Performance

Report

**1800 951 822**

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| Name of service: | Ozcare Magdalene Villa Aged Care Facility |
| Service address: | 9 Stone River Road Trebonne QLD 4850 |
| Commission ID: | 5861 |
| Approved provider: | Ozcare |
| Activity type: | Assessment Contact - Site |
| Activity date: | 18 July 2023 |
| Performance report date: | 09 August 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Ozcare Magdalene Villa Aged Care Facility (**the service**) has been prepared by S Turner, 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 Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives, and others

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |

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 |

Findings

Consumers and representatives said staff were respectful, knew consumers’ preferences and choices and provided consumers’ cares with dignity. They described staff as ‘lovely’ and said they treated consumers well.

Information about the consumers including their history and heritage was stored on the electronic care management system and there were resources available to support staff when interacting with consumers from culturally and linguistically diverse backgrounds.

Staff could describe how they provided care in a manner that was respectful and dignified and were observed doing so. Staff were friendly towards consumers, closed doors when delivering care and could describe the actions they would take if they saw their colleagues being disrespectful.

# 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)(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 |

Findings

Consumers said they received safe and effective personal and clinical care and spoke highly of staff. They provided feedback that registered nurses monitored care delivery, that medical officers were involved in their care and that staff knew what they were doing.

Care documentation was sufficiently detailed to guide care delivery and demonstrated that regular assessments occurred and that care delivery including for consumers with specialised nursing care needs was individualised, safe and based on best practice. Where high impact, high prevalence risks were associated with the care of the consumer, risk mitigation strategies were detailed. There was evidence of engagement with medical officers, allied health specialists and other health care providers such as dementia advisory bodies.

Staff had a sound understanding of consumers’ care needs and said they accessed the consumers’ care documentation and received information about consumers’ care during handover. Staff said they reported changes in consumers’ health to a registered nurse.

Staff recognised and responded to changes in a consumer’s condition and this was evident in care documentation. Registered staff said if a consumer deteriorated, they assessed them, engaged in a discussion with the consumer and/or their representative, contacted the medical officer or allied health professionals and transferred the consumer to hospital if necessary. Consumers and representatives confirmed they were involved in discussions with registered nurses about care options.

A psychotropic drug register was maintained and included information about chemical restraint. For consumers who had chemical restraint there were behaviour support plans in place and consent processes had been completed.

High impact and high prevalence risks were managed and included referral to other health professionals where appropriate. Registered staff said strategies to mitigate risks were implemented and reviewed by the clinical team and that clinical incidents were analysed with quality indicator data discussed during staff meetings and reported to management. Staff described the main risks to consumers including falls, infections and skin tears and had an understanding of risk mitigation strategies. Consumers said staff informed them of potential risks associated with their care and provided them with support to keep them safe.

# 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 |

Findings

Consumers and representatives said staff attended promptly when the call bell was used and while there were occasions when they felt the service was short staffed, they said their care had not been compromised. Consumers reported that they were not rushed and that staff took their time to make sure the consumer is safe.

Care staff and registered staff said that they can feel rushed at times and this was evident when they did not have a full complement of staff. However, they did not feel that consumers missed out on any care. Management described the process for filling shifts and said that call bell response times were monitored, investigated if a delay was identified with results discussed at staff meetings for improvement planning. Staff were observed responding and attending to consumers in a timely manner.

The service was involved in ongoing recruitment of staff and new staff were due to commence work in the near future. Management staff explained they had received funding to increase staffing in the memory support unit and that a new staff member would be commencing in the role.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)