**Performance**

**Report**

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| Name of service: | Ozcare - Brisbane South |
| Service address: | 65 Commercial Drive SHAILER PARK QLD 4128 |
| Commission ID: | 700146 |
| Home Service Provider: | Ozcare |
| Activity type: | Quality Audit |
| Activity date: | 4 April 2023 to 6 April 2023 |
| Performance report date: | 15 May 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 Ozcare - Brisbane South (**the service**) has been prepared by JZHOU, 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.

# Services included in this assessment

**Home Care:**

* Ozcare Home Care Packages - South Brisbane Region, 23021, 65 Commercial Drive, SHAILER PARK QLD 4128

**CHSP:**

* Care Relationships and Carer Support, 24568, 65 Commercial Drive, SHAILER PARK QLD 4128
* Community and Home Support, 24569, 65 Commercial Drive, SHAILER PARK QLD 4128

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Quality Audit; the Quality Audit 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 8 May 2023.

# Assessment summary for Home Care Packages (HCP)

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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 | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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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 | **Not applicable as not all requirements have been assessed** |
| **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 | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | 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 | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | 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 | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

I agree with the Assessment Team’s recommendations detailed in their report that the provider is complaint with the Requirements of this Standard. In summary, the service demonstrated that it is:

* Ensuring each consumer is treated with dignity and respect, with their identity, culture and diversity valued.
* Recognising consumers’ individuality and their right to make their own decisions about the care and services they receive.
* Providing consumers with sufficient information to make informed choices about the care and services they receive.
* Respecting consumer’s privacy and protecting the confidentiality of their personal information.

# Standard 2

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| --- | --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP | CHSP |
| 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 | 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 | 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 | 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 | 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 | Compliant |

Findings

I agree with the Assessment Team’s recommendations detailed in their report that the provider is complaint with the Requirements of this Standard. In summary, the service demonstrated that it is:

* Considering risks to the consumer’s health and well-being to ensure the delivery of safe and effective services.
* Involving consumers/representatives in decisions about care and services.
* Considering and addressing each consumer’s current needs, goals and preferences, including discussing advance care planning.
* Effectively communicating the outcomes of assessment and planning to consumers/representatives.
* Regularly reviewing care and services for effectiveness.

# Standard 3

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| --- | --- | --- | --- |
| Personal care and clinical care | | HCP | CHSP |
| 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 | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | 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 | 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 | 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 | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | 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 | Compliant |

Findings

I agree with the Assessment Team’s recommendations detailed in their report that the provider is complaint with the Requirements of this Standard. In summary, the service demonstrated that it is:

* Delivering personal and clinical care that is best practice and tailored to the needs of the consumer.
* Managing high-impact or high-prevalence risks associated with the care of each consumer in an effective manner.
* Recognising and responding to deterioration or change of a consumer’s condition.
* Documenting and communicating information about the consumer’s conditions, needs and preferences.
* Minimising infection-related risks through standard precautions to prevent and control infection, including COVID-19.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| 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 | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | 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 | 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 | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

I agree with the Assessment Team’s recommendations detailed in their report that the provider is complaint with the Requirements of this Standard. In summary, the service demonstrated that it is:

* Providing a wide range of services for consumers to support them to live the life they choose and remain connected to their community.
* Promoting consumers’ emotional and psychological well-being through compassion and connection between consumers and workforce members.
* Effectively communicating information about the consumer’s needs and preferences within the organisation and with others where appropriate.
* Ensuring timely and appropriate referrals to individuals, other organisations and providers of other services.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| 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. | Not applicable | Not applicable |
| 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. | Not applicable | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable | Not applicable |

Findings

This standard is not applicable to the Quality Review as the service does not provide a service environment.

# Standard 6

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| --- | --- | --- | --- |
| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | 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 | 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 | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

6(3)(d) overturned

The Assessment Team noted inconsistencies regarding the recording of complaints and feedback. It found feedback was not being recorded which meant senior management could not accurately trend and analyse complaints received at the branch level. The service conceded this failing in its written submissions. It acknowledged the deficits as detailed in its response to the Assessment Team’s report.

I also note the service commenced immediately addressing the deficiencies while the Assessment Team was still on site which goes to the provider’s posture in relation to its willingness to comply with the quality standards.

The service has since produced evidence of training staff to ensure all feedback is recorded in its ‘Tickit’ system. The training content covers off on recognising, responding to, and recording this intelligence for future planning and improvement. Specific consumer notes were also provided which evidenced the recording of feedback and the mechanisms through which those issues were managed. I am therefore satisfied the service has taken adequate measures to rectify the deficiencies and is now complaint with this Requirement.

Other requirements

I agree with the Assessment Team’s recommendations detailed in their report that the provider is complaint with the remaining Requirements of this Standard. In summary, the service demonstrated it is:

* Encouraging consumers to provide feedback about care and services delivered.
* Providing consumers with appropriate information to access advocates, language services, and other methods for raising and resolving complaints.
* Appropriately responding to feedback and complaints and utilising an open disclosure process when things go wrong.

# Standard 7

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| Human resources | | HCP | CHSP |
| 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 | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | 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 | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

I agree with the Assessment Team’s recommendations detailed in their report that the provider is complaint with the Requirements of this Standard. In summary, the service demonstrated that it is:

* Planning the workforce to enable the delivery and management of safe and effective care and services.
* Ensuring workforce interactions with consumers are kind, caring and respectful of each consumer’s identity.
* Ensuring the workforce is competent and has the qualifications and experience necessary to perform their roles effectively.
* Providing the workforce with appropriate training and support to deliver the outcomes required by the Standards
* Regularly assessing, monitoring and reviewing the performance of each member of the workforce.

# Standard 8

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| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | 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 | 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 | 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 | 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 | Compliant |

Findings

Overturned 8(3)(d)

The Assessment Team identified not all incidents were recorded as an entry in the service’s incident management database. The team proffered 5 sampled consumers who all experienced an incident relating to their health and wellbeing, some while a care worker was present, some while they were away from a care worker. In all instances, the incident was not recorded on the service’s incident management system.

I note the service’s submission to the Assessment Team’s report concedes the evidence brought by the Assessment Team. Specifically it states *‘Ozcare accepts that there were incidents that occurred during the provision of care which should have been recorded in our incident system, and accept that that particular issue would constitute non-compliance to the requirement.’*

Balanced against this is the fact that the Assessment Team noted the service’s willingness take immediate action while the team was on site to record all appropriate future incidents and previous incidents in the incident management system. This speaks to the service’s willingness to comply with its obligations under the quality standards.

The service has since presented me with evidence of having corrected its incident management records for all sampled consumers with the relevant descriptors of the event, action taken and where applicable investigation outcome. I am satisfied the service has addressed the immediate deficiencies present during the audit.

With respect to this Requirement, I need to see demonstration that the service has effective risk management systems and practices. To that end, I can see that the service has regarded the Commission’s effective incident management system – best practice guidance’ and reflected such in its Business Rule document. Whether the service is better served recording all incidents into its ‘incident system’ or ‘client record system’ is a matter for the service. It is the capturing of all incidents of harm to a consumer, whether actual or suspected including near misses, into the service’s database, which is key. The purpose of having this risk management framework is so service can demonstrate how it captures real time data into its systems in order to recognise a pattern of behaviours and take appropriate action when warranted.

I note the service stated *‘if a client reports that they had a fall at home while our staff were not present, we would probably record that in their client record as a catalyst for service delivery review – for example, it might result in a falls risk assessment or other intervention.’* I accept this is a reasonable way of managing such circumstances within the service’s current risk management processes and practices and would expect similar fact circumstances continue to be documented and trended in the manner described.

Other Requirements

I agree with the Assessment Team’s recommendations detailed in their report that the provider is complaint with the remaining Requirements of this Standard. In summary, the service demonstrated that it is:

* Engaging and supporting consumers in the development, delivery and evaluation of care and services.
* Promoting a culture of safe, inclusive and quality care.
* Demonstrating effective organisation wide governance systems.
* Utilising a clinical governance framework to ensure the care provided is best practice and safe.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)