Performance

Report

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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: | Site Audit |
| Activity date: | 19 September 2022 to 21 September 2022 |
| Performance report date: | 27 October 2022 |

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 K. Spurrell, 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; 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 and intelligence held by the Commission in relation to the service.

# 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

Consumers said staff treat them with respect and felt their individual identity, diversity and dignity was valued. Staff are provided cultural diversity training and guided by policies, procedures and guidelines with an inclusive and consumer-centred approach to care and service delivery.

Consumers and representatives confirmed the service recognises and respects consumers’ cultural backgrounds and provides care that is consistent with their cultural traditions and preferences. Consumers expressed that they were supported to make decisions about their own care, the way care and services are delivered and when other people are involved in their care. The service demonstrated that consumers are supported to make connections and maintain relationships of choice.

Consumers said they are supported to take risks to enable them to live the best life they can and confirmed staff assist them to understand risks and discuss risk mitigation strategies with them. Care planning documentation evidenced examples of consumers being supported to take risks and appropriate risks assessments being completed.

Consumers and representatives reported that they receive information that is current, accurate and timely, which is communicated clearly and enables them to exercise choice. Staff described how they effectively provide consumers of diverse cognitive function with information in an accessible way which enables them to understand.

Consumers said the service protects their privacy and confidentiality and ensure they are afforded space when friends and family visit. Care planning documentation contained consumers’ preferences relating to privacy and the Assessment Team observed staff maintaining consumers’ privacy and confidentiality during the site audit.

# 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

Consumers confirmed their involvement and consultation in the care planning and assessment process, which includes consideration of potential risks relating to consumers’ diagnoses and their preferred activities. Care planning documentation demonstrated comprehensive assessment and planning and consideration of risks inform the delivery of safe and effective care and services.

Consumer care planning documentation demonstrated assessment and planning identifies and addresses consumers’ individual needs, preferences and goals or strategies, including advanced care planning. Consumers confirmed they are supported with advanced care planning and the service is made aware of their end of life wishes.

A review of care planning documentation confirmed an integrated and coordinated assessment and planning process which involves consumers, representatives, and external service providers. Care planning documentations reflect assessments occur on entry to the service, in accordance with scheduled reviews and where consumers’ care needs change.

Consumers and representatives said that the service regularly communicates with them about care and services and changes in condition or needs, goals or preferences. Consumers and representatives confirmed that care planning documentation is made readily available to them.

# 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

Consumers confirmed they receive personal and clinical care that is safe, effective and tailored to their individual needs and preferences. The service has policies, procedures, and systems to drive safe and effective care. Staff described how they are trained and supported to deliver personal and clinical care that is best practice.

The service was able to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. Consumers expressed confidence in how the service assessed, communicated and managed risks.

Care planning documentation recorded the needs, goals and preferences for consumers nearing the end of their life and provide guidance to staff to ensure comfort and dignity for consumers when providing end of life cares. The review of consumers’ care planning documentation confirmed deterioration and changes in consumers’ mental health, cognitive or physical function, capacity or condition were identified and responded to in a timely manner.

Consumers expressed satisfaction with how information is communicated within the service. Staff confirmed changes in the care and services of consumers is communicated within the service through various channels including the electronic case management system, care planning documentation and handover processes.

A review of care planning documentation demonstrates the service makes timely referrals to health practitioners, allied health professionals, or other services to meet the care needs of consumers. Consumers reported satisfaction with the referral process.

The service has documented policies and procedures to support the minimisation of infection-related risks through the implementation of infection control principles and the promotion of antimicrobial stewardship. Staff demonstrated knowledge of key infection control practices relating to COVID-19.

# 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

Consumers confirmed they receive safe and effective services and supports for daily living that meet their needs, goals and preferences and optimise their independence, health and well-being and quality of life. The Assessment Team spoke to consumers who described the ways the service support their individual interests, such as painting, social visits and trips out into the community and group activities within the service. Care planning documentation identified consumers’ individual needs, goals and preferences and staff demonstrated an understanding of these.

Consumers expressed that the service supports their emotional, spiritual and psychological well-being and said they are supported to acknowledge and observe sacred, cultural and religious practices.

Consumers are supported to participate in their community, within and outside the service and are supported to maintain social and personal relationships. Staff described how they work with other organisations, community members and groups to help consumers follow their interests, social activities and maintain community connections.

Consumers indicated their condition, needs and preferences are effectively communicated within the organisation and with others responsible for care and services and said they never have to repeat their life story or preferences. Care planning documentation demonstrated updates, reviews and communication from various individuals and organisations involved in consumers’ care and services and recorded in care planning records and handover notes.

Consumers receive timely and appropriate referrals to organisations, individuals and providers of other care and services such as volunteer services, hairdressing services and dementia specialist organizations. Consumers expressed satisfaction with the quantity, quality, and variety of meals provided. Staff demonstrated that they were aware of consumers’ nutrition and hydration needs and preferences and how they support consumers’ independence and preferences including preferred meal sizes, dietary or cultural needs and any required physical assistance.

The Assessment team observed that the equipment used was safe, suitable, clean, and well maintained. Consumers confirmed they can access equipment to assist them with their activities for daily living.

# 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

Consumers and representatives considered the service environment to be welcoming, easy to navigate, and comfortable. The service has shared areas, including spacious courtyards, clear signage, pictures, and floor markings to assist navigation. Consumers described personal and sentimental décor within their rooms which foster a sense of belonging.

Consumers and representative expressed satisfaction with the cleanliness and maintenance of the service and said they are able to freely move inside and outside the service. The cleaning and maintenance staff described the procedure and scheduling of cleaning and maintenance and presented the schedule utilised to ensure that the service is safe, clean and well-maintained.

Furniture, fittings, and equipment within the service were observed to be safe, clean, and well-maintained. The service ensured preventative and reactive maintenance is conducted regularly by maintenance staff. Consumers confirmed the service’s furniture, fittings and equipment are safe, and suitable for their needs.

# 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

Consumers felt comfortable and encouraged to provide feedback or make complaints and confirmed they can receive assistance from staff to do so when required. The service demonstrated a procedure and system for receiving, prioritising and actioning complaints and feedback from consumers and representatives.

The service provided consumers and representatives written information in relation to various advocacy and language services available, and external complaints pathways.

Consumers confirmed the service takes appropriate action in response to feedback and uses an open disclosure process when things go wrong. The Assessment Team reviewed the complaints register which demonstrated appropriate action is taken in response to complaints and open disclosure occurs when a complaint is made or when things go wrong.

Consumers and representatives expressed that feedback, and complaints are used to improve the quality of care and services delivered. The Assessment team reviewed records that demonstrated changes are implemented in response to feedback and complaints and included changes to menu choices, the introduction of new and varied activity options and the implementation of new gardens throughout the grounds.

# 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

Consumers and representatives consider the service employs a sufficient number and mix of staff to deliver safe and quality care and services required by consumers and considered interactions with staff to be kind, gentle and caring.

Consumers and representatives reported that staff perform their duties effectively and they are confident staff are skilled to meet their care needs. The service demonstrated monitoring of the currency of staff qualifications, police checks, and the completion of mandatory training.

The service has a system which ensures appropriate staff are recruited and equipped to meet the outcomes required by the Quality Standards, including pre-employment screening, onboarding, orientation, regulatory compliance checks and ongoing mandatory training.

The service undertakes regular staff performance appraisals, including during probation, and uses this information to plan staff education and development. Staff described thorough orientation and onboarding processes and ongoing training and feedback opportunities.

# 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

Consumers and representatives advised the service is run well and expressed satisfaction in their engagement with the development, delivery and evaluation of care and services. Management described ways they engage consumers including the triannual consumer satisfaction survey which is used to drive improvement.

The governing body promotes a culture of safe, inclusive and quality care and services and maintains oversight through the organisation’s clinical governance team, a clinical governance framework consisting of policies and procedures, internal audits, the monitoring of key data and consumer satisfaction surveys.

The organisation has effective governance systems in place which guide information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The organisation had implemented effective risk and incident management systems in place to identify and manage risks to the safety and wellbeing of consumers, including high impact and high prevalence risks, abuse and neglect of consumers. Staff and management were able to provide examples of how risks are managed within the service.

The service demonstrated the organisation’s clinical governance systems and framework ensure the quality and safety of clinical care, promotion of antimicrobial stewardship, the minimisation of restrictive practices, and the use of an open disclosure process.

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)