**Performance**

**Report**

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| Name: | Ozcare - West Moreton/Booval |
| Commission ID: | 700236 |
| Address: | 2 Joffre Street, BOOVAL, Queensland, 4304 |
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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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 952 Ozcare  
Service: 28311 Ozcare Home Care Packages - Emerald Region  
Service: 28312 Ozcare Home Care Packages - Gladstone Region  
Service: 23038 Ozcare Home Care Packages - West Moreton Region  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7482 Ozcare  
Service: 24568 Ozcare - Care Relationships and Carer Support  
Service: 24569 Ozcare - Community and Home Support

**This performance report**

This performance report for Ozcare - West Moreton/Booval (**the service**) has been prepared by E Woodley, 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 Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives, and others.

# 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** |
| **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** |
| **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

The Quality Standard is assessed as compliant as all Requirements in this Standard have been assessed as compliant.

All consumers and representatives interviewed by the Assessment Team confirmed they are treated with dignity and respect. Consumers and representatives reported that staff are friendly and polite, and services are tailored to suit their personal circumstances and individual preferences. Staff and management spoke about consumers in a way that conveyed respect, demonstrated knowledge of individual consumer’s identity, culture and diversity, and described how they show respect to consumers by taking the time to listen to them and support their preferences. Consumer’s cultural needs and preferences are identified through assessment and planning, and accommodated in their care and services received. The organisation has modified the consumer record management system and documentation to support gender-neutral language and provide options for consumers to identify as they choose.

Consumers and representatives interviewed advised that staff support them to make decisions about their care and services and to maintain their independence. Consumers can nominate who they would like to be involved in assessment and planning and consultations regarding their ongoing care. Consumers said they can speak with staff at any time to request changes to their services and these are acted on promptly. The service respects each consumer’s dignity of risk and works to mitigate potential or identified risk. Where consumer choice involves an element of risk, the risks and consequences are explained to allow the consumer to make an informed decision. Risk assessments are conducted where relevant, and alternatives and options are considered to mitigate or reduce risk. A dignity of risk procedure is in place to guide staff in supporting consumer choice and a risk waiver may be completed in collaboration with the consumer and their representative.

Consumers and representatives confirmed they are provided with information in a way which enables them to make informed choices. Consumers are kept informed through regular conversations with staff, written information and correspondence, and regular newsletters. The service consults with consumers and representatives to determine whether they require additional assistance or supports and provides further information to enable consumer choice.

Consumers and representatives interviewed confirmed that staff respect consumer’s personal privacy when providing care. Consumers are advised of how their personal information will be used and consent is gained prior to sharing of personal information. Staff described the ways they respect the consumer’s personal privacy when delivering care and services, being aware of what each consumer requires in terms of privacy and level of assistance, and this is reflected in the care plan. Staff maintain consumer confidentiality, are aware of their settings and audience when discussing consumer information and do not discuss personal information outside of relevant work environments. The service has processes for staff training on privacy and confidentiality, and to ensure consumer information is kept securely.

# 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

The Quality Standard is assessed as compliant as all Requirements in this Standard have been assessed as compliant.

The service demonstrated effective assessment and planning processes to ensure risks to consumer’s health and well-being are considered to inform safe and effective care and service delivery. The service uses validated risk assessment tools to assess consumer risks and inform further assessment, interventions, and referrals required. The service has processes to support the identification of consumer-centred needs, goals, and preferences in consultation with consumers and relevant representatives. The service advised if a consumer does not have an advance care plan in place and wishes to explore options, they are referred to their general practitioner to discuss putting in place an advance care plan. The service demonstrated processes are in place to ensure care plans are regularly reviewed and continue to meet the consumer’s current needs including when changes are required due to an incident or a change in the consumer’s health condition or personal preference.

The service involves the consumer and, as appropriate their representatives, in the planning of the care and services to meet consumer needs. Consumers and representatives interviewed confirmed the care and services planned and provided meet consumer individual needs and preferences. The service demonstrated they work in partnership with other organisations and care providers, such as medical, clinical, and allied health professionals to support in the assessment and planning of consumer care and services. The service demonstrated outcomes of assessment and planning are effectively communicated to consumers and representatives and documented in consumer care plans to guide staff to effectively deliver care and services. All consumers and representatives interviewed confirmed an assessment was completed upon initial intake with a hard copy care plan signed off and provided to them, and they receive updated care plans in response to changes in their needs.

# 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

The Quality Standard is assessed as compliant as all Requirements in this Standard have been assessed as compliant.

Consumers interviewed by the Assessment Team reported satisfaction with the personal and clinical care they receive. The service demonstrated each consumer receives safe and effective personal and clinical care which is tailored to their needs and optimises their health and well-being. This includes the effective management of high impact and high prevalence risks associated with the care of each consumer. For consumers sampled, safe and effective care was demonstrated regarding wounds, personal care, falls, medication, nutrition, and pain.

The service demonstrated an understanding of the needs, goals and preferences of consumers nearing the end of their life, including strategies to maintain consumer’s dignity and comfort while respecting their cultural preferences. The service has palliative care policies and procedures to inform end of life discussions, encouragement to complete advanced care directives, and a process to support end of life wishes of consumers. The service assists with referrals to the local hospital, hospice, and engagement with the palliative care team for consumers where required.

The service demonstrated that deterioration or change of a consumer’s cognitive, physical function, capacity or condition is recognised and responded to in a timely manner. Systems and processes are available to support staff to recognise and respond to a consumer who deteriorates, and staff interviewed were clear about their roles and responsibilities including identifying and reporting signs of deterioration.

The service demonstrated communication systems assist the workforce to provide and coordinate care which respects consumer choices and ensures safe, effective and consistent care is provided. Care plans are updated regularly, and all staff have access to information pertinent to their role. The service demonstrated they make timely and appropriate referrals to other care and service providers to meet the needs of consumers. For consumers sampled this included referral to occupational therapists and speech pathologists.

The service demonstrated policies and procedures are in place to support the minimisation of infection related risks. This includes policies and procedures to guide antimicrobial stewardship, infection prevention and control, and outbreak management. Staff provided examples of practical ways to minimise the transmission of infections, such as the appropriate use of personal protective equipment and identification of signs that may indicate infection.

# 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

The Quality Standard is assessed as compliant as all Requirements in this Standard have been assessed as compliant.

The service demonstrated consumers get safe and effective services and support for daily living which meet the consumer’s needs, goals, and preferences, and optimises their independence, health, well-being and quality of life. Consumers and representatives interviewed by the Assessment Team provided positive feedback regarding the services and supports for daily living they receive. This included meal and cleaning services, services to promote emotional and psychological well-being, and activities of interest that assist consumers to maintain social relationships and linkages with the wider community. Care planning documentation reviewed confirmed the service identifies and documents what is important to the consumer, including their goals and preferences for daily living. Staff interviewed provided examples where they had supported consumers who were feeling low or required emotional support.

The service has processes in place to ensure information about the consumer’s condition, needs and preferences are communicated within the service, and with others where required. Relevant information about consumer’s needs and preferences for daily living are documented and communicated in care plans available in consumer files. Consumers and representatives interviewed thought staff had a good knowledge about their condition, needs and preferences. The service demonstrated they make timely and appropriate referrals to providers of care and services to support consumer daily living. The service has agreements in place with respite, food, handyman, lawn mowing, and professional cleaning suppliers. The service has policies and procedures that guide staff on referral processes.

The service demonstrated consumers are provided with meals which are varied and of suitable quality and quantity. Consumers receiving delivered meals through their HCP funding said they are satisfied the meals meet their preferences and there was enough variety provided. Review of care planning documentation confirmed consumer dietary needs and preferences are assessed and documented.

The service demonstrated where equipment is provided it is safe, suitable, clean, and well maintained. Consumers and representatives advised they are satisfied equipment purchased is safe and suitable. Consumers and representatives interviewed confirmed prior to any equipment purchased, allied health professionals assess suitability of equipment.

# 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

The Quality Standard is assessed as compliant as all Requirements in this Standard have been assessed as compliant.

Consumers and representatives interviewed by the Assessment Team confirmed they know how to provide feedback and feel comfortable to raise issues with the service. The service provides information to consumers and representatives about how to provide feedback through information packs and regular newsletters. Consumers and representatives are provided with information on how to access advocates to assist in raising concerns, and how to access communication supports and language services. Consumers are informed of their right to contact the Commission to make a complaint should they wish to do so, with written information and current contact details provided. The organisation has brochures on feedback and complaints available in a range of languages for consumers from non-English speaking backgrounds.

The service demonstrated appropriate action is taken in response to complaints, and open disclosure is practiced when things go wrong. An established feedback and complaints handling process supports staff and management in capturing and responding to feedback and complaints. Consumers and representatives confirmed the service responds promptly to any issues raised, provides an honest explanation and action is promptly taken. Feedback and complaints are discussed by staff and management and used to identify improvements to the care and services provided. The service provides regular satisfaction surveys, and results are analysed to identify improvement opportunities. Information on trending and action taken is included in management meetings, used to monitor service performance and to inform improvements on a broader organisational scale.

# 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

The Quality Standard is assessed as compliant as all Requirements in this Standard have been assessed as compliant.

The service demonstrated that the workforce is planned and deployed to support safe and effective care and service delivery. Consumers and representatives interviewed by the Assessment Team were satisfied with the staff availability and consistency and confirmed staff know their needs and preferences. They confirmed they receive the agreed care and services, as planned in consultation with them, and staff are always on time. Consumers advised they are consulted if regular staff are not available unexpectedly and are offered the choice of another staff member or an additional service at a later time. Consumers and representatives confirmed that staff are kind and caring, and respect their individuality and preferences.

The service demonstrated effective processes to ensure the workforce is competent and have the required qualifications and knowledge to perform their roles. Position descriptions set out the primary objective of each role, key accountabilities, qualifications, knowledge, competencies, capabilities, and performance measures staff are required to meet relevant to their role. Staff are recruited, trained and equipped for their role. Prior to commencing care provision to consumers, induction and orientation processes, mandatory training, buddy shifts and competency assessments prepare staff for their role. Staff confirmed they receive ongoing mentoring, training and education, and management are always available to provide support.

The organisation monitors the performance and capabilities of the workforce to ensure service standards are met. Consumer feedback is considered in monitoring workforce performance on an ongoing basis. Where expectations have not been met, this is actioned promptly and additional training and support provided if required. The service conducts regular performance discussions and formal annual appraisals.

# 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

The Quality Standard is assessed as compliant as all Requirements in this Standard have been assessed as compliant.

The Assessment Team found consumers are offered the opportunity to be engaged in service development and evaluation of their services. Consumer and representative feedback confirmed that the service seeks their input into the services they receive and service offerings overall. They are consulted regularly, can make suggestions for improvement, and feel their feedback is taken on board.

The governing body is accountable for the delivery of a culture of safe, inclusive and quality care and services. The governing body remains informed through formal governance, leadership and reporting pathways from the service level through management, in order to satisfy itself the Quality Standards are being met at the service. The Board is supported by committees such as the clinical governance committee and the governance, risk and compliance committee regarding clinical practice and care outcomes. The Board members have defined roles, with relevant professional and/or management experience and regularly assess their skill set and performance.

The service demonstrated effective governance systems are implemented at the service regarding information management, continuous improvement, feedback and complaints, workforce governance, financial governance, and regulatory compliance. The organisation maintains a range of electronic systems and programs to ensure information is managed appropriately. The quality management system includes policies, procedures and supporting documents to guide staff in the delivery of care, which are reviewed regularly including in response to changes or improvements and are accessible to all staff at the service. Information and updates are provided on an ongoing basis through established communication pathways, various meetings and internal systems. The service demonstrated effective continuous improvement systems and processes, including consumer and staff suggestions, feedback and complaints, incidents, audits and self-assessment against the Quality Standards.

The organisation has an established risk management framework with multiple mechanisms for identifying, evaluating and mitigating risks. A range of policies and procedures, along with staff training and education, guide management of consumer risk. The service is supported by an organisational practice governance framework which includes clinical aspects of care including restrictive practices, open disclosure, and antimicrobial stewardship. The clinical governance framework includes monitoring of outcomes for consumers through incidents, complaints and ongoing review of practice. Management work together with the human resources team to provide frontline support for service delivery. Clinical processes include a comprehensive service-level assessment and a range of evidence-based tools which reflect the consumer cohort.

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)