Performance

Report

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| Name: | Ozcare Keith Turnbull Place |
| Commission ID: | 5103 |
| Address: | 52 Imperial Parade, LABRADOR, Queensland, 4215 |
| Activity type: | Site Audit |
| Activity date: | 5 September 2023 to 7 September 2023 |
| Performance report date: | 27 October 2023 |
| Service included in this assessment: | Provider: 952 Ozcare  Service: 3460 Ozcare Keith Turnbull Place |

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 Keith Turnbull Place (**the service**) has been prepared by J. Howard, 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 conducted from 5 September 2023 to 7 September 2023. The report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* Other relevant information on the service and Approved Provider held by the Commission.

# 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 | | Compliant |
| 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

Most consumers and representatives said staff treated them with dignity and respect and made them feel valued as individuals. Staff spoke about consumers in a respectful manner and showed they were familiar with consumers’ backgrounds, diversity and preferences. Care plans contained information specific to consumers’ backgrounds, diversity and culture. Staff were observed interacting with consumers respectfully and reflecting the service's diversity and inclusion policy.

Management described how the service provided culturally safe care and services. Consumers and representatives said the service recognised and respected each consumer’s cultural background and provided care that was consistent with their cultural traditions and preferences. Staff explained how they ensured each consumer received care and services in line with their care planning documentation.

Consumers and representatives said they were supported to exercise choice and independence when making decisions about their care, choosing who else to involve in their care, and maintaining the relationships they chose. Staff described how each consumer was supported to be independent, make informed choices about their care and services, and to maintain relationships of choice. Care planning documents confirmed consumer’s individual choices around how care was delivered, who was involved in their care, and how to support their important relationships.

Consumers described how the service supported them to understand and take risks, to live the lives they chose. Management and staff were aware of risks chosen by individual consumers, and described strategies they put in place to minimise the risks and still enable consumers to live the way they chose. Care planning documents showed risk assessments were conducted in consultation with consumers, prior to commencing the activity.

Management explained how the service provided consumers and representatives with clear, current, easy to understand information about their care and services, to enable them to make informed choices. Consumers and representatives confirmed they were kept informed through verbal and written information so they could make informed choices. Staff described how they provided information to consumers with sensory impairments in a manner they understood and assisted them to make choices.

Consumers felt the service respected their privacy and kept their personal information confidential. Staff and management described practical ways they respected consumers’ privacy such as always knocking on doors and getting permission before entering and password protecting all records on computers. The service had an information privacy policy which described the appropriate handling, holding, accessing and correction of personal information.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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 they received the care they required, and described how they were involved in the initial and ongoing assessment and planning of their care and services. Staff detailed the assessment and care planning process, including how risks to each consumer were considered, and how the process informed the delivery of safe and effective care and services. Care planning documents confirmed risks to each consumer’s health and well-being were considered and mitigation strategies identified.

Management explained how assessment and care planning identified each consumer’s current needs, goals, and preferences, and their advance care and end-of-life plans, if they wished. Consumers and representatives described how their needs, goals and preferences were captured during the assessment and care planning process. Staff described how the service ensured assessment and planning reflected each consumer’s current preferences and how they approached conversations around advance care and end of life care planning.

Consumers and representatives said they were closely involved in the assessment and planning of their care and services, to ensure their needs were being met. Staff explained how assessment and planning of care was done in partnership with consumers, and others they wished to involve in their care planning. Care planning documents evidenced regular reviews in line with the service’s policies and included input from a range of external providers such as medical officers, physiotherapists, dietitians, and speech therapists.

Consumers and representatives described how outcomes of assessment and planning were communicated to them, and how they were offered a copy of the consumer’s care plan. Management described how they effectively communicated outcomes of assessment and planning to consumers and their representatives. Staff described how they documented care plans and kept consumers and representatives informed through face-to-face conversations, telephone calls and emails.

Consumers’ care plans evidenced regular 6-monthly reviews, and reviews when circumstances changed, or when incidents impacted on the needs, goals, or preferences of the consumer. Consumers and representatives confirmed their care and services were reviewed regularly, and when there was a change in circumstances. Management and staff explained the process for the scheduled review of care plans, and reviews when circumstances changed.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 said they received safe and effective personal and clinical care that met their needs and optimised their health and well-being. Management and staff were knowledgeable about best practice and care documents reflected individualised care that was safe, effective, and tailored to the specific needs and preferences of each consumer. The service had policies, procedures, and tools to support staff in the delivery of safe and effective personal and clinical care.

Consumers and representatives expressed satisfaction with the way risks to consumers’ health were managed by the service. Management and staff described the high-impact, high-prevalence risks identified at the service and the mitigation measures in place. The service had policies and procedures in place to support staff in managing high-impact and high-prevalence risks to consumers.

Consumers and representatives confirmed the service had end of life planning conversations with them, and they were satisfied with how the service provided care to consumers nearing the end of life. Management described how the needs, goals, and preferences of consumers nearing the end of life were supported, their comfort maximised, and their dignity preserved. Consumers’ care plans included advance care plans and confirmed discussions with representatives regarding palliative care, where appropriate.

Consumers and representatives said the service was responsive to their changing care needs and would inform them of any change to their health status, along with planned management strategies. Staff described how deterioration or change in consumers’ condition was recognised, responded to, and managed in partnership with medical officers and relevant specialists. Care planning documents demonstrated that a deterioration or change in a consumer’s condition was recognised and responded to in a timely manner.

Consumers and representatives said information about consumers’ condition, needs and preferences was communicated effectively to them, between staff and to external providers involved in their care. Staff described how information about consumer’s condition, needs and preferences was documented in care plans and effectively communicated with all those involved in the care of the consumer. Care planning documents provided adequate information to support the provision of safe and effective care and services.

Consumers and representatives said they had access to a range of other organisations and health professionals and referrals to these services were timely and appropriate. Management and clinical staff described how consumers were promptly referred to other organisations and providers of care and services to ensure quality outcomes for each consumer. Care planning documents evidenced timely referrals to other health professionals and providers of care and services.

Consumers and representatives said staff always observed good hygiene and they were confident in the service’s infection control procedures. Staff were knowledgeable about infection prevention and control measures and the need to minimise the use of antibiotics. The service had an infection prevention and control lead and had implemented policies and procedures to guide staff in relation to antimicrobial stewardship and infection prevention and control, including for managing COVID-19 outbreaks. Records showed infection-related risks were adequately managed, and best practice was followed in relation to prescribing antibiotics.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 described how the service provided supports for daily living that met their needs, goals, and preferences, and maximised their independence and quality of life. Management and staff explained how they partnered with consumers to conduct a lifestyle assessment to understand their needs, goals and preferences for daily living. Staff knew individual consumer’s needs and preferences for daily living, and this aligned with the information in their care plan.

Consumers and representatives said staff supported them when they were feeling low, and described ways the service promoted their emotional, spiritual and psychological well-being. Care planning documentation included information on consumers' emotional, social and psychological needs. Staff advised how consumers’ emotional, social and psychological needs were supported by facilitating important social and spiritual connections.

Consumers and representatives said consumers were supported to participate in activities inside and outside the service, keep in touch with people who were important to them, and do things of interest. Staff gave examples of how different consumers were participating in the community, within and outside the service. Lifestyle information in consumers’ care planning documents aligned with the responses provided by consumers, representatives and staff.

Consumers and representatives said information about consumers’ condition, needs, and preferences was communicated effectively within the service, and to others involved in providing care and services. Staff said they documented any changes in consumers’ care needs in the electronic care management system and communicated changes to other staff at shift handovers. Care planning documents contained sufficient information to support the provision of safe and effective services and supports for daily living.

Consumers and representatives said they could access the support of other organisations and individuals providing care and services, when they wished. Management and staff described a range of services such as community services, musicians and performers, religious services and volunteers that were engaged by the service to broaden the lifestyle services and supports delivered to consumers. Care planning documents confirmed consumers were referred to appropriate other providers of services and staff could identify specific consumers who utilised these services.

Consumers and representatives expressed overall satisfaction with the quality, quantity and variety of meals provided, and said feedback they provided about the food was acted upon. Staff described how they ensured consumers’ dietary needs and preferences were identified and catered to, and they arranged alternative meals, if the consumer wished. Catering staff had feedback mechanisms such as a food focus groups so consumers could provide regular feedback on the menus and the performance of the kitchen. Care planning documents captured the dietary needs and preferences of consumers. Meal service in all dining areas appeared well organised and timely, with staff providing assistance to consumers who required it.

Consumers reported having access to safe, clean and suitable equipment to support their mobility and daily living activities. Staff described how equipment was kept safe, clean and well maintained. The equipment observed throughout the service was safe, suitable, clean and well maintained.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 environment was welcoming, easy to understand, and made them feel at home. Consumers said they could personalise the environment which helped create a sense of belonging and independence. Management described aspects of the service that helped consumers feel welcome and optimised their sense of belonging and ease of navigation. The service environment appeared to be welcoming, with dementia-friendly design features, sufficient lighting, handrails and clear signage throughout. Consumers’ rooms were decorated with personal effects and corridors and communal areas were free from hazards.

Consumers and representatives considered the service environment to be safe, clean, and well-maintained, and they could move around freely, as they wished. Staff described how the service environment was cleaned and maintained in accordance with a cleaning schedule. The service environment was observed to be safe, clean, and well-maintained, and consumers were able to move freely, both indoors and outdoors.

Consumers and representatives confirmed the equipment, fittings and furniture were cleaned and maintained regularly. Staff described their roles and the processes in place for cleaning and maintaining the service’s equipment, furniture, and fittings. The furniture, fittings and equipment throughout the service appeared to be clean, safe and well maintained.

# Standard 6

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| Feedback and complaints | | Compliant |
| 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 described various ways they felt comfortable providing feedback or making complaints, including by verbally advising management or staff, attending monthly consumer meetings or by completing the feedback forms in the reception area. Management and staff explained the processes in place to encourage and support consumers and representatives to provide feedback and make complaints. The service had written policies and procedures in place to ensure consumers and representatives were comfortable providing feedback and complaints though the various avenues available. Posters and brochures about providing feedback and complaints were displayed around the service.

Most consumers and representative were aware of external complaint mechanisms, advocacy and language services that were available to them. Some consumers and representatives said they did not need to know about these, as they would rather raise any issues with management directly. Management said advocacy services were promoted to consumers through brochures, the resident handbook, and consumer meetings. Staff described how they assisted consumers with communication or cognitive impairments to provide feedback or make complaints.

Consumers and representatives who had made a complaint were satisfied with the actions taken by the service in response and confirmed the service had practiced open disclosure. Management and staff understood open disclosure, and explained how they would acknowledge the complaint, apologise to those impacted and keep them informed throughout the investigation and resolution process. The service’s written feedback and complaints policy guided staff in managing complaints and the use of open disclosure.

Management and staff confirmed consumer feedback and complaints informed the continuous improvement plan and identified actions to improve the care and services provided. Management and staff described the main areas of complaints at the service and detailed the improvement actions, either taken, or proposed. Records showed the service had an effective system for recording, reviewing, and monitoring feedback and complaints, and initiating improvement actions.

# Standard 7

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| Human resources | | Compliant |
| 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

Most consumers and representatives expressed satisfaction with the staffing levels and the care provided. Some consumers and representatives felt there could be more staff; however, they did not identify any negative impacts to the care provided. Management described the rostering system and demonstrated the number and mix of staff was adequate to provide safe and quality care. Call bell records showed the average response time was 2 minutes and any response times over 5 minutes were investigated.

Consumers and representatives said staff were kind, caring, respectful and gentle. Staff were always observed greeting consumers by their preferred names and showed they were familiar with each consumer’s needs and identity. The service’s diversity and inclusion policy, and Code of Conduct set out the service’s commitment to treating all consumers with dignity and respect.

Consumers and representatives said staff were competent and knew what they were doing. Management described how they ensured the workforce was qualified and competent to perform their roles. Position descriptions detailed the required qualifications, personal and job competencies, and key responsibilities for each position. Staff said they were provided with orientation, competency training and supported with buddy shifts when they commenced.

Consumers and representatives said staff were competent and well trained and they could not identify any areas where staff needed more training. Management and staff described the mandatory training and competencies staff must complete during their orientation and then annually thereafter. Staff said felt well supported by management and described the ongoing training they received, both online and face to face. Training completion was tracked on the electronic system which showed 10% of mandatory training was overdue however, this was being addressed.

Management described how the performance of staff was monitored through formal performance appraisals and informal monitoring and review. Management said feedback on underperformance was addressed at the time of conduct. Staff confirmed their performance was regularly reviewed and they set development goals. The service had a suite of written policies and procedures that set out the expected behaviour and performance of staff.

# Standard 8

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| Organisational governance | | Compliant |
| 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 the service is well run and they were engaged in the development, delivery and evaluation of care and services through various mechanisms including regular meetings, committees, verbal discussions, feedback processes and surveys. Management and staff explained how they encouraged consumer engagement and gave examples of how consumers’ suggestions had resulted in improvements at the service. Meeting minutes confirmed that consumers and representatives were supported to be actively engaged in the development, delivery and evaluation of care and services.

Consumers and representatives felt safe in the service and said the organisations’ culture included them. Management described how the organisation’s Board promoted a culture of safe, inclusive and quality care and services and was accountable for their delivery. Management described how the Board and the clinical governance team took responsibility for ensuring safe and quality care was delivered, and the Quality Standards were met.

Management demonstrated the service had effective governance systems in place covering information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. Staff were trained and aware of the policies and procedures underpinned by these governance systems. Records showed the Board actively satisfied itself the Quality Standards were being met through effective oversight of the governance arrangements.

Management and staff described effective risk management systems in place for managing high impact or high prevalence risks to consumers, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can, and managing and preventing incidents. The service had a documented risk management framework and associated policies which set out how risks were identified, assessed, evaluated, treated and monitored. Staff could explain how they applied risk management principles in their work.

The organisation had a clinical governance framework in place which included policies, procedures and staff training across clinical areas including antimicrobial stewardship, restrictive practices, and open disclosure. Management and staff could describe the relevant training provided and the practical application of these policies.

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-1)