Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Oxa Care |
| Commission ID: | 3220 |
| Address: | 513 High Street, EPPING, Victoria, 3076 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 28 August 2024 |
| Performance report date: | 13 September 2024 |
| Service included in this assessment: | Provider: 7067 Oxha Health Pty Ltd  Service: 1979 Oxa Care |

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 Oxa Care (**the service**) has been prepared by L Glass, 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
* the provider’s response to the assessment team’s report received 6 September 2024
* The Monitoring Assessment record for an assessment contact undertaken on 31 July 2024.

# Assessment summary

|  |  |
| --- | --- |
| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all Requirements were assessed |
| **Standard 8** Organisational governance | **Not applicable as not all Requirements were 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 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | |  |
| 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 |

Findings

The Assessment Team found consumers and representatives are aware of assessment and planning information and are confident the information is reflective of current care needs including vaccinations, antivirals, advance care planning and end of life planning. Clinical staff understand the service’s processes for developing advance care directives (ACD) including the planning, monitoring and provision of vaccinations and antivirals. Consumer files reflect current ACDs and vaccinations administered.

The service’s plan for continuous improvement (PCI) reflects the service is developing a policy and process for consumer vaccinations. Communications to representatives and the immunisation register reflect the service offered influenza and COVID-19 vaccination options to consumers in May, June and August 2024. In a written response to the Assessment Team report the Approved Provider acknowledged concern regarding the service’s COVID-19 vaccination rates, as identified in the Monitoring Assessment on 31 July 2024. The Approved Provider confirmed it has made efforts to increase consumers’ uptake of vaccinations. Additional vaccination clinics have been undertaken where more consumers received influenza and COVID-19 booster shots. The Approved Provider confirmed its commitment to continuing education sessions to address any concerns and encourage vaccination among all residents and their representatives.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | |  |
| 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 |

Findings

The Assessment Team found the service is led by the organisation’s Board that ensures and promotes accountability for safe, inclusive, and quality care and services for consumers. Consumers and their representatives confirmed consumers feel safe at the service and live in an inclusive environment with the provision of quality care and services. Consumers and representatives said the service has discussed the benefits of receiving COVID-19 booster vaccinations. Some consumers have received recent booster shots, whilst others were hesitant due to their concerns of experiencing side effects. Management and staff were able to describe how the organisation’s governing body promotes a culture of safe, inclusive, and quality care and services and its involvement in this delivery.

The Board is actively involved with the management of COVID-19 outbreaks and ensuring equipment is supplied and staff are available and have oversight of allocated staff providing care on different levels of the service. Consumers’ clinical data, such as falls incidents, are benchmarked against the national quality indicators. A review of the Continuous Quality Improvement (CQI) register indicated actions to review and enhance vaccination rates for COVID-19 and influenza. A review of the Board meeting minutes indicated discussion of and response to, a range of quality care and service matters, resident and relative meetings, legislative requirements and operational issues.

The Assessment Team identified during the assessment contact that hand sanitiser was not available in some high touch locations at the service. Management responded immediately by providing hand sanitiser at specific locations. In a written response to the Assessment Team report the Approved Provider confirmed it has installed permanent, wall mounted hand sanitiser holders in high-touch areas, including near lifts, door keypads, and other frequently accessed locations. The improvements aim to enhance infection control processes and ensure that hand sanitiser is readily available to all staff, visitors, and residents.

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