Performance

Report

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| Name of service: | Ozcare - Toowoomba |
| Service address: | 631-651 Greenwattle St Glenvale QLD 4350 |
| Commission ID: | 5310 |
| Approved provider: | Ozcare |
| Activity type: | Site Audit |
| Activity date: | 7 February 2023 to 9 February 2023 |
| Performance report date: | 30 March 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 - Toowoomba (**the service**) has been prepared by G-M. Cain 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 Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the following information given to the Commission, or to the assessment team for the Site Audit of the service:
  + The Assessment Team interviewed 18 consumers and/or representatives during the Site Audit, who were satisfied with the care and services received.
* other information and intelligence held by the Commission in relation to the service.

# 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 | **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 | |  |
| 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

Staff respectfully spoke about consumers and demonstrated familiarity with their backgrounds and preferences. Care planning documentation reflects consumers' culture, backgrounds and personal preferences. Staff are guided by policies on creating a diverse and inclusive consumer culture.

Consumers and representatives confirmed that the care provided was consistent with consumers' cultural practices, traditions and preferences. Staff described how the consumer's culture influences day-to-day care and service, including the planning of activities. Care planning documentation evidenced specific cultural needs, including culture-specific events each consumer would like to maintain.

Consumers said they were supported to make decisions, including choosing those involved in their care and how they wished to maintain relationships. Care documentation evidenced consumers' choices around how care is delivered, who is involved, and how the service supports them.

The service's dignity of risk policy supports consumers to make informed choices and, in doing so, take calculated risks when engaging in activities of their choosing. Staff and consumers were aware of the risks consumers took and supported them to live the way they chose. Consumers described how the service understood what was important to them and supported them in making informed choices.

The service provides information to consumers that is clear and easy to understand. Consumers and representatives confirmed they received information to support decision-making through printed communication, verbal reminders, and email correspondence; information provided included the Dining Menu, Activity Program and COVID-19 updates.

Consumers said they felt the service was considerate of their privacy and did not express concerns about the confidentiality of their personal information. Staff could describe the practical ways they respect the personal privacy of consumers at the service, exampling knocking on doors and seeking permission before entry, and keeping records secure by locking the staff station and password-protecting computers.

# 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

Consumers and representatives said consumers' received the care and services they needed and were consulted throughout the care planning processes. Staff described the assessment and care planning process and how it informs care and service delivery. Care planning documentation reviewed evidenced consideration of individual risks influencing the delivery of care and services.

Consumers and representatives said staff involved them in assessing and planning the care for the consumer through regular conversations with clinical staff or management, care plan reviews or when circumstances changed. Staff described how the assessment and care planning process includes consumers' needs, goals and preferences.

Care planning documentation reflected regular care plan evaluations and reviews and the involvement of other care providers and services such as medical officers, physiotherapists, dietitians and speech pathologists. Consumers and representatives referenced who was involved in their care and considered the service maintains good communication with them, particularly around changes in care and medication, and said staff explained things to them clearly and clarified clinical matters if needed. Clinical staff said representatives are contacted through telephone and email conversations. Management confirmed that care documentation was made available to consumers and representatives electronically or in paper copy.

Staff described, and care documentation evidenced review care plans occurred at least every 6 months or in response to changes in consumers' health and/or wellbeing. Consumers and representatives said clinical staff regularly discuss their care needs with them, and any changes requested are addressed promptly. Allied health professionals confirmed they were involved in regular care plan reviews or when an event triggered reassessment of the consumer, such as after an incident.

# 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

Consumers provided positive feedback regarding the care, confirming it was individualised and tailored to their needs. Care documentation reflected individualised strategies to ensure safe and effective care specific to consumer needs and preferences. Policies, procedures and work instructions for key care areas, including restrictive practices, pressure injury, wound management, and pain management, align with best practices. Management and staff demonstrated knowledge of consumers' needs and preferences and how they are implemented in care delivery to ensure safety and effectiveness.

Management monitors clinical data, trending and reporting, to inform and implement suitable risk mitigation strategies for individual consumers. Staff described various strategies used to manage high-impact and high-prevalence risks for consumers, and consumers and representatives expressed satisfaction with how the service manages these risks.

Consumer's care planning documentation included an advance care plan and evidenced discussions with representatives regarding end-of-life care; consumers and representatives expressed confidence in how the service managed care for consumers at the end of life. Staff described how they deliver care to consumers to maintain comfort and dignity.

Consumer's care planning documentation and progress notes evidenced the identification of, and response to, deterioration or changes in condition. Consumers and representatives said the service recognises and responds to changes in consumers' health and/or well-being in an appropriate and timely manner. Clinical staff explained how deterioration is recognised, responded to, documented and monitored at the service. Clinical records indicated regular monitoring for consumer changes.

Consumers and representatives said the consumer's care needs and preferences are effectively communicated between staff. Staff described how information about consumer needs, conditions, and preferences are conveyed in meetings, documentation, during handover, and also communicated to others where clinical care is shared.

Consumers and representatives said referrals are timely and appropriate, and the consumer can access various health professionals. Management and clinical staff described how other care providers support the care at the service.

Staff could describe how they apply best practice infection control practices in their daily work. The service demonstrated the practice of antimicrobial stewardship through close monitoring of infections and working with the Medical Officer to safely prescribe antibiotics. Consumers and representatives expressed confidence in the service's ability to minimise and prevent infections.

# 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

Consumers and representatives said consumers are supported to participate in activities they enjoy, to optimise their independence and quality of life. Lifestyle staff explained how they partner with consumers and their representatives to conduct a lifestyle assessment on entry to the service to ensure information about consumers' individual preferences is known and included in daily support. Staff could explain what is important to individual consumers and the activities they like. Care documentation accurately reflected consumer interests.

Consumers said the service promotes their emotional, spiritual and psychological well-being. Staff described how they support consumers' emotional and spiritual needs by identifying changes in the consumers' behaviours and engaging volunteers to spend one-on-one time with consumers. Care planning documentation included information on consumers' emotional, spiritual and psychological well-being needs, goals and preferences. An activity schedule evidenced a program that included church services, reminiscing, and pampering activities.

Consumers said they were supported to participate in activities, both within and outside the service, with organised bus trips and independent outings. The service enables consumers to maintain social and personal connections important to them. Staff provided examples of consumers who were supported to maintain their relationships inside and outside the service. Care planning documentation identified people important to the consumers and their interests.

Consumers said staff effectively communicated their needs and preferences within the organisation and with others where responsibility for care is shared. Staff shared consumer care information during handovers and through the electronic care management system. Care documentation provided adequate information to support the delivery of safe and effective services and supports tailored to consumer preferences.

Consumers said other organisations, support services and providers of other care and services support them. Care documentation evidenced consumer referrals to external support organisations and services. Staff described the referral processes and provided examples of referrals to support consumers.

Consumers and representatives spoke positively regarding the variety, quality and quantity of food provided. Consumers said they were given multiple meal choices daily and could select alternative hot and cold meals. The service cooks food fresh on site, and the catering staff explained how consumer preferences are included in the seasonal menu by using feedback to inform its development.

# 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

Consumers and representatives said the service is welcoming and creates a sense of belonging. Management and staff could describe aspects of the service environment to make consumers feel welcome and optimises their independence and function, such as spacious courtyards and balconies accessible to each floor. A named consumer said they experienced mobility issues, however, finds it easy to navigate the service due to its wide corridors, ample lighting and clear signage. Shaded areas, garden beds and seating were provided for consumers, and consumers' rooms were personalised and decorated with furnishings and personal items that reflected their individuality.

The service demonstrated processes are in place to ensure the service environment is safe, clean, well-maintained and comfortable. The service environment enables consumers to move freely indoors and outdoors, and consumers were observed utilising the various seating areas within and outside of the service.

Furniture, fittings and equipment were observed to be safe, clean and well-maintained. Staff described how they identified and reported maintenance issues, and the service has a documented maintenance tracking system that is regularly monitored. Consumers and representatives confirmed that the service and equipment are kept clean and safe for use by consumers, which was observed throughout the Site Audit.

# 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. | Compliant |

Findings

Consumers and representatives said they were comfortable providing feedback or making complaints to staff, and there are multiple ways to give feedback and make complaints. Management and staff could describe the services processes to encourage and support consumers and representatives to provide feedback and make complaints, such as monthly consumer meetings, via feedback forms or surveys, or directly with staff.

Consumers and representatives said they are aware of external complaints, language and advocacy services available to them. Management and staff explained that information and brochures are available to consumers around advocacy organisations and described how they would access these services if consumers required them.

Consumers and representatives expressed satisfaction that the service responds to and resolves complaints or concerns. Staff demonstrated an understanding of open disclosure, providing an apology and explanation of events, and confirmed they have received open disclosure training which is conducted annually.

Complaint’s data showed action is taken and open disclosure is practised, including acknowledging concerns, apologising, remaining transparent and resolving the issue whilst keeping the consumer and representatives informed.

Consumers and representatives said improvements were made in response to their feedback. Management described complaints, actions taken in response, and how feedback and complaints have been used to improve care and services.

The service has a suite of policies and procedures relevant to this Quality Standard.

# 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

Consumers and representatives said sufficient staff were available to meet consumers' needs. Management confirmed the service had a registered nurse on site 24 hours a day, 7 days a week. The service demonstrated processes that ensured staff replacement for planned and unplanned leave. A review of consumer call bell report for one month in 2023 identified that consumer requests for assistance are responded to in under 4 minutes.

Consumers and representatives said staff are kind, caring and gentle when providing care, taking time to get to know the consumer as an individual. Staff were observed to greet consumers by their preferred names and demonstrated an understanding of consumers' individual needs and preferences.

Consumers and representatives said they are confident in the staff's skills, capability and knowledge. Staff expressed satisfaction that they had been provided with the training and were equipped with the knowledge to deliver care and services for consumers. The service required staff to complete a mandatory orientation program, role-based competencies and annual mandatory training. Position descriptions evidence key competencies and skills essential for each role, and staff must have relevant qualifications.

Consumers and representatives were confident that staff were appropriately trained to deliver safe, quality care and services. Management described, and review of the service's mandatory orientation agenda confirmed training topics such as manual handling, the Serious Incident Response Scheme, infection prevention and control, and outbreak management. The service's training matrix evidenced up-to-date mandatory education for staff.

Staff performance reviews were conducted during the probationary period at 2 and 5 monthly intervals from the commencement of employment and then annually in accordance with the service's policy. Staff could recall their most recent performance appraisal within the past year and reflect the experience to help identify areas of improvement in their job function. Performance is monitored through observations of staff practice, competency assessments and review of progress notes.

# 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. | 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

Consumers and representatives said they are engaged in developing, delivering and evaluating care and services in various ways, including consumer meetings, committees, and surveys. Staff described how consumer feedback and suggestions are used to improve care and services, including the meal service and activities schedule.

Various quality, clinical and executive committees and leaders at the service report information to the Board. The Board regularly reviews information relating to clinical and incident data and trends, internal audits and financial performance. Management described how feedback was received about the need for more regular communication during the COVID-19 outbreak, as representatives could not visit. As a result, the organisation established a customer service centre to help with regular communication between the service and the families for daily updates on consumer well-being.

The organisation has effective governance systems relating to information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints.

The organisation has a risk management system, clinical governance framework and relevant policies. Staff demonstrated knowledge of these and described their practical application to their work. The service has an established incident management system and reports incidents, reviewing and analysing incident data at a service and organisational level. The service held regular clinical and clinical governance and quarterly medication advisory committee meetings.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)