Performance

Report

**1800 951 822**

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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: | Assessment Contact - Site |
| Activity date: | 3 November 2022 |
| Performance report date: | 23 November 2022 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Ozcare Ozanam Villa Burleigh (**the service**) has been prepared by G.Cain, 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.
* the following information given to the Commission, or to the assessment team for the Assessment Contact - Site of the service:
  + The Assessment Team interviewed 13 consumers and/or representatives during the Assessment Contact – Site, who were satisfied with the care and services received.
* other information and intelligence held by the Commission regarding the service.

# Assessment summary

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| Standard 3 Personal care and clinical care | 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 3

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| Personal care and clinical care | |  |
| **Requirement 3(3)(b)** | **Effective management of high impact or high prevalence risks associated with the care of each consumer.** | **Compliant** |

Findings

The service demonstrated effective processes to manage high impact or high prevalence risks associated with the care of each consumer such as changed behaviours, wound management and falls.

Consumers/representatives expressed satisfaction with the delivery of care and services, including the management of clinical risk specific to the consumer.

Management and staff described the high impact and high prevalence risks to consumers and described strategies to ensure these risks are minimised. Care documentation for consumers reflected high impact or high prevalence risks are managed effectively through regular clinical monitoring, clinical incident trending and implementation of suitable risk minimisation strategies for individual consumers.

The service undertook an improvement initiative in September 2022 focusing on consumer weight management and monitoring, and included education for staff on correct weighing protocols, recording consumer weights and food fortification and sizing.

The service had policies, procedures and flowcharts to guide staff in the management of high impact and high prevalence consumer risks.

For the reasons detailed, it is my decision that this requirement is Compliant.

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| 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 |

Findings

The service demonstrated that 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. Overall, consumers/representatives said the service recognises and responds to changes in the consumer’s health in a timely manner. Staff described various avenues that changes in consumers’ health and/or wellbeing is communicated including during shift handovers, and clinical managements email communique daily to registered staff with information regarding changes in consumer care needs and reviews required. Review of care documentation identified staff recognise and response to deterioration in consumers’ health and cognitive or physical function in a timely manner. Consumers’ care documentation included monitoring strategies such as charting of clinical observations, pain, changed behaviours and urine outputs.

The service had a policies, procedures and flowcharts to guide staff in relation to identifying and responding to consumer deterioration.

For the reasons detailed, it is my decision that this requirement is 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)