Performance

Report

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| Name: | Ozcare Mackay |
| Commission ID: | 5767 |
| Address: | 15 Charlotte Street, West Mackay, Queensland, 4740 |
| Activity type: | Site Audit |
| Activity date: | 15 January 2024 to 17 January 2024 |
| Performance report date: | 9 February 2024 |
| Service included in this assessment: | Provider: 952 Ozcare  Service: 23596 Ozcare Mackay |

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 Mackay (**the service**) has been prepared by Denise McDonald, 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 staff, consumers/representatives and others.
* other information 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 | |  |
| 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 assessed as Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers said staff treated them with dignity and respect and were aware of their unique identities and preferences. Staff described how they treated consumers with dignity and respect and said consumers’ backgrounds influenced care delivery. Care documentation included information about consumers’ backgrounds and personal preferences, such as meals which maintained their connection to culture.

Consumers and representatives said care and services were culturally safe and staff were aware of consumers’ cultural needs and preferences. Staff were aware of culturally diverse consumers and explained how their cultures influenced care delivery. Care documentation included information about consumers’ culture, values, diversity and language needs.

Consumers and representatives said consumers were supported to exercise independence and staff respected their choices. Staff described how consumers were supported to maintain relationships and make their own choices, including at mealtimes. Care documentation included information about consumers’ care delivery choices and how they wanted to make connections with others.

Consumers and representatives said consumers were supported to take risks, such as leaving the service independently. Staff were aware of risks taken by consumers and explained how dignity of risk assessments assisted consumers to make informed choices. Care documentation included risk assessments and evidence of discussions prior to consumers continuing their chosen activity.

Consumers described how they received information which enabled them to make choices, such as from the menu and activities calendar. Staff described how information was provided to consumers in line with their preferences, such as verbally and through flyers. Noticeboards displayed menus, activities schedules, complaints processes and advocacy support for consumers.

Consumers said their privacy and dignity was respected and had no concerns about the confidentiality of their personal information. Staff said they respected consumers’ privacy by closing their room door when providing care and not discussing information in front of others. Consumers’ personal information was kept in locked nurses’ stations and stored on a password-protected electronic care management system (ECMS).

# 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 assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers described their involvement in the assessment and planning of their care and said their care was well planned. Staff described the care planning process and how risks were considered so consumers received safe and effective care. Care documentation showed risks to consumers’ health and well-being were identified and mitigation strategies put in place.

Consumers and representatives said assessment and planning included discussions on advance care planning and confirmed completing a Statement of Choice. Staff explained how assessment and planning identified consumers’ current needs and preferences, including for end of life. Care documentation included consumers’ current needs and preferences, including their end of life wishes.

Consumers and representatives said they and others were involved in the assessment, planning and review of consumer’s care. Staff described, and care documentation evidenced, a partnership approach to assessment and planning with consumers, representatives, medical officers and allied health professionals involved in consumer assessment and care plan development.

Consumers and representatives said the outcomes of assessment and planning were shared with them and they were offered a copy of the consumer’s care plan. Staff said assessment outcomes were communicated to consumers and representatives via telephone calls, emails and during case conferences. Care documentation reflected assessment outcomes and was readily available through the ECMS.

Consumers and representatives said consumers’ care and services were reviewed regularly and where reassessed following an incident to determine if their needs had changed. Staff said consumers’ needs were reassessed biannually or when circumstances changed, with input from allied health professionals when required. Care documentation evidenced regular and responsive review of care plans occurred.

# 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

The service was previously found non-compliant with the Quality Standards, during an Assessment Contact on 27 June 2023 (the Assessment Contact), with Requirement 3(3)(b), as it was not monitoring consumers following a fall and some consumers were not receiving time sensitive medications on time.

The Site Audit between 15 and 17 January 2024 (the Site Audit) found remedial actions had been introduced including a new falls response framework with clear steps to be taken by clinical staff, weekly education in falls management, investigation of medication incidents and implementing corrective actions to prevent reoccurrence. Care documentation showed consumers were appropriately monitored following a fall. Consumers who took time-sensitive medications said they received these in line with medical directives.

During the Site Audit consumers and representatives gave positive feedback about how risks associated with consumers’ care were managed. Staff described strategies used to manage risks like falls, such as monthly clinical data trending and applying safeguard measures in response. Care documentation showed risks to consumers were being managed and individual strategies were in place to minimise those risks.

I am satisfied high-impact and high-prevalence risks to consumers were being effectively managed through clinical monitoring and implementing mitigation strategies for consumers, particularly for those at risk of falls.

Therefore, I find Requirement 3(3)(b) is compliant.

In relation to the remaining 6 requirements of this Quality Standard, I find them compliant as:

Consumers said they received safe personal and clinical care which met their needs and optimised their well-being. Staff explained how best practice principles were followed when managing restrictive practices, skin integrity and pain so consumers received safe and effective care. Care documentation showed consumers’ clinical care was individualised and their specific needs were being met.

Consumer representatives said consumers’ end of life needs, goals and preferences were recognised and measures were in place so consumers were kept comfortable and their dignity was preserved. Staff explained how care was delivered for consumers on an end of life pathway, such as pain management, regular repositioning and providing spiritual services. Care documentation showed consumers were kept comfortable with their needs and preferences met during end of life.

Consumers and representatives said the service was responsive to consumers’ needs and kept them informed of changes in their health, along with the strategies to manage those changes. Staff gave practical examples of recognising changes in consumers’ health, escalating their concerns, and taking action when deterioration was detected. Care documentation showed deterioration or changes in consumers’ conditions were identified and responses were timely.

Consumers said information about their needs and conditions was effectively shared amongst staff and others involved in their care. Staff said information was shared during shift handovers and by accessing consumers’ care requirements in the ECMS. Care documentation showed information was accessible, comprehensive and facilitated sharing between those responsible for care delivery.

Consumers and representatives said referrals to other providers of care were timely, appropriate, occurred as required. Staff described how referrals were made to other organisations and providers of care. Care documentation showed timely referrals were made to medical officers, specialists and allied health professionals.

Consumers and representatives said staff consistently practiced hand hygiene and used of personal protective equipment. Staff understood precautions they could take to prevent and control infections and minimise the needs for antibiotics. Staff were guided by policies and procedures in antimicrobial stewardship and infection control management, including the management of a COVID-19 outbreak.

# 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 assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives gave positive feedback about activities offered and said consumers were supported to participate in activities by staff familiar with their preferences. Staff said consumers’ activities of interest were documented during entry and the activities schedule was tailored to their needs. Care documentation included information about consumers’ needs, preferences and what was important to them.

Consumers and representatives said consumers’ emotional, spiritual and psychological needs and preferences were supported by staff familiar with their needs. Staff said there were 2 mental health nurses onsite who supported consumers through the service’s Connect to Wellbeing program. Care documentation included information about consumers’ emotional, spiritual and psychological needs, such as attending church services in the community.

Consumers and representatives said consumers were supported to participate in their community, stay in touch with people of importance and do things of interest to them. Staff said they assisted consumers to maintain contact with their loved ones by coordinating video calls and bus trips for shopping, concerts, church services and eating out, facilitated community participation. Consumers were observed spending time with family and friends and participating in shared activities, such as bingo and watching movies.

Consumers and representatives said information about their daily living needs and preferences was shared within the service and with others involved in their care. Staff said updates on consumers’ conditions and changed needs and preferences were shared during shift handovers and documented in care documentation. Consumers’ care documentation included information to support the delivery of care, such as dietary preferences to be met.

Consumers and representatives said referrals to individuals and other organisations were timely and aligned with consumers’ needs. Staff said community groups and volunteer services were engaged to improve the daily services and supports available to consumers, such as pastoral care visits, bus trips and craft workshops. Care documentation showed consumers were appropriately referred to other organisations and specialist health services.

Most consumers and representatives gave positive feedback regarding meals, however, some consumers said they received meals they did not order and at times, meal service was delayed. Staff were familiar with consumers’ needs and said the menu was developed with their input. Care documentation included information about consumers’ dietary needs, allergies, preferred meal size and likes and dislikes.

Consumers said they had access to equipment such as mobility aids and had no concerns about cleanliness or maintenance of the equipment. Staff said equipment used when providing personal care was sanitised before and after each use. Mobility aids and lifestyle equipment were observed to be suitable for consumers’ use, clean and in good condition.

# 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 assessed as Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers and representatives said the service environment was welcoming, easy to understand and consumers felt at home. Staff said consumers personalised their rooms and the service layout encouraged independent mobility as well as socialising in common areas, dining rooms, courtyards and gardens. The service environment was clean and had a dementia-friendly design which was well-lit, had navigational aids and hallways were wide and unobstructed.

Consumers and representatives said the service was clean, gave positive feedback about comfortability of the service and consumers moved freely both indoors and outdoors. Staff said the service was cleaned and maintained in line with schedules that comprised indoor and outdoor areas. Consumers moved freely around the service whilst courtyards, gardens and walking paths were clean and well maintained.

Consumers said equipment they used was regularly cleaned and maintained. Staff described their responsibilities for cleaning and maintaining personal equipment, furniture and fittings to ensure suitability for consumers’ use. Consumers’ mobility aids, furniture in communal areas and equipment was clean and in good condition.

# 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 assessed as Compliant as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives said they were comfortable providing feedback and complaints and explained the avenues available to them. Staff said consumers and representatives could provide feedback and make complaints via a feedback form, at monthly meetings, by email or by speaking with staff. Noticeboards, posters and pamphlets promoted information about how consumers could provide feedback or make a complaint.

Consumers and representatives were aware of how to access advocates, language services and external avenues for raising and resolving complaints. Staff understood how to access advocacy and interpreter services and described how they supported consumers with communication difficulties to provide feedback or make complaints. Posters, pamphlets and newsletters promoted access to the Commission and external advocacy services.

Consumers and representatives gave positive feedback about how their concerns or complaints had been resolved and said an apology was made when things went wrong. Staff explained the service’s complaints process and understood the principles of open disclosure. Complaints documentation showed action was taken in response by making an apology, concerns were acknowledged, transparency was applied and issues resolved with the complainant’s involvement.

Consumers and representatives gave positive feedback about the complaints process and said their feedback was used to improve the quality of care and services. Staff said a trend in complaints about food service times was identified and in response new, clarified signage was placed near dining areas to provide certainty for consumers. Staff were guided by a feedback and engagement policy which promoted continuous improvement in response to feedback and complaints.

# 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 assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives gave positive feedback about staffing levels and said their needs were promptly met. Management explained the roster was planned according to consumers’ clinical care needs and adjusted to match staff skills with those needs. Rostering documentation evidenced mechanisms were in place to fill unplanned leave.

Consumers said staff were kind, caring, respectful and acknowledged their cultures. Staff understood consumers’ individual identities and spoke about them with respect. Staff were observed being respectful to consumers and provided one-on-one support during activities by gently encouraging participation.

Consumers and representatives said staff were competent and performed their roles effectively. Management described how onboarding processes ensured staff had the required qualifications and how they assess staff competency. Position descriptions included the qualifications and core competencies required for each role, with registrations, security checks and competencies monitored for currency.

Consumers and representatives said staff had the knowledge to provide the care they required. Staff said they completed mandatory training in management and response to serious incidents. Education records evidenced staff had completed training in manual handling, clinical and personal care, the Aged Care Code of Conduct, infection control, restrictive practice and the Quality Standards.

Management said staff performance was monitored informally and formally. Staff said management were supportive during performance reviews and development opportunities were provided. Documentation showed high rates of completion for staff appraisals and staff were offered training and opportunities for improvement.

# 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

The Quality Standard is assessed as Compliant as 5 of the 5 specific requirements were assessed as Compliant.

Consumers and representatives gave positive feedback about how the service was managed and said they had input to how the service operated. Management said consumers and representatives had input to the service via meetings, surveys, internal audits, during care evaluation processes and a consumer advisory board. Consumer meeting minutes showed they participated in discussions about cleaning and laundry services, food services, lifestyle activities and infection control.

The organisation’s board of directors (the board) were accountable for service outcomes and satisfied themselves the Quality Standards were being met through monthly reporting on clinical indicators and incidents, internal audit results, benchmarking with other services in the organisation and regular evaluation of the continuous improvement plan. Management explained the organisation’s governance structure and said it supported the delivery of quality care and services. Documentation showed the board was informed and held accountable for outcomes at the service.

The organisation had effective governance systems which supported information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. Management said the governance systems enabled them to provide effective care and services. Governance was underpinned by policies, processes and systems to support compliance with the Quality Standards.

The organisation had effective risk management systems and practices related to managing high-impact or high-prevalence risks to consumers, identifying and responding to abuse and neglect, supporting consumers to live their best lives and managing and preventing incidents. Staff understood risks to consumers such as falls and medication management and explained how these were managed. Staff were guided by polices and processes in risk management which included incident reporting through the SIRS.

The clinical governance framework promoted antimicrobial stewardship, the minimisation of restraint and the use of open disclosure. Management and staff were trained in antimicrobial stewardship, restrictive practices and open disclosure and able to describe how these were applied in care delivery. Documentation showed antimicrobial stewardship was practised, restrictive practices were used as a last resort and open disclosure was used when things went wrong.

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)