Performance

Report

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| Name of service: | Performance report date: |
| Ozcare - Malanda | 23 September 2022 |
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| Ozcare | 16 August 2022 to 18 August 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 Ozcare - Malanda (**the service**) has been prepared by Stewart Brumm 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; the Assessment Team report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives.
* the provider’s response to the assessment team’s report received 14 September 2022.

# Assessment summary

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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 | **Compliant** |
| **Standard 6** Feedback and complaints | **Non-compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* The Approved Provider is to review their complaint system to ensure feedback and complaints are reviewed and used to improve the quality of care and services.
* The Approved Provider is to review the organisational wide governance systems in relation to feedback and complaints, and to ensure effective monitoring of the implementation of governance systems is occurring at the Service.

# Standard 1

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| Consumer dignity and choice | |  |
| 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

I find this Standard compliant as six of the six requirements are compliant.

The Approved Provider demonstrated and consumers/representatives and documentation evidence, consumers are treated with dignity and respect. staff demonstrated they know what is important to each of the consumers and could describe how they ensure that consumers’ preferences are known and respected.

The Approved Provider was able to demonstrate they are delivering culturally safe care and services through supports provided to consumers that meet their recognised needs and expectations with community, cultural customs, beliefs and planning care and services. Staff could describe consumer’s specific cultural and spiritual needs that influences the consumer’s delivery of care and services.

The Approved Provider was able to demonstrate how consumers/representatives are supported and able to communicate decisions about the way consumer’s care and services are delivered, and how significant persons remain connected to maintain relationships. As well as demonstrated how consumers are respected and supported to make decisions about areas in their everyday life that involves risk.

The Approved Provider was able to demonstrate from information provided by consumers/representatives sampled, staff interviewed, and documentation provided that consumers are making informed choices from communication and information provided by the Approved Provider.

Consumers/representatives interviewed confirmed consumers’ personal privacy is respected. Staff demonstrated how consumer information is kept confidential.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| 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

I find this Standard compliant as five of the five requirements are compliant.

The Approved Provider demonstrated assessment and care planning considers risks to consumer’s health and well-being. Risks to consumer’s health and well-being is assessed using risk assessment tools and is documented in consumers’ care plans. Where risks are identified, care documentation recorded strategies used to manage risks. Staff were able to describe the assessment and planning process and how it informs planning of consumer’s care.

Consumer care documentation reviewed demonstrates consumer’s current needs, goals, preferences and end of life directives are identified and care planning strategies developed. Overall consumers/representatives said consumer’s care preferences and current needs were provided and staff understand the consumer’s care needs. Registered staff advised care needs and preferences are discussed with consumers on entry to service, during ongoing care plan reviews and as care needs change.

The Approved Provider demonstrated consumer assessment and planning includes other organisations and health care professionals such as, dietitians, physiotherapists, speech pathologists, Medical Officers, community dementia support and psychological wellness support.

The Approved Provider was able to demonstrate consumer’s care and services plan is effectively communicated to consumers/representatives and documented and accessible for staff and visiting health care workers providing consumer care.

Overall, consumers/representatives said they are informed when care needs changes, and for the consumers sampled, care documentation identified reviews occur on both a regular basis and when circumstances change, or incidents occur.

# Standard 3

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| 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 |
| 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

I find this Standard compliant as seven of the seven requirements are compliant.

The Approved Provider was able to demonstrate most consumers receive safe and effective clinical and personal care that aligns with best practice to optimise consumer’s health and well-being and individualised to their preferences. Staff could describe consumer’s individual needs and preferences and how these are managed in line with their care and services plan. The Approved Provider has policies and procedures, which guides clinical practice, and includes skin care, pain management and restrictive practices. Care documentation and consumers sampled demonstrated consumers receive care in accordance with their assessment and planning needs for.

There is effective management of high impact or high prevalence risks associated with the care of each consumer and the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved.

The Approved Provider demonstrated staff recognise and respond to consumer’s deterioration in mental health and cognitive or physical function in a timely manner. There are policies and procedures, such as falls management and delirium guidelines, to guide staff practice when monitoring for consumer’s deterioration. Staff receive training to recognise changes of consumer’s condition during monthly clinical care meetings. Overall consumers said staff respond to their needs quickly and care documentation demonstrates staff recognise changes to consumer’s conditions.

The Approved Provider demonstrated others involved consumer’s care, such as representatives and health professionals and information to support effective and safe sharing of the consumer’s condition, preferences and care needs are communicated and, for consumers sampled, evidenced in care documentation.

Consumers receive timely and appropriate referrals to individuals, other organisations and providers of other care and services when required.

The Approved Provider demonstrated effective infection prevention and control practices.

# Standard 4

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| Services and supports for daily living | |  |
| 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

I find this Standard compliant as seven of the seven requirements are compliant.

The Approved Provider demonstrated consumers receive services and supports for daily living that are tailored to their needs, goals and preferences enabling them to live a life of their choosing, optimising their independence, health, well-being and quality of life. Review of consumer’s care documentation demonstrated assessment processes capture what and who is important to the individual consumer and this information informs care plans to guide staff.

The Approved Provider demonstrated it provides support to consumers that promotes their spiritual, emotional and psychological well-being. Consumers sampled said their emotional, spiritual and psychological well-being needs, goals and preferences are supported.

The Approved Provider demonstrated consumers are supported to participate in the community within and outside the service, have social and personal relationships and engage in personal interests. They also demonstrated information about consumer’s condition, needs and preferences are communicated effectively.

The Approved Provider demonstrated that where meals are provided, they are varied and of suitable quality and quantity. Consumers mostly expressed satisfaction with the food and said there is plenty available, including snacks between meals, and they are comfortable asking staff for more or an alternative.

The Approved Provider demonstrated that where activity equipment is provided, it is safe, suitable, clean and well maintained.

# Standard 5

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| Organisation’s service environment | |  |
| 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

I find this Standard compliant as three of the three requirements are compliant.

The Approved Provider was able to demonstrate, and consumers described the environment as welcoming and easy to navigate and that they felt at home. The service environment was observed to be welcoming, purpose appropriate and easy to navigate.

The Assessment Team recommended Requirement 5(3)(b) was not met at the time of the site audit and provided information that whilst the service was clean, well maintained and comfortable and consumers were able to move freely both indoors and outdoors, the service was unable to demonstrate that all paths were even and free from hazards and that reactive maintenance is managed effectively. I note that this defect was first identified in April 2022, however corrective actions were only taken after the deficit was raised by the Assessment Team.

The Approved Provider provided a response that included clarifying information to the Assessment Team report as well a photograph of repair works and improvement actions to be taken to prevent a reoccurrence. I note from the response and the photo that a bridge has been constructed over the damage area and the tree roots have been removed. The Approved Provider has also implemented a twice weekly review of maintenance issues between management and the maintenance team. This is aimed to ensure maintenance is completed in a timely manner.

I have considered the Assessment Team report as well as the Approved Provider response and I am satisfied that the improvement actions taken have rectified the unsafe path and the introduced additional monitoring should prevent further maintenance issues. As such I find Requirement 5(3)(b) is compliant.

The Approved Provider demonstrated their furniture, fittings and equipment was safe, clean, well-maintained and fit for consumer purpose.

**Standard 6**

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| Feedback and complaints | |  |
| 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. | Non-compliant |

## Findings

I find this Standard non-compliant as one of the four requirements is non-compliant.

The Approved Provider was able to demonstrate consumers/representatives are supported to provide feedback and make complaints. Consumers/representatives reported they are encouraged to provide feedback or make complaints and could describe the various methods available for them to do so including speaking to staff or management directly, during consumer/representative meetings or through the use of feedback forms.

Management and registered staff described how the service promotes advocate and language services within the admission handbook which lists the organisation head office, the Aged Care Quality and Safety Commission, advocacy services, Aged and disability advocate services Australia and the Older persons advocacy network and will engage these services if a consumer/representative requests, or is noted to require, additional assistance.

The Assessment Team recommended Requirement 6(3)(d) was not met and provided information that the Approved Provider was unable to demonstrate that all feedback and complaints received from consumers/representatives is used to improve the quality of care and services. A review of the complaints register and the service’s plan for continuous improvement provided limited evidence of feedback and complaints being consistently recorded and used to improve the quality of care and services, and that feedback is provided to the organisation’s governing body, workforce or consumers/representatives. The complaints register had recorded a total of 3 complaints in the previous 12 months (at the time of the site audit) which had no corresponding entries in the service’s plan for continuous improvement.

Whilst consumers/representatives and management described some examples of where feedback or complaints were reviewed by the service, the Assessment Team noted not all feedback and complaints documented were reviewed and not all feedback and complaints are recorded by the service to enable improvement in the consumers’ quality of care.

The Approved Provider provided a response that included clarifying information to the Assessment Team report as well as progress note extracts, meeting minutes for a consumer meeting. The Approved Providers’ Business Rule defines that if an issue is raised by a client or their representative and it is immediately resolved, it does not constitute a complaint. I also note the Approved Provider is undertaking a review of the complaints business rule.

In regard to named consumers and identified issues I note the following:

* The Approved Provider believes the issue with chalk board has been resolved.
* In regard to the named consumer and issues over food, I accept this has been a long-standing matter with the consumer, however I also note that the lack of satisfaction with resolution to the issue. I also note the Approved Provider is working with the meat supplier to improve the quality of meat provided. However I also note the consumer advised this has been raised numerous times as an issue and this matter is not recorded in the complaints system or the consumer progress notes. Staff interviewed identified they do not always document feedback and complaints from consumers, rather they try and resolve the matter at the time. Kitchen staff were noted to have provided information they had previously dealt with the consumers food concerns, however were not aware of current complaints from this consumer.
* In regard to a representatives concerns around the care provided to their consumer. I note the Approved Provider has been working with the consumer to ensure consistent involvement in the care planning for their consumer and are endeavouring to keep the representative informed of changes to care and services. I also note the ongoing nature of this complaint, and that is has not been recorded in the complaints system.
* In regard to a consumer and feedback about food, I note this was recorded in progress notes and not included in the complaints system. I note the consumer is now deceased and no further resolution to the complaint is required.

I have considered the Assessment Team report and the Approved Provider response. I am not satisfied that the Approved Provider has been able to demonstrate compliance with this requirement. Whilst I note the business rule is that if complaints/feedback are resolved immediately then the matter is not entered into the complaints system, I also note the ongoing consumer dissatisfaction with actions taken to resolve complaints/feedback. I find feedback from consumers is not consistently recorded and as such, when a consumer is not satisfied with the outcome there does not appear a way to escalate this feedback into the complaints system for ongoing resolution or trending or review of verbal feedback from consumers.

I find requirement 6(3)(d) is non-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 |
| 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

I find this Standard compliant as five of the five requirements are compliant.

The Approved Provider was able to demonstrate there was adequate staffing the meet the care and service’s needs of consumers. Consumers/representatives said whilst staff were busy, they are still meeting the needs of the consumer. Management and staff said there is a standard roster designed to cover consumer care needs over a 24-hour period. Most consumers/representatives sampled said staff are available when needed and attend quickly in response to call bells. Staff sampled said whilst they often feel busy and at times rushed, there is sufficient staff to provide care and services in accordance with the consumers’ needs and preferences, and that staff have sufficient time to undertake their allocated tasks and responsibilities.

The Approved Provider was able to demonstrate consumer interaction by the workforce was kind and respectful of consumers’ identity. All consumers said staff are kind, gentle and treat them respectfully when providing cares. Staff were observed to greet consumers by their preferred name and engage in conversations of interest to the consumer.

The Approved Provider was able to demonstrate the workforce is competent with relevant qualification to perform their roles. Interviews with consumers/representatives demonstrated confidence in relation to staff’s abilities, stating that staff are suitably skilled and competent to meet the consumers’ care needs. Staff are required to have relevant qualifications or competencies as required in the organisation’s staff position descriptions. They were also able to demonstrate staff undertake mandatory training and core competency assessments at orientation, and thereafter all staff complete mandatory annual training and other training modules as may be required by the service and/or to support staff in further developing their professional knowledge and skills.

Staff performance is monitored through feedback from consumers and representatives, and input from other staff members. In addition, the service reviews and analyses clinical incidents and data to help monitor the clinical outcomes and competencies of staff.

**Standard 8**

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| Organisational governance | |  |
| 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. | Non-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

I find this Standard non-compliant as one of the five requirements is non-compliant.

The Approved Provider was able to demonstrate established processes to support consumers to engage in the development, delivery and evaluation of care and services. They were also able to demonstrate that the organisation’s governing body promotes a culture of safe, inclusive and quality care and services. The organisation has implemented systems and processes to monitor the performance of the service and to ensure the governing body assumes accountability for the delivery of safe, inclusive and quality care and services.

The Approved Provider was able to demonstrate risk management systems are effective in monitoring and evaluating high-impact or high-prevalence risks, abuse and neglect, support consumers to live their best life and manage and prevent incidents in the use of their incident management system.

The Approved Provider has an established clinical governance framework.

The Assessment Team recommended Requirement 8(3)(c) was not met and provided information that the Approved Provider was unable to demonstrate there are effective organisation wide governance systems in place as deficiencies were identified in relation to information management, continuous improvement, and feedback and complaints.

The Assessment Team found Information regarding the service’s preventative and reactive maintenance was found to be out of date or missing, with no additional written information in the records to inform the reader of the current status of maintenance tasks. Consumers’ feedback and complaints was not consistently entered and actioned into the service’s feedback and complaints register and used to determine risks to be shared with the governing body. The plan for continuous improvement did not show any entries relating to complaints about food or the provision of care as discovered by the Assessment Team’s consumer/representative interviews and document review.

The Approved Provider provided a response that included clarifying information to the Assessment Team report as well as supporting documentation.

In regard to information management I acknowledge the actions the Approved Provider has taken to improve the monitoring of maintenance records. A twice weekly meeting has been established between management and the maintenance staff to review outstanding maintenance items.

In regard to feedback and complaints, I acknowledge the organisation has governance process for the collection and management of feedback and complaints, including a range of ways for consumers to provide feedback and raise complaints. However, I am not satisfied that these governance processes have been effectively monitored at the Service. There has not been effective capturing of feedback from consumers that has not been resolved to their satisfaction. Whilst I note the policy for complaints states “A passing or 'casual comment made by a client may not constitute feedback that needs to be recorded.” It also states “All complaints, including those which have been readily resolved, are to be entered into Tickit.” It was not demonstrated that this is occurring at the service as the complaints register did not contain information about ongoing feedback/complaints provided by consumers as captured in meeting minutes or progress notes, or verbally to staff.

In regard to continuous improvement, I acknowledge that the Approved Provider was able to demonstrate that improvements are occurring, and further improvements are planned whilst also noting there were no items recorded in relation to the complaints raised by consumers in relation to food. However, I also note information provided by the Approved Provider indicating via consumers surveys that 100% of consumers surveyed were satisfied with food. I also following feedback raised by the Assessment Team that improvements to the quality of meat provided is being taken.

I have considered the Assessment Team report as well as the Approved Provider response and I find that the Approved Provider is able to generally demonstrate effective organisation wide governance system in relation to information management, continuous improvement, financial governance, workforce governance and regulatory compliance. However I am not satisfied with the effectiveness of the monitoring of implementation of organisational governance in relation to feedback and complaints at the Service. I find that feedback and complaints are not being consistently recorded as such feedback and complaints are not being consistently reviewed and used to improve the quality of care and services.

I find requirement 8(3)(c) non-compliant.

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)