Performance

Report

**1800 951 822**

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| Name: | Ozcare Parkwood Gardens |
| Commission ID: | 5635 |
| Address: | 100 Usher Avenue, Labrador, Queensland, 4215 |
| Activity type: | Site Audit |
| Activity date: | 19 June 2024 to 21 June 2024 |
| Performance report date: | 30 July 2024 |
| Service included in this assessment: | Provider: 952 Ozcare  Service: 5944 Ozcare Parkwood Gardens |

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 Parkwood Gardens (**the service**) has been prepared by Katherine Richards, 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 was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others

The provider did not submit a response to the Site Audit report.

# 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 found Compliant.

Consumers confirmed staff treated them with dignity and respect and gave practical examples of how their diverse cultures and identities were valued including being served meals which met cultural needs and customs. Staff were familiar with consumers’ backgrounds and cultures, used their preferred names and interacted in a kind, patient and friendly manner. Staff were guided by policies and procedures which fostered cultural awareness during care delivery.

Consumers said care and services were delivered in line with their cultural needs and preferences and therefore, they felt safe and respected at the service. Staff described consumers’ cultural preferences and gave practical examples of how these were met. Care documentation evidenced consumers’ life stories, significant relationships and cultural, spiritual and personal needs and preferences.

Consumers said they were supported to maintain personal relationships and make choices about how and when their care was provided. Staff gave practical examples of how consumers were assisted to make choices about their care and maintain personal relationships, such as ensuring married couples were not disturbed when spending time together, as per their preferences. Care documentation evidenced consumers’ choices and indicated they were able to change their preferences.

Consumers gave practical examples of how they were supported to take risks and live life as they chose. Staff explained where consumers wished to take risks, those risks were discussed, risk assessments occurred with input from medical officers and allied health professionals, and mitigation strategies implemented to promote their safety. Care documentation evidenced consumers had made informed decisions regarding risk.

Consumers said they received sufficient written and verbal information to allow them to make choices about activities, meals, events and visitor access. Staff gave practical examples of how timely information was provided to consumers to make choices. Information boards and flyers promoted activities and events, menus, consumers’ rights, newsletters and minutes from resident and representative meetings. Information policies reminded staff to adapt communication to meet consumer needs.

Consumers said their privacy was respected and their information was kept confidential. Staff gave practical examples of how consumers’ privacy was respected, such as knocking on room doors and waiting to be invited in and not discussing personal information in front of others. Consumers’ personal information was kept in locked nurses’ stations and a password-protected electronic care management system (ECMS).

# 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 gave practical examples of how they participated in the assessment and planning of consumers’ care and said risks were identified and consumers received care which met their needs. Staff described how risks to consumers were identified, and used to develop the care and services plan, which informed how care was provided. Care documentation evidenced comprehensive care and services plans were developed through an assessment process embedded in the ECMS, which included assessment tools to identify risk and consider responsive strategies to inform the delivery of safe and effective care.

Consumers and representatives confirmed they had discussed consumers’ care needs, goals and preferences, which included advance care and end of life planning, if they wished. Staff confirmed discussing end of life wishes with consumers during the entry process and revisited these discussions during scheduled care reviews, or when their needs changed. Care documentation evidenced information about consumers’ current daily needs, goals and preferences, as well as an advance care directive for consumers who had chosen to have one in place.

Consumers and representatives confirmed they and health professionals, such as allied health staff, participated in the assessment, planning and review of consumers’ care and services. Staff explained consumers, representatives and input from specialist services was sought in the assessment and planning of consumers’ care, particularly when there was an assessed need for specialised care. Care documentation evidenced the assessment and planning of consumers’ care was coordinated with other organisations and providers of care including medical officers.

Consumers and representatives said they received regular updates about consumers’ care, and they had access to a copy of the consumer’s care and services plan. Staff explained the outcomes of assessment and planning were documented in the ECMS and shared with consumers and representatives. Care documentation evidenced timely and appropriate sharing of the outcomes of assessment and planning with consumers and representatives.

Consumers and representatives confirmed consumers’ care and services were reviewed regularly and in response to incidents, following which any changed needs were addressed. Staff said consumers were regularly reviewed and explained incidents and changed circumstances may also result in a review of consumers’ needs and preferences. Care documentation evidenced consumers’ needs were routinely evaluated to determine effectiveness, and reassessment occurred when their health status, preferences or circumstances changed.

# 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 found Compliant.

Consumers gave positive feedback about the personal and clinical care they received, which they said met their needs and preferences. Staff were knowledgeable about consumers’ individual personal and clinical care needs and explained consumer care were managed to optimise well-being. Care documentation reflected consumers received safe, individualised care in line with their assessed needs and preferences. Best practice care was evident through policies, procedures, and oversight through audits and monitoring, including within meetings.

Consumers and representatives gave positive feedback about how the service managed risks associated with consumers’ care and services. Staff understood the high-impact and high-prevalence risks for consumers and explained how these were monitored, managed and incidents prevented. Care documentation evidenced risks to consumers were identified and responsive management strategies were in place.

Care documentation, for a consumer who had recently passed away, evidenced they were kept comfortable through provision of regular comfort care and pain monitoring, as per the consumer’s wishes. Staff understood how to care for consumers nearing end of life to ensure their comfort and to meet their needs and preferences, with support available from palliative care specialists. Policies and procedures guided staff in the provision of end of life care.

Consumers and representatives said staff were responsive when consumers’ conditions changed, or their health and abilities deteriorated. Staff said they were familiar with consumers’ baseline conditions, and changes were escalated to clinical staff for review with support from medical officers. Care documentation evidenced changes to consumer condition were identified and timely responses implemented.

Consumers and representatives confirmed consumers’ care needs were effectively communicated, known and understood by staff, particularly in relation to management of risks associated with their care. A clinical handover was observed, and staff discussed essential information about consumers’ care. Staff explained changes to care and services were also documented and accessed in the ECMS. Care documentation evidenced sufficient information about consumers’ conditions to inform others who had responsibility for care.

Consumers and representatives confirmed consumers had access to other health care providers and referrals were timely. Staff explained the referral process and said consumers had access to a network of individuals and organisations, to ensure their diverse needs were met. Care documentation evidenced consumers were promptly referred to medical and other health professionals, with recommendations included in care and services plans.

Consumers and representatives gave positive feedback about how infection-related risks were prevented and managed, particularly in the event of a COVID-19 outbreak. Staff said they were trained in infection prevention and minimisation strategies and described how they minimised infection risks to reduce consumers’ need for antibiotics. Policies and procedures guided staff in antimicrobial stewardship and infection control management.

# 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 found Compliant.

Consumers gave positive feedback about the services for daily living and confirmed they were supported to pursue activities which optimised their independence and well-being. Staff had knowledge of consumers’ daily living preferences and explained assessment processes undertaken during admission and updated to capture needs. Consumers were observed participating in a range of activities which catered for their differing needs and abilities.

Consumers confirmed their emotional, psychological and spiritual needs were supported by staff, which promoted their mental wellbeing. Staff advised they supported consumers emotionally by spending one-on-one time with them when their mood was low and arranging pastoral care visits. Care documentation evidenced consumers’ emotional support needs and how these could be met.

Consumers gave practical examples of how they were supported to participate in the service and wider communities, such as having a dedicated area to pursue favourite activities and leaving the service independently to go shopping and enjoy cafes. Staff had knowledge of how to support consumers’ participation in activities, and explained consumers were supported to maintain contact with loved ones through phone calls and electronic messages. Care documentation evidenced consumers’ activities of interest and people of importance to them, along with how they wanted to participate in the community. Staff explained the activity program had been tailored to consumer interests and preferences.

Consumers said information about consumers’ daily living needs were effectively communicated, particularly as staff understood their current needs and preferences. Service and support staff said they were kept informed of consumer changes. Care documentation evidenced information was accessible which facilitated sharing between those responsible for service delivery.

Consumers confirmed they were promptly referred to other organisations and service providers and gave positive feedback about connections made. Staff explained referral processes for volunteer programs to spend meaningful one-on-one time with consumers. Care documentation evidenced timely referrals were made to other organisations to meet consumers’ diverse support needs.

Consumers gave positive feedback about meals, which were varied, portion sizes were sufficient, aligned with their preferences and dietary requirements, and were developed based on feedback provided at consumer meetings. Staff explained consumers received meals and drinks according to their dietary needs and preferences. Meal service was observed, and staff provided dignified assistance for those consumers who required help to eat their meal.

Consumers said equipment provided by the service, such as mobility aids, were safe, clean and well maintained. Staff explained the maintenance process and said requests were checked throughout the day to ensure issues were promptly addressed, with specialist contractors in place, where required. Mobility aids and shared equipment was observed to be safe, 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 found Compliant.

Consumers said the service had a welcoming atmosphere, it was easy to find their way around and rooms were personalised with their own belongings. Consumers’ understanding of the service environment was supported by wayfinding signage, whilst communal areas encouraged interaction with others. Consumers were observed spending time with visitors and participating in activities.

Consumers gave positive feedback about comfort and cleanliness of the service, and confirmed they could move freely, both indoors and outdoors. Staff described the cleaning and maintenance schedules, which evidenced tasks were completed as required. Consumers were observed moving freely around a well-lit the service and accessing communal areas, courtyards and gardens.

Consumers confirmed furniture, fittings and equipment were clean, well maintained and suitable for consumers’ use, with staff prompt to attend to maintenance requests. Staff explained, and maintenance documentation evidenced, maintenance was attended to promptly, with specialist contractors in place if needed. Furniture, fittings and equipment were observed to be clean, in good condition and suitable for consumer 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 found Compliant.

Consumers and representatives said they were supported to raise concerns and gave practical examples of how this could be done through speaking with staff, completing a feedback form and attending consumer meetings. Staff explained the complaints management process and confirmed they would support consumers to raise concerns if required. Complaints documentation evidenced consumers were encouraged to submit complaints, whilst complaints forms and secure suggestion boxes were easily accessible.

Consumers and representatives understood how to access external complaints, advocacy and language services, whose contact details were included in the consumer handbook and monthly newsletter. Staff described the complaints, advocacy and language services available to consumers and confirmed they would assist them to access these if required. Multilingual posters and brochures promoted access to complaints, advocacy, and language services.

Consumers and representatives gave practical examples demonstrating appropriate action taken in response to their complaints, and staff apologised and worked with them to develop solutions. Staff described steps within the open disclosure process used to respond to complaints. Complaints documentation evidenced effective reporting processes and the use of open disclosure with timely response and resolution.

Consumers detailed how their feedback and complaints were used to improve the quality of care and services. Staff explained feedback and complaints were regularly reviewed to identify trends, which were added to the continuous improvement plan (CIP) for ongoing monitoring and action. Complaints documentation and the CIP verified feedback and complaints were used to improve consumers’ care and services and inform continuous improvement activities.

# 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 found Compliant.

Consumers and representatives gave positive feedback about staffing levels and confirmed consumers’ needs were promptly met. Management explained the roster was developed based on meeting legislative responsibilities, consumers’ feedback and their clinical needs, with a focus on staff member continuity and familiarity for consumers. Rostering documentation evidenced all shifts were filled and a registered nurse was scheduled on all shifts.

Consumers and representatives said staff were kind, caring, gentle, respectful, understood what was important to them, and spent time in conversation when care was delivered. Staff were familiar with consumers’ needs and preferences and explained how they spent time learning about their backgrounds, which supported friendly interactions during care delivery. Management explained the framework informing staff of expectations for working with consumers.

Consumers and representatives confirmed staff were suitably skilled, knowledgeable and competent in meeting consumers’ care needs. Management explained, and staff confirmed, their competency was determined through orientation and buddy programs, regular training, competency assessments, analysis of audit outcomes and clinical data, and ensuring professional registrations were current. Personnel records evidenced staff had position descriptions which required competencies and qualifications relevant to their roles.

Consumers confirmed staff were well trained and gave positive feedback about their skills when providing personal and clinical care. Management explained, and staff confirmed, mandatory training considered the required outcomes within the Quality Standards within topics covered, such as Serious Incident Response Scheme (SIRS), antimicrobial stewardship, restrictive practices, incident management, infection control and open disclosure. Staff said management supported requests for any additional training. Training records evidenced scheduling of staff education and monitoring for completion.

Management advised, and staff confirmed, staff performance was assessed and monitored through annual performance reviews and discussions following incidents or complaints, with informal appraisals through competency assessments, team meetings, observations and discussions with consumers and representatives. Staff confirmed they participated in performance reviews and described the process as an opportunity for self-evaluation, training needs were discussed, and they were supported by management. Personnel records evidenced all staff performance reviews had been completed as scheduled.

# 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 found Compliant.

Consumers and representatives gave positive feedback about how the service was managed and said they were involved through scheduled meetings, feedback processes or speaking directly with management. Management explained consumers and representatives further contributed to service evaluation through care and services plan consultations and surveys, a food-tasting forum, with initiatives included in the CIP. The service has a Consumer advisory body committee, with consumers acting as advocates for others, in addition to regular consumer meetings.

Consumers confirmed they felt safe, lived in an inclusive environment with access to quality care and services. The board of directors (the Board) was accountable for service delivery, including through subcommittees, and satisfied itself the Quality Standards were being met through regular reports on infection control, routine audits, consumer and representative feedback and complaints, reported hazards and risks, and clinical incident data. The Board was primarily composed of independent non-executive members and subcommittee members, and 3 members had clinical backgrounds.

The organisation had effective governance systems which supported information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. Management explained the governance systems, which were underpinned by policies, processes and systems to support compliance with the Quality Standards.

The organisation had effective risk management systems and practices related to managing high-impact or high-prevalence risks to consumers, identifying and responding to abuse and neglect, supporting consumers to live their best lives and managing and preventing incidents. Staff understood risks to consumers and described reporting responsibilities under the SIRS. Staff were guided by policies and processes in identifying and managing risks to consumers, whilst supporting them to live life as they choose.

The clinical governance framework included organisational leadership and accountability, continuous improvement, delivery of quality and safe clinical care, and promoted consumers as partners in their own care. The framework included policies and procedures on antimicrobial stewardship, restrictive practice and open disclosure. Management and staff understood the need to reduce antimicrobial resistance, use restrictive practice as a last resort and how open disclosure was used when things went wrong. Oversight and accountability was held by the Board and their subcommittees, executive management and service management.

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)