Performance

Report

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| Name: | Ozcare Bakhita Villa Aged Care Facility |
| Commission ID: | 5945 |
| Address: | 169 Seventeen Mile Rocks Road, OXLEY, Queensland, 4075 |
| Activity type: | Site Audit |
| Activity date: | 3 June 2024 to 5 June 2024 |
| Performance report date: | 11 July 2024 |
| Service included in this assessment: | Provider: 952 Ozcare  Service: 3859 Ozcare Bakhita Villa Aged Care Facility |

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 Bakhita Villa Aged Care Facility (**the service**) has been prepared by Katherine Richards, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management, and others.

The provider did not submit a response to the Site Audit report.

# 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

This Quality Standard is compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers and representatives said consumers were treated with dignity and respect, and staff understood their backgrounds and values. Care planning documentation reflected consumer diversity through backgrounds and personal preferences of consumers, captured within life history and cultural assessments. Staff receive mandatory training on diversity, respect, and dignity, with actions guided by supporting policies and procedures.

Consumers and representatives gave examples of delivery of care in a culturally safe manner. Staff described how the cultural needs of consumers influenced care and day-to-day services. Care planning documentation outlined specific cultural needs and preferences for consumers.

Consumers explained how they were supported to make decisions about their care, including who was involved in decision making, and to maintain important relationships. Care planning documentation reflected supports for maintaining relationships and consumer choices. Staff explained consumer independence was supported through encouraging consumers to make choices for themselves.

Staff outlined how they supported consumers wanting to take risks through identifying and discussing the risk and potential strategies and recording them in assessment and planning processes. Consumers said they felt supported to take risks of choice. Care planning documentation detailed the risk and supportive strategies developed through consultation with staff, consumers, and representatives.

Staff described resources to inform consumers and representatives of happenings, including newsletters, posters, and verbal updates, and they adapted communication methods to meet consumer needs. Care planning documentation included outcomes of communication assessments to identify consumer needs. Consumers and representatives said they receive timely information about care, activities, and food choices to support informed decision making, and they can always ask staff if more detail is required.

Consumers reported staff respected their privacy, knocking on doors before entering rooms and ensuring care was provided behind closed doors. Staff detailed measures to secure the personal information of consumers and said they received annual training on privacy and confidentiality. Consumer information was secured on a password protected electronic system, nurses’ stations were locked when not in use, and observed staff interactions with consumers considered the privacy and dignity of each individual.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Staff explained the assessment and planning process, outlining how it was used to consider consumer risks and develop tailored care strategies to inform care. Care planning documentation identified risks along with monitoring requirements and mitigating strategies. Management explained the checklist used for new consumers to ensure assessment and planning tasks were completed in a timely manner to develop the care and services plan.

Consumers and representatives described consultation to understand consumers needs, goals, and preferences, and completed a statement of choice to capture advance care directives and end of life needs. Staff explained how they involved consumers and representatives to understand needs, goals, and preferences, including for end of life care. Care planning documentation clearly identified consumers’ needs, goals, and preferences, and advance care directives were included as an alert.

Consumers considered they, or the people they chose to represent them, were involved in assessment and planning processes. Staff explained how they partnered with consumers and others they wished to involve in their care, and included other providers involved in the provision of care. Care planning documentation reflected input from consumers, representatives, medical officers, allied health staff, and specialist providers.

Staff explained how they explained outcomes of assessment and planning to consumers and representatives, with processes to ensure regular communication occurred. Consumers and representatives verified staff communicated changes in care and services, explaining things as required, and a copy of the care and services plan was offered. Care planning documentation included summary of discussions, including through the annual case conference.

Care planning documentation evidenced the effectiveness of care and services was reviewed regularly and following change or incident. Staff were aware of review processes, with monitoring to identify changes that would trigger assessment for effectiveness of care strategies. Consumers and representatives were aware of both the scheduled review process and reassessments taken following incident or change.

# 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives considered the personal and clinical care provided effectively met consumer needs and preferences and optimised health and well-being. Staff demonstrated awareness of best practice principles in relation to key areas of clinical care, including seeking specialist input where indicated. Care planning documentation included tailored care strategies for consumers, along with monitoring and charting for safety and effectiveness.

Staff outlined high impact or high prevalence risks for consumers and how these were managed, including use of mitigating strategies and monitoring. Care planning documentation reflected risks and complicating factors, strategies to prevent harm and optimise well-being, and included monitoring and review following incident.

Staff described how they recognised consumers nearing end of life, adjusting care to maximise comfort and preserve dignity. Care planning documentation for a late consumer reflected transition and management of end of life care, including monitoring and management of pain and comfort, hygiene care, and emotional support. Policies to inform palliative and end of life care outlined importance of respecting consumer goals, maintaining comfort, and optimising quality of life.

Care planning documentation demonstrated deterioration or change of consumer health was identified and triggered reassessment, monitoring, and ongoing reviews until improvements were observed. Staff described how they recognised deterioration or change in consumer health, with escalation pathways for review or referral. Consumers and representatives said staff were responsive to deterioration of consumer health and communicated planned changes to management due to the changes.

Consumers and representatives said staff and providers involved in consumer care were familiar with information about consumers. Staff explained how information about consumers was shared through documentation in the electronic care management system, verbal handovers and meetings, or message boards. Care planning documentation was easily accessible to staff and included sufficient information to inform staff of consumers’ conditions, needs, and preferences.

Staff explained referral processes for a range of providers and specialists, explaining processes were different dependent upon health provider. Consumers outlined timely involvement of allied health and other providers of care to meet their needs.

Consumers were aware of staff actions to minimise infection risk, such as hand washing and use of personal protective equipment. Staff explained actions to minimise use of antibiotics, including undertaking pathology to confirm the need. Staff practice was supported through policies, procedures, outbreak management plans, and although the Infection prevention and control (IPC) lead had recently left, the Clinical care manager was undertaking necessary studies with interim support from the regional IPC lead.

# 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Staff explained how they used assessment and planning to recognise consumer needs, goals, and preferences. Consumers gave examples of how services and supports were developed to optimise their independence and quality of life.

Consumers and representatives said staff recognised and provided support when consumers felt low, connecting them with counsellors if needed, and spiritual needs were met through religious services and visits. Management described staff actions to respond to low mood of consumers. The monthly activity schedule included daily opportunities to attend spiritual services, with chapel services broadcast to consumer televisions, and time for one to one discussions or religious visits.

Consumers and representatives gave examples of how they were supported to participate in the community, engage in activities of interest, and maintain relationships. Staff were familiar with relationships of importance to consumers, and described additional measures used during infectious outbreak to support these connections. Consumer interests, captured in care planning documentation, were used to develop the lifestyle program including scheduled and personal activities.

Staff explained how information about consumer’s condition, needs, and preferences was communicated to relevant staff, such as dietary needs being shared with kitchen staff through handover. Consumers reported staff were aware of specific needs and preferences including changes.

Care planning documentation included details of referrals made for consumers, such as to volunteers or counsellors. Staff explained referral formal and informal referral processes used to connect consumers with required services and supports, including pastoral care or volunteers. Consumers verified referrals were timely and suitable for their needs.

Overall, consumers and representatives described meals as of suitable variety, quality, and quantity. Management explained actions taken in response to named consumers who were unhappy with meals, with ongoing commitment to address concerns. Staff explained seeking consumer input on provided meals through meetings, feedback mechanisms, or through speaking with consumers during meals, using information to make necessary changes to the menu. The weekly menu was displayed and reflected a variety of options for meals and available alternates, such as sandwiches and salads.

Consumers reported having access to clean equipment to support daily living needs. Staff explained access to sufficient equipment for consumers’ personal needs and interests. Equipment was observed to be 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

This Quality Standard is compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers described the service environment as welcoming and easy to understand through signage. Staff explained how they supported consumers to belong through orientating them and encouraging personalisation of rooms. The environment had sufficient lighting, signage, and handrails to support independent wayfinding.

Consumer and representative feedback reflected they considered the service environment to be safe, clean, and well maintained. Staff explained their responsibilities to ensure the service environment was tidy and well maintained, including following cleaning schedules, infection control processes, and reporting maintenance needs. Consumers were observed moving independently throughout the service environment, including through communal courtyards and gardens.

Consumers verified equipment, furniture, and fittings were regularly cleaned and maintained, and suitable for their needs. Staff described monitoring processes, including safety checks, preventative and reactive maintenance, and environmental audits undertaken. Furniture and equipment were clean and in good condition, and maintenance documentation reflected regular checks for safety.

# 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

This Quality Standard is compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers reported feeling safe and comfortable to provide feedback or make a complaint and were aware of available avenues to raise concerns. Management explained actions to encourage and support consumers offer feedback through bringing it to the attention of staff, management, or the governing body, discussing it in meetings, or using written methods such as feedback forms or electronic systems. Feedback forms and locked boxes were readily available, meeting minutes included feedback as a standing agenda item and included record of discussion of feedback and actions undertaken.

Overall, consumers said they were aware of available services and supports for complaints, and management explained actions taken to support consumers with specific communication needs. Information on available supports, including advocates, was displayed and provided directly within entry processes. Staff were familiar with how to engage advocacy and complaint services.

Most consumers said the service responded appropriately to complaints or concerns. For one consumer expressing dissatisfaction, documentation reflected use of open disclosure management immediately apologised, with investigation, explanation, and outcomes recorded, although level of satisfaction with the outcome varied between the consumer and representative. Staff demonstrated an understanding of the open disclosure process, including included steps taken and when it should be used.

Management explained how they used feedback and complaints to recognise trends and identify potential improvements. Consumers and representatives gave examples of improvements made following offering feedback. Documentation verified feedback and complaints were logged and reviewed to develop actions recorded in the Continuous improvement plan.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Most consumers and representatives expressed confidence there were enough staff to meet consumer needs in a timely manner, and consumers who said more staff would be beneficial could not recall any impact or significant delays to receiving care. Management described how they considered consumer care needs in rostering, with plans to address shortfalls to ensure regulatory staffing requirements are met. Staff said management had contingency plans to ensure shifts were filled or covered to avoid impacting consumers. Monitoring practices to determine if staffing was sufficient for consumer needs included reviewing call bell response times.

Consumers and representatives described staff as kind, caring, and gentle. Management explained staff receive regular education on respectful interactions, with documented expectations outlined in policies reflecting the organisational values. Staff interactions with consumers were observed to be kind and respectful whilst demonstrating familiarity with the consumer.

Management described use of education, assessment, and monitoring to ensure staff competency. Consideration of competency and capability is included in recruitment and orientation programs and outlined within position descriptions. Staff said they received sufficient training to ensure the provision of best practice care. Documentation verified the service monitored staff compliance with professional registration and legislative requirements, such as police checks.

Consumers and representatives provided positive feedback on staff training and knowledge, and said management was receptive to feedback on areas for additional training. Staff described mandatory and supplementary training to ensure they understood and could meet outcomes required by the Quality Standards. Management detailed processes to monitor staff compliance with completion and actions taken where training was overdue.

Staff described the formal performance appraisal process, describing feedback as helpful and supporting areas for development. Management described formal and informal monitoring of staff performance, including use of observations and feedback. Documented outcomes of review included consideration of key competencies, improvement opportunities, and personal goals, and outcomes were used to support continuous development.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives explained opportunities to be involved in development and evaluation of care and services, including through meetings, feedback mechanisms, and surveys. Management added the organisation also has a consumer advisory body, with meeting minutes demonstrating this was used to provide information to the governing body on consumer experience and proposed improvements.

Management described the structure of the governing body, including the range of specialist committees responsible for reporting to the Board. Systems for monitoring service performance, included reporting of compliance, audit outcomes, and consumer feedback, which were benchmarked and compared with other services within the organisation to enable the governing body to identify and focus on risks. Management explained reciprocal communication channels between the service, subcommittees, and Board outlining recent initiatives driven by the governing body.

Organisation wide governance systems for key areas were reflected in staff feedback, documentation including policies and procedures, and observations. Financial governance included the organisation establishing budgets, with the service preparing monthly expense reports for monitoring, and processes for approval for purchases to improve consumer care and services. The organisation’s legislative compliance department monitored and reported changes to the relevant executive, with established accountability for making modifications and communicating outcomes.

Risk management systems and practices included policies, procedures, and monitoring practices, including auditing. Identified high impact and high prevalence risks were reported to regional management and the governing body. Staff were educated on their responsibilities to identify and report elder abuse. The incident management system was electronic, enabling oversight of critical incidents by organisational management and the governing body, and staff were aware of obligations to report incidents. Consumers were supported to live their best lives through use of assessment and planning systems to understand and meet needs, including for risks of choice.

The clinical governance framework included policies, procedures, and monitoring processes to ensure effective provision of clinical care. Antimicrobial stewardship was informed by policies and procedures, monitoring and tracking of infections, and oversight of medication use by the Medication advisory committee. Practices to ensure restraint was used as a last resort included regular review of use, and monitoring through quality indicators, incident data and the restrictive practice register. Staff were familiar with policies and procedures, including responsibilities outlined within them, and described how they were applied in line with best practice.

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)