Performance

Report

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| Name of service: | Performance report date: |
| Ozcare Palm Lodge | 1 September 2022 |
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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 Palm Lodge (**the service**) has been considered by Kathryn Spurrell, 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

The Assessment Team observed staff treating consumers with respect and showing awareness of their background and diversity and consumers confirmed staff provided care in a kind and respectful manner. Policies and procedures relating to diversity and inclusion guide staff in providing care and supporting consumers express their culture, diversity, identity, and preferences.

Care planning documentation identified people of importance to consumers, including information on their life journey, cultural background, spiritual preferences, and family relationships. Staff supported consumers to make decisions about their care and services through case conferences, consumer meetings, and informal discussions. Consumers confirmed the support they received from staff in ensuring their choices and lifestyle was respected.

Consumers said they were supported to take risks to live their best life. Staff were aware of risks taken by consumers and described how they supported consumers’ wishes to live the life they choose. The service assessed levels of risk to consumers and strategies were documented in the care plans to maintain consumers’ independence, choice, and function.

Documentation demonstrated consumers were provided with information to support decision making, including choices realted to meals, activities, involvement of family in their care and services, room personalisation and care provision, which was also supported by staff feedback.

Consumers said their privacy was always respected. Staff were guided by the service’s policies and procedures in relation to privacy and observed through staff practices such as closing doors and speaking privately with consumers and providing care in the privacy of consumer’s rooms.

# 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 identify 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, which 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 described how they are involved in the assessment and planning process and confirmed the service communicates with them often and includes other providers of care as required. Care planning documents demonstrated effective, comprehensive assessment and care planning to identify the needs, goals, and preferences of consumers, including any risks to their health and well-being. Staff used the planning and assessment outcomes to inform of how best to deliver care and services.

Staff and management demonstrated a shared understanding of the importance of updating consumers’ representatives about changes to consumers care details, and care planning documents showed when an incident occurs or when a change to consumers’ health and well-being are identified, a review is conducted. Consumers and representatives have access to care planning documentation.

Care documents evidenced that consumers are supported through advance care planning, which also informed how care and services were delivered. Staff described the individual care needs of consumers and how they matched care to meet these needs.

There is evidence of involvement of other health professionals, including medical officers, physiotherapists, dietitians, and allied health professionals in assessment and planning and resultant care directives recorded.

Staff and management confirmed that care plans are updated through the review process and when circumstances change with reviews occurring at least every six months. This was evidenced in care plans and supported by consumer feedback.

# 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 confirmed they receive personal and clinical care that is safe, effective, and tailored to their needs. Staff demonstrated knowledge and awareness of consumers’ individual care requirements and used this knowledge to deliver personal and clinical care matched to the consumers’ needs.

Risks associated with the care of consumers are reflected in care plans and identified using assessment tools and mitigation strategies. Staff described how the care being delivered was safe and was effective in supporting consumers’ health and well-being. The service has policies, procedures on best practice strategies to mitigate harm due to, pressure injuries, falls, nutrition, and restrictive practice.

The Assessment team reviewed care documents and found appropriate recording of consumer advance care planning and end of life care preferences. The service’s policies and procedures regarding the management of end-of-life care, including pain management and comfort care are followed by staff effectively.

Consumers and representatives felt that their needs and preferences are well communicated between staff, staff also demonstrated how changes in the care and services of consumers are communicated within the service through various ways such as progress notes and handover processes, as well as the electronic documentation system. Staff identified and responded to deterioration and changes in consumer’s health, as evidenced by care planning documents sighted by the Assessment Team.

The service’s policies and procedures support the minimisation of infection related risks through the implementation of infection control principles and the promotion of antimicrobial stewardship. Infection control training has been provided to staff and included physical measures and the minimisation of infection related risks for consumers.

# 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 confirmed they are supported to pursue activities of interest to them to promote their emotional, spiritual, and psychological wellbeing needs. Care planning documentation showed consumers received services aligned to their needs and preferences. The service achieved this by partnering with the consumer and representative to determine the consumer’s individual preferences, including leisure needs and religious beliefs and organised activities to suit.

Staff supported consumers to do the things they enjoyed, including individual or group activities, knew what was important to consumers and what they liked to do, this aligned with the information in the consumer’s care and service plan. Care planning documentation included information about consumer’s spiritual beliefs, strategies to support their emotional well-being and identified social supports, such as people important to them. Staff facilitiated connections with people important to them through technology, staff support and religious services.

Staff confirmed they are informed about changes to consumer’s needs by clinical or other staff during shift handovers and at staff meetings. The service uses and electronic care system which encompassed all consumer care planning documentation.

Consumers said they were supported by other organisations, support services and external providers of care and services, which was evidenced in care planning documentation. Staff described the processes for communicating consumer needs within and outside of the service and with any external services used to provide consumer care and supports including physiotherapists, advocacy services, and religious and community visitors. The service had policies and procedures in place for making referrals to individuals and other providers outside of the service to support the needs of consumers.

Consumers said meals were of suitable quality and quantity and matched their dietary needs and preferences. Hospitality staff were familiar with the food preferences and described the processes in place to meet consumer needs when these changed.

Equipment used by consumers was seen to be suitable, clean, and well maintained. Staff confirmed equipment was available when they needed it and the equipment was kept clean and well maintained. The Assessment Team noted the maintenance schedule demonstrated regular servicing of equipment and the maintenance request register demonstrated maintenance issues reported by staff and consumers were resolved in a prompt manner.

# 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

The service environment was welcoming and easy to navigate and optimised each consumer’s sense of belonging and independence. Consumers said they felt safe and comfortable at the service and were encouraged to personalise their rooms with personal items, photographs and decorations.

The environment was observed to be safe, clean, well maintained, comfortable, and enabled consumers to move freely both indoors and outdoors.

Regular cleaning occurred and consumers were happy with cleanliness of their rooms. Furniture, fittings, and equipment were observed to be safe, clean, and suitable. Consumers and staff confirmed equipment was available. Regular maintenance was completed to a schedule, or as needed through reports raised by staff.

**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 said they are encouraged and supported to give feedback and make complaints, and felt appropriate action was taken in response. Consumers described a variety of ways they could raise their concerns including feedback forms, consumer surveys and by speaking directly to staff or management. The service demonstrated a system and procedure for receiving, monitoring, and actioning feedback from consumers and their representatives, which included feedback forms and confidential mailboxes were located in the service's lobby and around each wing of the service.

The service provided written materials to communicate advocacy, language, and external complaints pathways to consumers and representatives. The Assessment Team observed brochures, forms and posters providing information on advocacy, language and external supports for consumers throughout the service.

Consumers were satisfied appropriate action was taken in response to feedback and complaints and open disclosure was practiced. Consumer meeting agendas included feedback as an agenda item with meeting minutes demonstrated the feedback provided was discussed.

Staff described the complaint handling system and provided examples of actions taken to respond to complaints as well as describing the open disclosure policy. Consumers and representatives agreed the service used feedback to improve the quality of care and services.

Staff described how feedback and complaints have been used to inform continuous improvement across the service complaints are documented in an electronic complaint register, reviewed at monthly meetings, and reported on by management.

**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 said they receive quality care and services when they need them, from staff who are knowledgeable, capable, and caring. Consumers and representatives said there were enough staff available and the right mix of staff to provide individual care and services. Staff said they had time to complete their daily care and services for consumers without feeling rushed, which was supported by call bell response time data that was reviewed by the Assessment team.

Consumers said staff are kind, caring and respectful, The Assessment observed staff to

be kind, caring and gentle when interacting with consumers. The service has policies and

procedures to guide staff practice, which outlined care and services were to be delivered with a

person-centred approach.

Consumers and representatives felt staff are skilled enough to meet their care needs and provided safe and effective services. Staff stated they are confident training provided has ensured they have the knowledge to carry out care and services for consumers.

The service dmonstrated it has position descriptions for each role including key competencies and registrations are either desired or required. Staff are supported with mandatory online learning, orientation and a site tour prior to commencing duties for the first time. The service has a performance development policy, performance and development review plan and managing unsatisfactory performance procedures.

Staff described the performance appraisal process and how it is used to support development, the performance of staff is regularly reviewed, goals are set by staff and action is taken in response to staff performance.

**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 and representatives said the service is well run and confirmed they are encouraged and supported to participate in the delivery and design of care. Staff outlined the variety of ways consumers participated in the development, delivery, and evaluation of services, including monthly consumer meetings, feedback, consumer satisfaction surveys and speaking directly with staff.

The service had established processes to support consumers to engage in the development, delivery and evaluation of care and services.

The governing body promotes and is accountable for a culture of safe, inclusive and quality care and services. Management described how the governing body regularly monitors the service by reviewing internal audit reports and clinical indicator reporting. The service had central processes, policies and procedures promoting a culture of safe, inclusive, and quality care and services and was accountable for their delivery. The service had multiple board subcommittees including risk and compliance, finance, building and development.

Management and staff described processes and mechanisms in place for effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service provided a documented risk management framework, including policies describing how ‎high-impact or high-prevalence risks associated with the care of consumers is managed, how ‎‎the abuse and neglect of consumers is identified and responded to and how to report incidents and injuries. The service demonstrated, there was a clinical governance framework in place, including antimicrobial stewardship, minimising the use of restraint and open disclosure.

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)