Performance

Report

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| Name of service: | Ozcare Ozanam Villa - Burleigh |
| Service address: | 20 Matilda Street BURLEIGH HEADS QLD 4220 |
| Commission ID: | 5398 |
| Approved provider: | Ozcare |
| Activity type: | Site Audit |
| Activity date: | 18 April 2023 to 20 April 2023 |
| Performance report date: | 11 June 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 Ozanam Villa - Burleigh (**the service**) has been prepared by P. Sherin, 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

This Quality Standard is Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers and representatives said staff treat them with dignity and respect and they felt valued as an individual at the service. Staff described how they treat consumers with respect by acknowledging their choices and building rapport by investing the time to understand their background, life history and needs. Care planning documents identified information in relation to consumers' culture, diversity and identity was recorded. Policies on dignity and respect and creating a diverse and inclusive culture are available to guide staff practice.

Consumers and representatives confirmed the service recognises and respects consumers’ cultural background and provides care consistent with cultural preferences. Staff were able to identify consumers from a culturally diverse background and describe how each consumer’s care aligns with their care plan. Care planning documents reflected the consumer’s cultural background, languages, and activities that the consumer would like to maintain. Various days of cultural significance are celebrated as part of the service’s lifestyle calendar.

Consumers and representatives said consumers are given choice about how and when care is to be provided, and their choices are considered and respected by staff. Management and staff described how they support consumers to make choices and maintain their independence and chosen relationships. Care planning documents identified information about consumers’ preferences in relation to care and service delivery, who they wish to be involved in their care and the relationships that are important to them. The assessment team observed staff offering consumers choice in meals and activities.

Consumers described how they are supported to engage in their chosen activities of risk. Management and staff were aware of the risks taken by consumers and described the risk mitigation strategies implemented to ensure consumer safety. Care planning documentation demonstrated completion of risk assessments and discussions about risks with the consumer. A dignity of risk policy is in place to guide staff practice.

Management explained how information about care and services is provided to consumers and representatives in a timely manner, and in a way that is clear, easy to understand and enables them to make informed choices. Consumers described how the information they receive helps them make decisions about the things they would like to do. A range of information material such as daily menus, newsletters, activity schedules, complaints and advocacy information were observed available around the service.

Consumers and representatives confirmed consumers’ privacy is respected by staff. Staff described the practical ways they respect the personal privacy of consumers such as by knocking on doors to seek permission before entering rooms, and keeping computers locked and password protected when unattended. The service has a privacy policy to guide staff practice on maintaining consumer privacy and confidentiality.

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

Consumers and representatives said they are involved in care planning. Staff and management described the assessment and care planning process, and how risks to each consumer's health and well-being are considered to inform the delivery of care and services. Care planning documents identify individual consumers’ risks have been assessed and the strategies to manage those risks.

Management explained how assessment and planning reflects consumers’ goals, needs and preferences, including their advance care plans and end-of-life wishes, and this was confirmed by consumers and representatives. Staff described how they approach conversations with consumers and their representatives about end-of-life and advance care planning. Policies on advance care planning and end-of-life care are available to guide staff practice.

Consumers and representatives said they participate in the care planning process and provide ongoing feedback to the service. Staff described how they actively collaborate with consumers, representatives and other providers of care, to ensure the provision of quality care and service delivery. Care planning documents evidenced the involvement of a range of external providers and services such as medical officers, allied health professionals and specialists.

Management and clinical staff described how they effectively communicate the outcomes of assessment and planning to consumers and representatives and provide them a copy of care plans. Care planning documents evidenced staff update consumers and representatives about the outcomes of assessments in-person, through telephone calls or via email. Consumers and representatives confirmed staff discuss the consumer’s care and service needs with them and provide updates.

Management and staff described how care and services are regularly reviewed for effectiveness on a regular basis and when circumstances change. Consumers and representatives said staff talk with them when there is a change to the consumer’s health, needs or preferences and implement changes to their care accordingly. Care planning documentation identified regular 3-monthly reviews occur, including where there is an incident or change to the consumer’s health and condition.

# 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

This Quality Standard is Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives said consumers receive personal and clinical care that is safe, right for them, and meets individual needs and preferences. Clinical staff described the processes in place to manage restrictive practices, skin integrity, and pain in line with best practice. Care planning documents reflected individualised care that was safe, effective, and tailored to the specific needs and preferences of consumers. Where restrictive practices are used, documentation evidenced appropriate authorisation, consent, and behaviour support plans in place. Various policies, procedures and work instructions are available to guide staff in personal and clinical care delivery.

Management described the high-impact and high-prevalence risks to consumers and how they were effectively managed through regular monitoring and analysis of clinical data and implementation of individualised risk mitigation strategies. Consumers and representatives said risks to consumers' health were adequately managed and this was reflected in care planning documents.

Consumers and representatives were satisfied with how the service provided care to consumers nearing the end of life. Care planning documents recorded the end-of-life wishes for those consumers that had chosen to do this. Staff were able to describe how they provide palliative care, maintain dignity, and maximise comfort for consumers towards the end of life.

Consumers and representatives said the service was responsive to the consumer’s care needs and would inform them of any deterioration in the consumer’s health, along with planned management strategies. Care planning documents identified deterioration or changes in consumers’ condition were identified and responded to appropriately. Policies and procedures are available to guide staff in recognising and responding to deterioration, and staff were able to accurately describe signs of deterioration and how they would respond.

Consumers and representatives said the consumer’s needs and preferences were effectively communicated between staff and others responsible for care. Staff were able to describe the communication and handover processes they rely on to share information, and this was observed by the assessment team. Care planning documents contained information to support effective and appropriate sharing of the consumer’s information to support care.

Consumers and representatives said they have access to relevant health professionals and referrals are timely and appropriate. Staff described the processes for referring consumers to other providers of care, when needed. Care planning documents evidenced timely referral to other providers of care and services such as dietitians, speech pathologists, geriatricians, and wound specialists.

Consumers and representatives commended staff on their use of personal protective equipment and hand hygiene. Staff were observed adhering to correct infection control practices. The service has an outbreak management plan in place and has enrolled a clinical staff member to complete training as infection prevention and control lead at the service. Policies and procedures are in place to guide staff practice in minimising the risks of infection and promoting antimicrobial stewardship.

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

Consumers said they are supported to participate in stimulating activities that met their needs and preferences. Lifestyle staff described how they partner with consumers and representatives to conduct a lifestyle assessment to understand the consumer’s preferences, interests, likes, and dislikes. The service’s lifestyle calendar identifies a range of activities including but not limited to exercises, bingo, balloon tennis, concerts, movies, pool club and social drinks. The assessment team observed consumers engaging in various activities throughout the Site audit.

Consumers and representatives said consumers are supported when they feel low, and described how the service promotes their emotional, spiritual, and psychological well-being. Staff described ways they support consumer's well-being such as through facilitating important relationships, one-on-one conversations, and access to weekly church services. Care planning documents identify information to guide staff in how to support each consumer’s spiritual, emotional, and psychological needs.

Consumers said they are supported to participate in the community within and outside the service, keep in touch with people important to them, and do things that interest them. Care planning documents captured information regarding each consumer’s interests, activities, and people that were important to them, and staff were able to demonstrate knowledge of this and how they support them.

Consumers and representatives said information about consumers’ condition, needs, and preferences is communicated effectively within the service, and with others responsible for providing care and services. Staff described ways information was shared between those involved in consumers’ care.

Consumers said they are supported by other individuals and organisations providing care and services. Staff could describe the external supports used to supplement the care and services provided to consumers including but not limited to visiting entertainers, volunteers, hairdressers and pet therapy.

Consumers and representatives expressed satisfaction with the quality, quantity, and variety of meals, and said they could provide feedback such as via monthly food focus group meetings which is considered. Staff described how they ensure consumers’ dietary needs and preferences are met and said they offer alternative meals if the consumer does not like what is on the menu. Consumers’ dietary needs and preferences are documented under care plans.

Equipment provided to consumers to support activities for daily living were observed to be safe, suitable, clean, and well-maintained. Consumers and representatives said they had access to safe and suitable equipment. Staff described processes in place to ensure the cleanliness and maintenance of equipment.

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

Consumers and representatives said the service environment was welcoming and easy to understand. Management and staff described features of the service that enable each consumer to feel welcome and optimise their sense of independence, interaction, and function. Staff explained how consumers were encouraged to personalise their room upon entry to the service to promote their sense of belonging.

The service was observed to be safe, clean, well-maintained and consumers were able to move freely, both indoors and outdoors; this was confirmed by consumers and representatives. There was sufficient lighting, handrails, and clear signage to assist navigation. Reactive and preventative maintenance schedules are in place, and staff were familiar with processes to ensure timely cleaning and maintenance.

The furniture, fittings and equipment appeared to be safe, clean, and well maintained. Staff described the process for cleaning and maintaining the equipment, furniture, and fittings within the service. Consumers confirmed the equipment and fittings were cleaned and maintained regularly.

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

Consumers and representatives said they understood how to give feedback or make a complaint and felt comfortable doing so. Management and staff described various avenues available for consumers to submit feedback such as through feedback forms, surveys, consumer meetings, and verbally. Feedback forms and information about how to make complaints was displayed throughout the service.

Whilst some consumers, representatives and staff were not aware of advocacy and interpreter services available, all consumers said they felt safe and comfortable raising any concerns directly with staff and management. Management described the range of information about external complaint avenues, advocacy and language services available to consumers around the service. Review of documents and observations confirmed the service actively promotes complaints mechanisms and advocacy support services.

Consumers and representatives said the service addressed and resolved complaints and incidents appropriately. Management and staff demonstrated knowledge of open disclosure principles and how they would appropriately respond to a complaint. The service has policies and procedures on feedback and complaints handling and open disclosure to guide staff practice.

Consumers and representatives reported their feedback was used to improve care and services. Management described how feedback and complaints are analysed and trended regularly to inform continuous improvement at the service and provided examples of improvements made 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 Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Management explained how the service plans its workforce and maintains an adequate number and mix of staff to meet the needs of consumers. Most consumers and representatives said the service had sufficient staff to meet their needs, and where consumers expressed staffing concerns, they could not identify any negative impacts on the delivery of care and services. The service ensures a registered nurse is available on site 24 hours a day, 7 days a week. Management described strategies used to cover unplanned leave including access to agency staff and offering additional shifts. Call bells are monitored with any calls over 5 minutes considered overlength and investigated by management.

Consumers and representatives said staff were kind, caring and gentle when providing care. Staff interactions with consumers were observed to kind, caring and respectful of their identity, culture and diversity. All staff are required to complete annual mandatory training on privacy, dignity and respect.

Consumers and representatives reported staff are competent and skilled to meet consumers’ care needs. Staff were confident they are equipped with the skills and knowledge to care for consumers. Management said staff are required to undertake a 5-day orientation program, complete role-based competencies and annual mandatory training, and are provided buddy shifts. Position descriptions are available outlining key qualifications, competencies, and skills essential for each role.

Consumers and representatives expressed confidence that staff are well trained and supported, and did not identify any areas where they felt staff required more training. Staff said the service supported them with mandatory and supplementary training to help them perform their role effectively. The service’s mandatory training program includes various topics including but not limited to manual handling, Serious Incident Response Scheme, restrictive practices, infection prevention and control, and outbreak management. Review of training records identified all active staff were up to date with their mandatory training.

Management advised staff performance is reviewed at probation and annually thereafter. Staff described the annual performance review process and how their performance is monitored. Review of records demonstrated the service monitors the performance of staff and implements strategies to address sub-optimal performance such as through additional learning, development, and support.

# 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

This Quality Standard is Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said they are engaged in the delivery and evaluation of care and services, their input is sought on a range of topics, and their feedback is taken into consideration. Management advised the service engages with consumers and representatives through monthly consumer meetings, surveys, submission of feedback forms, and discussions.

Management explained the organisational structure and governance arrangements and described how several sub-committees review key information such as complaints, incidents, audits, financial performance, and quality indicators and report to the organisation’s Board. The Board uses this information to ensure compliance with the Quality Standards and to promote a culture of safe, inclusive, and quality care and services.

Management and staff described the effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.

The service has effective risk management systems in place for the management of high impact or high prevalence risks to consumers, identifying and responding to elder abuse and neglect, supporting consumers to live their best life, and managing and preventing incidents. An incident management system is in place and staff demonstrated knowledge of how to identify and report incidents.

The service has a clinical governance framework which includes documented policies covering antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff confirmed they had received training on these policies and demonstrated a shared understanding of how they would apply these as relevant to their roles.

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)