Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Ozcare Ozanam Villa - Clontarf |
| Service address: | 153 King St CLONTARF QLD 4019 |
| Commission ID: | 5104 |
| Approved provider: | Ozcare |
| Activity type: | Assessment Contact - Site |
| Activity date: | 30 May 2023 |
| Performance report date: | 27 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 - Clontarf (**the service**) has been prepared by Stewart Brumm, 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

|  |  |
| --- | --- |
| 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 5** Organisation’s service environment | **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

|  |  |  |
| --- | --- | --- |
| 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

The Assessment Team provided information that consumers/representatives said staff at the service treat consumers with dignity and respect, they understood consumers backgrounds, needs, and catered to individual preferences. Staff demonstrated knowledge of individual consumers identity and preference. The Approved Provider demonstrated policies outlining the expectations and responsibilities regarding inclusion and respect. The Assessment Team observed staff knocking on consumer doors and announcing themselves, before inviting consumers by name to the lunch service.

I have considered the information provided by the Assessment Team and I am persuaded by the consumer feedback, staff feedback and the Approved Providers ability to demonstrate compliance.

I find this Requirement compliant.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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 |

Findings

The Assessment Team provided information that the Approved Provider demonstrated timely identification, effective assessment, management, and evaluation of consumers’ restrictive practices, skin integrity, and pain. For sampled consumers where restrictive practices are used, assessments, authorisation, consent, and monitoring was demonstrated with implemented behaviour support plans. Care documentation demonstrates wounds are consistently attended to in accordance with wound management plans. Staff could describe consumers’ individual clinical and care needs and preferences and how these are managed in line with their care and service plan. The Approved Provider has policies and procedures, which guide care and clinical practice.

Consumers interviewed said they receive the care and support they require, which is delivered in a safe and effective manner,

I have considered the information provided by the Assessment Team and I am persuaded by the consumer feedback, staff knowledge of consumers care needs and the Approved Providers ability to demonstrate compliance.

I find this Requirement compliant.

# Standard 5

|  |  |  |
| --- | --- | --- |
| Organisation’s service environment | |  |
| 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 |

Findings

The Assessment Team provided information that consumers are provided with an internal environment that is clean, safe, well maintained and comfortable, the external grounds and gardens are landscaped and professionally maintained. The Assessment Team observed that the internal and external environment provides functional spaces and grounds that are easily accessible, safe, clean, inviting and easy to navigate for consumers living within the service. Consumers interviewed provided positive feedback on the service environment.

I have considered the information provided by the Assessment Team and I am persuaded by the consumer feedback, observations from the Assessment Team and the Approved Providers ability to demonstrate compliance.

I find this Requirement compliant.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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

The Assessment Team provided information that the Approved Provider demonstrated it was providing an adequate workforce with strategies for maintaining consistency within the workforce, ensuring the provision of timely care and services that cater to consumer needs and personal preferences.

Consumers/representatives interviewed identified they were satisfied with the care and services consumers were receiving. Consumers identified staff were busy and at times when the service felt short of staff. Further inquiry by the Assessment Team identified that while staff were busy, there was no immediate impact on the level of care and services provided to consumers by care staff.

Staff explained that they can get very busy, however there is enough personnel to provide care and services in accordance with consumers’ needs.

I have considered the information provided by the Assessment Team and I am persuaded by the consumer feedback, staff feedback and the Approved Providers ability to demonstrate compliance.

I find this Requirement compliant.

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)