Performance

Report

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| Name: | Ottrey Lodge |
| Commission ID: | 3342 |
| Address: | 16 Campbell Road, COBRAM, Victoria, 3644 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 10 July 2024 |
| Performance report date: | 7 August 2024 |
| Service included in this assessment: | Provider: 1287 Ottrey Homes - Cobram And District Retirement Village Inc  Service: 2100 Ottrey Lodge |

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 Ottrey Lodge (**the service**) has been prepared by J Cayabyab, 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 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** |
| **Standard 8** Organisational governance | **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

Consumers and representatives provided positive feedback in relation to how the service manages high prevalent risks associated with care. Management demonstrated an understanding of organisational processes to minimise risk to consumers including an escalation protocol and interventions to support a wound healing process. Whilst the Assessment Contact report identified deficiencies in relation to some clinical charting, care documentation generally demonstrated staff are effectively assessing and managing consumers care needs including pressure injury care, changed behaviours, escalation of care, and time sensitive medication administration.

I have considered the information within the assessment contact report, and I have placed weight on the information including the positive feedback from consumers and representatives interviewed and staff knowledge of consumers’ care needs. As a result, it is my decision Requirement 3(3)(b) is 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:**

Consumers and representatives provided positive feedback in relation to care and services, and said they receive staff assistance and support when needed. Staff said they are provided with enough staff to meet the needs of consumers, and explained they can complete their assigned tasks as required. The service’s roster evidenced a mix of qualified staff, including registered nurses (RNs), endorsed enrolled nurses (EENs), and personal care workers (PCWs). Management said the roster is regularly reviewed and evidenced processes in place to fill shifts for planned and unplanned leave. Management explained shift extensions are granted when unplanned leave arises, and members of the senior management team support the clinical floor if unfilled shifts cannot be replaced.

In relation to the workforce responsibilities (including the 24/7 registered nurse (RN) requirement and mandatory care minutes), the service’s roster and interviews with staff and management confirmed the service has a RN rostered onsite 24 hours per day across 7 days per week. Management advised they have an on-call process and alternative clinical arrangement in place to provide clinical support after-hours. Service documentation evidenced regular education and training provided to staff to ensure knowledge, skills, and competence in key clinical areas. This is confirmed with staff interview.

In relation to meeting the mandatory care minutes requirements, service documentation, and management confirmed the service is currently not meeting their mandatory care minutes targets. However, the service demonstrated strategies in place to monitor its care minutes target and ensure safe and effective care and service’s is provided. These include ongoing recruitment and retention programs, provision of visa sponsorship through labour agreement, supporting relocation and accommodation for new employees, and implementation of a workforce plan.

I have considered the information within the assessment contact report, and I have placed weight on the information including the positive feedback from consumers and representatives interviewed, staff knowledge of consumers’ care needs and escalation processes in place, and the ongoing recruitment and retention strategies implemented. As a result, it is my decision Requirement 7(3)(a) is Compliant.

# Standard 8

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| Organisational governance | |  |
| 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 organisation demonstrated an effective clinical governance system in place, providing guidance to staff to ensure the delivery of quality care and services to consumers. The organisation demonstrated systems and processes including a clinical governance committee who is responsible in the development and implementation of legislative requirements and operational responsibilities to ensure a strong safety culture. In relation to the key elements of antimicrobial stewardship, minimising the use of restraint, and open disclosure, staff described understanding of the organisation’s policies and procedures, and provided examples how each element applies to their job role.

In relation to workforce responsibilities including care minutes requirements, I have considered information contained in the assessment contact report under this and Requirements 3(3)(b) and 7(3)(a) which evidenced the service had an effective clinical governance framework, suite of policies and procedures, on call and alternative clinical arrangements, and ongoing education and training to guide staff including in relation to clinical escalations.

I have considered the information within the assessment contact team report, and I have placed weight on the information including the evidence of effective implementation of the clinical governance framework at the service through the monitoring and management of high impact and high prevalence consumer risks, a competent and qualified workforce, and ongoing and continuous improvement actions.

It is my decision Requirement 8(3)(e) is Compliant.

1. The preparation of the performance report is in accordance with section 68A – assessment contact, of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)