Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Ozcare - Hervey Bay |
| Commission ID: | 5805 |
| Address: | 35 Davis Drive, KAWUNGAN, Queensland, 4655 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 10 January 2024 |
| Performance report date: | 30 January 2024 |
| Service included in this assessment: | Provider: 952 Ozcare  Service: 19391 Ozcare - Hervey Bay |

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 - Hervey Bay (**the service**) has been prepared by S Turner, 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
* information about the service that is held by the Commission

# Assessment summary

|  |  |
| --- | --- |
| 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 5** Organisation’s service environment | **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

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

Consumers said staff treated them respectfully and supported and valued their identity. Consumers provided examples of how staff demonstrated respect for them by understanding them, meeting their needs and taking time to listen.

Care related documentation described consumers’ life histories, personal interests and preferences and this information provided guidance to staff about the care and services that were to be delivered.

Staff were familiar with consumers’ life stories and their cultural heritage and said they received training on culture, diversity, inclusion, dignity and respect.

Staff were observed engaging positively with consumers, speaking in a kind and respectful manner, requesting permission to enter consumers’ rooms, asking consumers if they required assistance and explaining what was going to happen.

Management monitored service delivery to ensure interactions between staff and consumers were respectful and encouraged consumers to provide feedback.

I am satisfied consumers are treated with dignity and respect and find this requirement is Compliant.

# Standard 3

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

Findings

Consumers and representatives were satisfied with the management of consumers’ personal and clinical care.

Care related documentation including for consumers with diabetes mellitus, pain, pressure injuries, wounds, restrictive practices in place and deteriorating health demonstrated personal and clinical care was effectively managed.

Wound management plans provided guidance in relation to wound care and pressure injury management. Wound monitoring charts including photographs were in place and documentation was completed following provision of treatment and wound reviews. Where a need was identified referrals to external providers had occurred and a wound care nurse had been involved in the management of wounds. Consumers with complex wounds spoke positively of the way their wounds were managed and said registered nurses treated their wounds daily.

Consumers with diabetes had a wound management plan in place which outlined acceptable parameters for blood glucose levels and instructions for staff as to how they should manage hypoglycaemic or hyperglycaemic events. Care related documentation demonstrated blood glucose levels were completed and insulin administered in accordance with diabetes management plans. Consumers with diabetes mellitus said staff regularly checked their blood glucose levels and were competent in managing their diabetes mellitus.

For those consumers who had experienced a change in their condition, assessments had been completed, and referral or transfer to other health service providers had occurred.

Where restrictive practices were in place, consumers had been assessed, consultation with the consumer had occurred, consent had been provided and regular reviews were completed. Up to date behaviour support plans included the consumers’ behaviours, triggers and individualised strategies to support the consumer.

Staff were familiar with consumers’ personal and clinical care needs and this information was stored in the electronic care management system.

Clinical staff said they monitored consumers’ care needs by reviewing care documentation such as incident reports and progress notes, through reviewing clinical indicators, and through the provision of consumer and representative feedback during care reviews and via feedback and complaints mechanisms. Clinical staff said they could engage outside providers to deliver staff training on various aspects of care such as nutrition, hydration, medication management and palliative care.

I am satisfied consumers are provided with care that is tailored to their needs and optimises their health and well-being. I find this requirement is Compliant.

# Standard 5

|  |  |  |
| --- | --- | --- |
| Organisation’s service environment | |  |
| 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 |

Findings

Consumers were satisfied with the service environment and said they could freely access indoor and outdoor areas for activities and leisure; this included access to a designated smoking area. They said they could move with ease throughout the service and that staff were available to provide support with their mobility if needed. Consumers provided examples of how staff maintained the environment and said they were familiar with maintenance reporting processes and consumer feedback mechanisms.

Maintenance and cleaning processes were established, and staff understood how to keep the environment safe and comfortable. Staff understood reporting processes relating to hazards, faulty equipment and maintenance. Maintenance staff said a daily inspection of the service environment was completed and demonstrated how reactive and preventative maintenance was prioritised and addressed in a timely manner.

Consumers were observed mobilising independently throughout the service; other consumers were supported by staff. Walkways were clear, windows and doors were open, and consumers were noted to be enjoying the environment. The service was clean, comfortable and safe. Maintenance and cleaning staff were observed completing their scheduled duties. I find this requirement is Compliant.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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 expressed satisfaction with the level of staff and confirmed care and services were delivered to consumers in a timely manner. Consumers provided examples of how staff assisted them with showering, management of chronic health conditions and other aspects of personal and clinical care.

Management monitored staffing levels daily and implemented strategies to replace or support staff when shifts were unfilled. Daily replacement reporting for the previous month evidenced strategies to replace unfiled shifts, including by extending shifts, using agency staff and through the provision of support by management staff. Senior clinical staff described how they provided assistance with the delivery of clinical care if unplanned leave occurred. Clinical staff described how they prioritised clinical care needs and used handover to communicate any outstanding tasks to the following shift if there was a staff absence. Staff said they were able to complete their duties and were observed responding to call bells promptly and attending to consumers’ needs in a calm and supported manner.

New staff were orientated to their roles through a ‘buddy system’ and the service aimed to ensure staff were allocated to two areas of the service to support continuity of care for consumers.

I am satisfied the workforce is planned to deliver safe, quality care and services. I find this requirement is Compliant.

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)