Performance

Report

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| Name: | Ozcare Ozanam Villa - Clontarf |
| Commission ID: | 5104 |
| Address: | 153 King St, CLONTARF, Queensland, 4019 |
| Activity type: | Site Audit |
| Activity date: | 8 April 2024 to 10 April 2024 |
| Performance report date: | 9 May 2024 |
| Service included in this assessment: | Provider: 952 Ozcare  Service: 3461 Ozcare Ozanam Villa - Clontarf |

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 P. Wallner, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* Other information held by the Commission.

# 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 assessed as Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers and representatives said consumers were treated with dignity and respect, with their identity, culture and diversity valued. Management and staff spoke about consumers in a respectful manner and described how they demonstrated respect when providing care such as by asking for consent, acknowledging their choices and taking time to understand their background, life history and needs. Care planning documents outlined consumers’ background and identity and staff were observed interacting with consumers respectfully.

Consumers and representatives said the service recognised and respected consumers’ cultural background and provided care that was consistent with their cultural traditions and preferences. Staff described how consumers’ cultural needs and preferences influenced the delivery of their care and services. The service had a written inclusivity policy setting out their commitment to cultural diversity and safety.

Consumers and representatives said they were supported to make independent decisions about their care, when family, friends and others should be involved in their care, and choose which relationships they wished to maintain. Management and staff described how each consumer was supported to make informed choices about their care and services, and how the support they wanted to maintain their relationships of choice. Care planning documents showed consumers’ chose the way their care was delivered, who was involved in their care and how the service supported them to maintain relationships.

Consumers and representatives described how the service supported them to take risks to live the life they chose. Management and staff demonstrated awareness of the risks taken by consumers, and outlined how they informed them of the potential risks and how they could be minimised. Care planning documents confirmed consumers were supported to take informed risks, and with mitigation strategies put in place.

Consumers and representatives described how their choices were informed through printed information and verbal reminders. Staff described different ways current information was provided to consumers in accordance with their documented needs and preferences, including those with cognitive and sensory impairments. Care planning documents included communication assessments to facilitate the delivery of timely and accurate information to each consumer. Current information about the choices available to consumers was displayed throughout the service.

Consumers said the service respected their privacy and kept their personal information confidential. Staff and management described the practical ways they respected the personal privacy of consumers and protected their personal information. The service had written protocols to guide staff in protecting 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 assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives expressed satisfaction with the assessment and care planning process and said their care plans were sufficiently detailed to inform the delivery of safe and effective care and services. Management and staff described thorough assessment and care planning processes, including how they considered risks to each consumer’s health and well-being, to inform the delivery of safe and effective care and services.

Consumers and representatives described how the assessment and planning of care captured consumers’ needs, goals and preferences, including advance care and end of life plans. Management and staff described how they ensured assessment and planning reflected each consumer’s current preferences and how they approached conversations around end of life care planning. Care planning documents included consumer’s current needs, goals and preferences, including their end of life plans.

Consumers and representatives described how they were involved in the assessment and planning of care and could provide input to ensure their needs were met. Management, staff and visiting allied health professionals outlined how assessment and planning of care was done in partnership with consumers and others they wished to involve in their care.

Consumers and representatives described how outcomes of assessment and planning were communicated to them, and how they were offered a copy of the consumer’s care plan following scheduled reviews. Management, clinical staff and allied health professionals described how they effectively communicated outcomes of assessment and planning to consumers and representatives on a regular basis, and offered a copy of care plans.

Consumers and representatives confirmed that consumers’ care was reviewed regularly and reviewed when circumstances changed, or incidents occurred. Management and staff explained how care plans were reviewed regularly and when consumers’ health status or care needs changed. Care planning documents confirmed they had been reviewed regularly and following an incident or change in circumstances.

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

Consumers and representatives detailed how the personal and clinical care was safe, effective, tailored to consumers’ needs, and optimised their health and wellbeing. Management, staff and allied health professionals were knowledgeable about best practice care and described how they delivered safe and effective personal and clinical care, tailored to consumers’ documented needs. Care planning documents reflected consistent delivery of safe and effective personal and clinical care, tailored to the specific needs and preferences of each consumer and consistent with best practice.

Consumers and representatives expressed satisfaction with how high impact and high prevalence risks were effectively managed. Management and clinical staff explained how they monitored and managed the high impact and high prevalence risks at the service and described the management strategies in place. Care planning documents confirmed high impact and high prevalence risks to consumers’ health had been identified and were managed with effective mitigation measures in place.

Consumers’ care plans confirmed discussions regarding palliative care were conducted where appropriate. A representative explained how the service met consumer’s end of life needs, goals and preferences, and ensured their comfort and dignity was maximised. Management and staff described how they addressed the needs and preferences of consumers nearing the end of life and how they maximised their comfort and preserved their dignity. The service had documented policies to guide staff in the provision of end of life care to ensure consumers’ wishes were met and their comfort maximised.

Consumers and representatives said the service was responsive to consumers’ changing needs and described how staff identified a deterioration or change in consumers’ condition and responded to appropriately. Staff described how deterioration or change in condition was recognised, responded to, and managed in partnership with medical officers and allied health professionals. Care planning documents showed consumers were monitored for changes in condition and staff took appropriate action.

Consumers and representatives were satisfied current information about consumers’ care needs and preferences was documented and effectively communicated between staff and external providers of care and services. Staff described how information about consumers’ current needs and condition was documented in the electronic care management system and communicated effectively within the organisation, and with others involved in their care. Care planning documents showed sharing of information between consumers/representatives, staff, medical officers and others involved in providing care.

Consumers and representatives said the service arranged timely referrals to appropriate other organisations and health professionals. Management and staff described the processes for referring consumers to other health providers to support their ongoing care. Care plans confirmed the timely input of other health professionals such medical officers and allied health professionals.

Consumers and representatives expressed confidence in the infection prevention and control measures at the service and said staff used the appropriate personal protective equipment and practiced hand hygiene. Management and staff described how they applied infection prevention and control measures and promoted antimicrobial stewardship. The service had a dedicated infection prevention and control lead and documented policies and procedures to guide staff in preventing and controlling infections 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 assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives said the services and supports for daily living met consumers’ needs, goals, and preferences, and promoted their independence and quality of life. Staff described how the lifestyle assessment documented the supports needed by each consumer to meet their needs, goals and preferences for daily living. Care planning documents included information about the services and supports required for consumers to optimise their independence, quality of life, health, and wellbeing.

Consumers and representatives said they were supported when they felt low, and described how the service promoted their emotional, spiritual and psychological well-being. Care planning documents included information on supporting consumers' emotional, psychological and spiritual well-being. Management and staff provided examples of how they supported consumer’s emotional, psychological and spiritual well-being such as by facilitating personal connections and delivering religious services.

Consumers and representatives confirmed consumers were supported to participate in their community within and outside the service, keep in touch with people who were important to them, and do things of interest. Staff described how they encouraged consumers’ lifestyle interests and helped them participate in the wider community and maintain their relationships. Care planning documents detailed the supports consumers needed to maintain their interests, participate in their community and maintain important relationships. Consumers and relatives were observed entering and exiting the service and participating in group activities.

Consumers and representatives said current information about consumers’ daily living choices and preferences was effectively communicated between staff, and to other providers of services and supports. Staff described how they communicated current information about consumers’ condition and their needs and preferences for daily living. Care documents detailed adequate information to provide suitable services and supports for daily living.

Consumers and representatives confirmed the service provided timely and appropriate referrals to other organisations providing care and services. Staff described how they engaged with external individuals and organisations to provide additional services and supports to consumers. Care planning documents showed consumers had been referred to external services to enhance the delivery of lifestyle supports and services.

Consumers and representatives said consumers were mostly satisfied with the quality, quantity and variety of meals provided. Management and staff described consumers’ dietary needs and preferences, which aligned with their care planning documents and dietary profiles. The service had feedback mechanisms which enabled consumers to provide feedback on the menu or request alternative meals. Meal service was timely and well organised with staff assisting consumers, as required.

Consumers and representatives said the equipment provided was safe, suitable, clean, and well maintained. Staff described the processes in place for keeping the equipment safe, clean and well maintained. The equipment appeared to be safe, suitable, clean, and well-maintained.

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

Consumers and representatives said the service environment was welcoming, easy to understand and navigate due to the signage and handrails. Management and staff said they encouraged consumers to personalise their rooms and described features that helped each consumer to feel welcome and optimise their sense of belonging, independence, interaction, and function. The service environment appeared welcoming, with sufficient lighting, handrails, and clear signage throughout the service.

Consumers and representatives said the service environment was safe, clean, well-maintained and enabled them to move freely both indoors and outdoors. Cleaning and maintenance staff described the systems and schedules in place and how they ensured the service environment was kept clean, tidy and well maintained. Consumers were observed moving freely around the service and the doors leading to the outdoor areas, communal courtyards and gardens were unlocked.

Consumers and representatives said the furniture, fittings and equipment were safe and well maintained. Staff described their roles and responsibilities for cleaning and maintaining, the furniture, fittings and equipment at the service. The furniture, equipment and fittings appeared to be clean, well maintained and suitable for use.

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

Consumers and representatives described different ways they could provide feedback and make complaints, and said they felt comfortable doing so. Management and staff described how they encouraged feedback and complaints and the processes in place for managing complaints. Information about complaints processes and feedback forms were observed around the service. The service had a comprehensive written policy and procedure outlining the feedback and complaint processes.

Consumers and representatives were aware of advocacy and language services and alternative avenues to make complaints but said they preferred to raise concerns within the service. Management and staff were aware how to access interpreter and advocacy services, and described how they supported consumers to access these services, including those with communication barriers. Information regarding alternative complaint avenues, the Commission, advocacy and other services was displayed around the service.

Consumers and representatives said the service responded appropriately and resolved their complaints, using open disclosure. Management and staff showed an understanding of open disclosure and explained how they responded to complaints by acknowledging the issue, apologising, and keeping the complainant informed throughout the investigation process. Records showed complaints were resolved in a timely manner with open disclosure used in the resolution process.

Consumers and representatives confirmed feedback and complaints were reviewed and used to improve the quality of care and services. Management and staff described how feedback and complaints were reviewed, trended, and used to identify opportunities for improvement on the continuous improvement plan. The continuous improvement plan and other records confirmed feedback and complaints were used to improve the quality of care and services.

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

Consumers and representatives felt the service had sufficient staff to meet their care and service needs. Management and staff described how they planned the workforce based on consumers’ clinical care needs, to ensure the delivery of safe and effective care and services. Documentation confirmed the service had adequate staffing levels, and call bell response times were monitored regularly to identify any outliers to the service’s benchmark response time of 5 minutes. Staff were observed to be unrushed throughout the delivery of care.

Consumers and representatives said staff were kind, caring, and always gentle when providing care and services. Management and staff were familiar with each consumer’s identity, culture and needs. Staff were observed interacting with consumers in a positive, caring, and respectful manner at all times. The service had various policies, procedures, and guidelines for staff practice and behaviour.

Consumers and representatives confirmed staff were knowledgeable and competent in their roles, and they expressed confidence their care needs would be met. Management described how they ensured staff were competent and met the qualification, registration and security requirements before they could commence their respective roles. Staff confirmed they received comprehensive orientation and completed mandatory training. Workforce records confirmed qualifications, professional registrations and security checks were monitored and current.

Consumers and representatives felt staff had the appropriate skills, training and support to deliver safe and quality care and services. Staff confirmed receiving initial and ongoing training and support to perform their roles effectively and delivery quality care and services. Management described the systems in place to recruit, train and support all staff members to deliver care in line with the Quality Standards. Records confirmed the service had effective processes in place to train and support staff.

Management described how the performance of staff was continually monitored, assessed and reviewed through annual formal performance appraisals, continuous informal monitoring, and ad-hoc performance management, if the need arose. Staff could describe their last annual performance appraisal and said they were supported by management during performance reviews and provided with opportunities for improvement. Records showed the service had systems in place to ensure staff performance was regularly assessed, monitored and reviewed of was being undertaken and tracked for completion.

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

Consumers and representatives said the service was well run and they were involved in the development, delivery and evaluation of care and services. Management and staff said consumers and representatives were actively engaged in the development, delivery and evaluation of care and services through a variety of mechanisms including monthly consumer meetings, food focus meetings, feedback and complaint mechanisms, and the consumer advisory body. Documentation showed consumers and representatives were encouraged to participate in the development and improvement of care and services.

Management described how the Board supported them and was accountable for the delivery of safe, inclusive, quality care and services in accordance with the Quality Standards. Management described the organisational and governance structures and systems in place which included regular monitoring by the Board through compliance reporting, internal and external audits, consumer feedback and other reports. Records showed the Board communicated regularly with the service and was kept informed and was accountable for the performance of the service.

Management and staff described effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, and feedback and complaints. Staff training and feedback aligned with processes specified in the service’s policies and procedures. Observations confirmed the governance policies and procedures were translated into practice.

The service had effective risk management systems and practices which were supported by documented policies and procedures addressing the management of high-impact and high-prevalence risks to consumers, identifying and responding to abuse or neglect, supporting consumers to live their best lives, and management and preventing incidents. Management and staff demonstrated an applied understanding of these policies and how they implemented them.

The service had a documented clinical governance framework and systems which included policies related to antimicrobial stewardship, minimising the use of restrictive practice, and practising open disclosure. Management and clinical staff demonstrated an understanding of these policies and procedures and explained how they were applied in the delivery of care and services on a daily basis.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)