Performance

Report

1800 951 822

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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 Noosa Heads (**the service**) has been considered by Denise McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 | | 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

Consumers considered they were treated with dignity and respect, could maintain their identity, make informed choices about their care and services, and live the life they chose. Consumers said they felt respected and valued by staff at the service and could express their cultural identity and interests with staff supporting their cultural preferences. Consumers felt their privacy was maintained and personal information kept confidential.

Staff were familiar with consumer’s backgrounds and cultures, described ways to support consumer lifestyle choices and preferences and were observed interacting respectfully with consumers. Consumers were assessed on entry to the service to determine individual needs, preferences and goals and care plans evidenced a comprehensive assessment system ensured care plans focussed on needs and preferences including assessment of risk.

Consumers advised they were supported to make choices for themselves, to form and maintain relationships and to take risks. Married couples confirmed the service assisted them to maintain their independence yet spend time together. Relevant friends and family were identified in care plans and representatives confirmed their involvement with care planning for consumers.

Staff provided examples of current, accurate and timely communication with consumers and representatives, this was confirmed by representatives who said they received prompt communication relating to consumer choices in care and lifestyle activities. Care planning documentation confirmed barriers to communication such as impaired vision, hearing, speech or cognition were documented and addressed.

Staff were observed assisting consumers in a dignified manner, asking permission to assist them and speaking in a kind and compassionate way. The service had a privacy policy and procedures to guide staff on the collection, use and disclosure 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 felt like partners in the ongoing assessment and planning of care and services including when changes to care needs occurred. Consumers said they were informed of assessment and planning outcomes and could access care plans if they wished. Staff described processes for consulting with consumers and representatives and ensuring all those involved in the consumers’ care were included. Consumers provided examples of other providers of care involved in meeting their healthcare needs and said staff understood their end of life wishes and preferences.

The service had an electronic care management system to support assessment and planning processes and care planning documentation evidenced the identification of each consumer’s needs, goals and preferences including consideration of risk for consumers and advance care and end of life planning. Staff described how they accessed care planning documentation, recorded care notes and handover processes to ensure they delivered safe and effective care. Staff were familiar with processes to report changes in a consumer’s health status and reviewing consumer needs, risks, management of incidents and initiating referrals to allied health specialists. Consumer assessment and care plans were completed on entry to the service and included identification of consumer risks and strategies to minimise risk.

The service had policies and procedures to guide staff in the assessment and planning process, including assessment of risk and end of life consumer care. Staff described the use of a specialised clinical emerging needs report at handover which provided an overview of all consumers receiving complex and specialised care including catheter or diabetic management for example.

# 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 and representatives considered the service provided care and services which was safe and right for consumers and met their individual needs and preferences. Care plans reflected personalised consumer goals and preferences; progress notes demonstrated referrals and recommendations from specialist services occurred. Staff demonstrated thorough and detailed knowledge of areas of care for consumers and were familiar with other consumer support services including physiotherapists, speech therapist, dietician and other health professionals.

Care plans showed high impact and high prevalence risks were effectively identified and managed by the service. Staff described they knew safe and effective personal and clinical care was being delivered as consumers weights were being monitored, pain was assessed, and pressure area care undertaken. Staff were familiar with strategies used to help manage consumer behaviour such as providing space, music, walks, drinks, and lifestyle activities for consumers living with dementia.

All care planning documentation contained advance care and end of life directives; advance health directives were discussed with consumers and representatives on admission and reviewed periodically. Registered staff were available 24 hours a day to support and monitor care delivered to consumers nearing end of life.

Staff described how they recognised and responded to deterioration or changes in the consumer’s condition and/or health status including processes for medical review or transfer to hospital, consultation with the care team, monitoring of clinical indicators and referrals where appropriate. Representatives confirmed they were always notified promptly by the service of any changes in the consumer’s health status.

Information about consumers’ condition, needs and preferences was effectively communicated in care plans, progress notes and assessments. Consumers said staff knew their needs and preferences and these were effectively communicated between staff, and other providers of care so they received the care they needed. Staff said they notified other health professionals or support services of necessary information to ensure continuity of safe and effective care.

Staff demonstrated understanding of antimicrobial stewardship and described key infection-prevention measures. The service had policies and procedures to minimise infection-related risks. The service had an infection prevention and control lead in place; a staff member and management team members were undergoing training to ensure backup during leave. Observations confirmed appropriate infection prevention measures were in place.

# 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 considered they got services and supports for daily living that were important for their health and well-being and enabled them to do the things they wanted to do such as taking part in lifestyle activities inside and outside the service. Consumers were aware of other providers of care services available to them and confirmed they received referrals in a timely and appropriate manner. Consumers confirmed that meals were of adequate quantity, quality and variety was offered; care plans reflected consumer dietary needs and preferences.

Staff described how changes in consumers’ condition, needs and preferences were communicated through verbal and documented handover processes; care planning documentation reflected changes were recorded to share information with care team, and others where responsibility for care is shared.

Consumers and representatives confirmed the service helped them to stay in touch with family and friends for comfort and emotional support such as during COVID-19 lockdowns or when family were away, the service ensured consumers remained connected through technology and phones. Staff were familiar with how consumers participated in the community and how they kept in touch with people important to them.

Equipment provided was observed to be safe, suitable, clean and well maintained; this was confirmed by consumers and the log schedule demonstrated regular equipment maintenance.

# 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 felt they belonged and were safe and comfortable within the service environment. Consumers and representatives said staff were friendly and welcoming and the service area was observed to be tidy and uncluttered with outdoor areas accessible and well-lit dining areas.

Consumers described how they accessed activities in different areas and could move around the service freely. Consumers’ rooms were personalised with furniture, photographs and memorabilia. The design of the service environment was observed to support people with varying abilities to move around such as sufficient lighting and handrails to support consumer mobility. Consumers were observed moving between the service’s indoor and outdoor areas and spending time together.

Consumers said the service environment was generally well cleaned and maintained and the service was very responsive to attend to any reported issues with equipment. Staff indicated there was an adequate supply of equipment available to meet needs of consumers. Staff described maintenance processes and procedures, and how potential hazards are addressed. Maintenance schedules and logs reflected regular cleaning and maintenance occurred.

# 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 said they were encouraged and supported to provide feedback and make complaints and appropriate action was taken. Consumers and representatives knew how to access advocacy and language services, staff described the process for this. Staff were familiar with the various methods available to consumers and representatives to provide feedback including client experience surveys, online lodgement to the risk and compliance department and via feedback forms. Staff knew how to communicate with consumers with varying communication ability and written material in languages other than English regarding external advocacy and language services were easily accessible.

Consumers and representatives described what happened when raising a concern with their care, how an open disclosure process was used, and concerns addressed. Staff were aware of action taken in response to recent complaints such as clinical review, notifying family and communicating an apology. The feedback and complaints register demonstrated all complaints had been actioned.

Compliments and complaints policy and procedures were observed to reflect processes in place. The continuous improvement register demonstrated active monitoring and actioning of feedback from consumers and representatives. Complaint trends were analysed regularly to inform continuous improvement processes. Meeting minutes reflected complaints were discussed, action was taken and evaluated.

# 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

Consumers considered they got quality care and services when they needed them and from people who were knowledgeable, capable and caring. Consumers and representatives confirmed sufficient staff were rostered to meet consumers’ personal and clinical care needs; they felt staff were kind and respectful whilst assisting them.

Staff considered the workforce was appropriately planned to deliver quality care and services; staff rosters and allocation sheets evidenced staffing levels were well managed and call bell response times were within the service’s benchmark. Staff said they had attended mandatory and essential training and could access comprehensive training to support their role; training records confirmed high staff participation rates in ongoing training.

Management described various approaches to managing staff performance including probationary and annual performance review processes. Documentation reviewed supported the workforce was planned with sufficient numbers and the right mix of staff necessary to deliver safe and quality care and services.

The service had a staff performance management framework outlining how the service identified, measured and evaluated staff performance. A comprehensive human resources policy and procedure guided management of the workforce, staff performance, education, and their ongoing development.

# 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 considered the organisation was well run and they could partner in improving the delivery of care and services. Consumers and representatives said they were regularly asked for feedback and the service kept them informed of any changes that may impact on the delivery of care and services. Consumer surveys demonstrated concerns were taken seriously and complaints addressed effectively.

Staff described the active involvement of the governing body in promoting inclusive and quality care such as monthly monitoring of quality indicators and communication through management personnel in relation to clinical governance and risk management. Regular board meetings enabled board members to interact directly with staff and consumers as part of ongoing assessment of Quality Standards.

The service demonstrated effective organisation-wide governance systems in relation to information management, continuous improvement, financial governance, regulatory compliance and feedback and complaints. The service provided evidence of a risk management framework, which included policies on high impact and high prevalence risks, abuse and neglect, mandatory reporting and supporting consumers to take risks. The service had a clinical governance framework, an antimicrobial stewardship policy, a policy regarding the minimisation of the use of restraint and an open disclosure policy. Staff had been educated about the policies and provided examples of the relevance to their work.

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-2)