providing a range of leisure and lifestyle activities that optimise the wellbeing of the consumers. Consumers are supported to access services and activities that are important to them. Consumers expressed satisfaction in being able to keep connected to people in their lives that are important to them. Meals are of suitable quality and variety and the service is providing adequate and maintained equipment.

Consumers and representatives sampled said consumers are satisfied with the services and supports for daily living to meet their needs, goals and preferences. Care plans sampled included information about the services and supports consumers need to help them do the things they want to do. Staff could explain what is important to consumers and what they like to do.

Most consumers sampled are supported by staff in the service to maintain emotional, spiritual and psychological well-being. The consumer’s preferences for how they want to be supported in these ways is documented in the electronic care plan. Staff demonstrated knowledge of sampled consumers emotional needs and could described how they support individual consumers.

Consumers sampled are supported to participate within the service and in the outside community as they choose. The service enables consumers to maintain the social and personal connections that are most important to them. Individual consumer interests are documented, and staff know what consumers preferences are.

The service demonstrated it has systems and processes for communicating information about consumers’ conditions, needs and preferences within the organisation and with others where responsibility for care is shared. The electronic clinical software program is accessible to relevant staff.

Consumer assessment and care planning documentation confirmed that timely and appropriate referrals are completed to individuals, other organisations and providers of care and services. One consumer is accessing support through the National Disability Insurance Scheme (NDIS). At the time of the audit there were no consumers sampled that had required referral to other organisations and services.

Consumer assessment and care planning documentation confirmed that timely and appropriate referrals are completed to individuals, other organisations and providers of care and services. One consumer is accessing support through the NDIS. At the time of the audit there were no consumers sampled that had required referral to other organisations and services.

Consumers indicated in various ways meals are varied and of suitable quality and quantity for them. The service has processes and systems in place to include consumers in the development of the menu and to provide feedback on the quality of the food provided. Consumers are offered a range of other options where the options are not to their liking.

Consumers interviewed have access to safe, clean and well-maintained equipment. The consumer is assessed to ensure suitable equipment is provided.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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

The service demonstrated it is welcoming and promotes inclusion through communal lounge spaces and wide circular corridors. Consumers rooms are personalised and the service environment safe and clean. Consumers can move freely throughout the service and can access outdoor spaces.

The service has a welcoming environment that optimises interaction. Consumers congregate in a communal lounge area where most of the leisure and lifestyle activities are conducted. The service also has two other lounge areas one for men and one for women which is aligned with cultural values of the consumer cohort.

Consumers sampled were satisfied with the cleanliness of the environment and were observed to be accessing the service environment freely.

Consumers and staff were satisfied that furniture, fittings and equipment is safe and well maintained and that requests for repairs to be completed are actioned quickly.

The assessment team observed the service environment to be clean and uncluttered. Consumers rooms were personalised. Consumers moved freely around the service and accessed the outdoor garden area. Hand basins, waste receptacles, hand sanitiser and Personal Protective Equipment supplies observed throughout the service.

**Standard 6**

|  |  |  |
| --- | --- | --- |
| 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 service demonstrated it encourages feedback and complaints and promotes different ways for consumers and their representatives to provide this feedback. Information about advocacy services and access to interpreters is on display and in the handbook. The service seeks to resolve issues quickly and complaints and feedback are logged on the continuous improvement system so they can be used to improve the quality of care and services. Open disclosure is understood by staff.

Most consumers and representatives sampled were satisfied with the service’s complaints process. They stated that staff and management are approachable and that any issues raised are resolved quickly.

Consumers and representatives sampled said they have been provided with information regarding how to provide feedback or make a complaint and felt they could access support to help them should it be required. The service was able to demonstrate that they make information regarding advocacy and language services available to consumers.

Staff were able to describe the open disclosure concept and provided examples of where they apologise when things do not go as planned.

The service has a system in place to review feedback and complaints and make improvements to the way they deliver care and services to consumers.

**Standard 7**

|  |  |  |
| --- | --- | --- |
| 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

The service demonstrated it has a sufficient number of personnel with the right skill mix to be able to deliver safe and high-quality care to consumers. Staff know the consumers and are kind and respectful in their interactions. The service is developing a performance management framework. Staff knowledge and skill gaps are currently identified through auditing activity and feedback from staff at meetings and addressed through tool-box training sessions.

Consumers and representatives expressed satisfaction with the numbers and mix of staff at the service. The service demonstrated the workforce is planned to ensure a suitable mix of skills and staff numbers in various roles to enable the delivery of safe and effective care and services.

Consumers and representatives sampled described their satisfaction and gratitude for the staff that care for them. They described in various ways how staff make them feel respected.

The service demonstrated the workforce was competent and members of the workforce have the qualifications and skills to effectively perform their roles. Consumers and representatives expressed satisfaction staff had the knowledge and skills to meet care needs.

Consumers and representatives were satisfied staff are trained and supported to provide quality care and services to meet their needs. Management demonstrated policies and procedures provide guidance to enable the workforce to deliver the care outcomes required by the standards. Staff expressed satisfaction with the training provided and were able to access additional training where required.

The service currently has informal processes for monitoring and reviewing the performance of each member of the workforce. This process includes day to day monitoring of feedback. Management indicated that a formal performance appraisal framework is in development and will be implemented in the coming months. Position descriptions have been reviewed and discussions with some staff have commenced.

**Standard 8**

|  |  |  |
| --- | --- | --- |
| 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

The service partners with consumers to understand their care needs and utilising governance systems to ensure the delivery of safe and quality care and services. The service is demonstrating a continuous improvement culture and is able to identify gaps and take action to address these gaps. Risk is identified and monitored and the Board works in partnership with the Facility Manager to deliver safe care.

The service demonstrated consumers and representatives are involved in the development, delivery and evaluation of care and services. Management seeks input from consumers and representatives through participation in consumer forums, surveys and resident of the day meeting. An independent consultant provides support to the Board, assisting with compliance, auditing and surveying consumers. Results of most recent consumer survey were positive overall. The service maintains a continuous improvement register to record and action improvement ideas.

The service demonstrated a culture of safe, inclusive and quality care and services. Overall, consumers and representatives expressed feeling safe at the service and living in an inclusive environment with access to quality care and services. Management described the various ways in which the organisation communicates with consumers, representatives and staff regarding updates on policies, procedures or changes to legislation. These are generally communicated via staff meetings, emails, newsletters and training when policies change.

The service demonstrated the governance systems that are in place and their application in considering best outcomes for consumers. The Board monitors and reviews routine reporting and analysis of data related to consumer experience. The Board then satisfies itself that systems and processes are in place to ensure the right care is being provided in accordance with the aged care quality standards.

The service demonstrated the organisation has an effective risk management framework. Risks are reported, escalated and reviewed by management at the service level and the organisation’s executive management including the Board. The service demonstrated components of the risk management system including incident reports, audits, meetings with consumers, representatives and staff. Feedback is communicated through service and organisation meetings leading to improvements to care and services for consumers.

The governance framework includes clinical care. There are processes in place to manage antimicrobial stewardship, minimising the use of restraint and manage open disclosure.

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-2)