Performance

Report

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| Name of service: | Ozcare Port Douglas |
| Service address: | Martin Scullett Drive, Four Mile Beach PORT DOUGLAS QLD 4877 |
| Commission ID: | 5250 |
| Approved provider: | Ozcare |
| Activity type: | Site Audit |
| Activity date: | 10 October 2022 to 12 October 2022 |
| Performance report date: | 8 December 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 Port Douglas (**the service**) has been prepared by James Howard, 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 Assessment Team’s report for the site audit conducted from 10 October 2022 to 12 October 2022; 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
* the Approved Provider’s response to the site audit report, received on 3 November 2022
* 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 | **Non-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

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* *Requirement 3(3)(d)* – The service must ensure 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.

# 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

Consumers and representatives confirmed consumers were treated with dignity and respect with their identities, cultures and diversity appreciated and valued. Staff described how they treated consumers with respect by acknowledging their choices and understanding their backgrounds, life histories and needs.

Consumers and representatives indicated the service recognised and respected their cultural backgrounds and provided culturally safe care and services. Staff identified consumers from culturally diverse backgrounds and described how they ensured care was provided in alignment with their care plan.

Care planning documentation identified consumers were supported to exercise choice and independence, could make their own decisions and maintain personal relationships. Staff provided examples of how they supported consumers to exercise choice and independence.

The service demonstrated consumers were supported to take risks that enabled them to live the lives they chose. Staff demonstrated an awareness of consumers’ activities that contained an element of risk and the strategies in place to minimise potential risks.

Management and staff described how they communicated information to consumers, including those from culturally diverse backgrounds and cognitive impairments. The Assessment Team observed information displayed throughout the service including the monthly activities calendar, newsletters and advocacy services.

Staff described the practical ways in which they respected consumers’ personal privacy. Consumers felt the service was considerate of their privacy and did not express concerns regarding the confidentiality of their personal information.

# 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

Consumers and representatives confirmed they received the care and service they required. Staff described the assessment and care planning process, and how it informed the delivery of care and services.

The service had policies and procedures regarding advance care planning and to guide staff to undertake the assessment of consumers’ current needs, goals and preferences. Consumers and representatives indicated staff involved them in the assessment and planning of their care needs.

Care planning documentation demonstrated consumers and representatives were consulted throughout assessment and care planning and, when required, staff sought input from health professionals. Staff outlined the importance of consumer-centred care planning and explained how they collaborated with consumers, representatives and other providers of care to ensure quality care was provided.

The Assessment Team observed the outcomes of assessment and planning were documented in care plans, case conference notes and progress notes, and was accessible to staff and visiting health professionals. Staff advised all relevant information regarding consumers’ care needs and preferences were available on the service’s electronic care management system and indicated consumers and representatives were offered a copy of their care plans during each care review.

Care planning documentation confirmed care plans were reviewed on a regular basis, when consumers’ circumstances changed, or incidents occurred. Consumers and representatives indicated staff discussed their care needs with them and any changes were discussed in a timely manner.

# 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. | Non-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

*Requirement 3(3)(d):*

The Assessment Team recommended this Requirement as Not Met, as it considered the service could not demonstrate that deterioration or changes in a consumer’s mental health, cognitive or physical function, capacity or condition was recognised and responded to in a timely manner.

The site audit report noted:

* A review of care planning documentation and an interview with a representative revealed a consumer who experienced three falls within twelve days, and was transferred to hospital in a timely manner. Despite the consumer expressing pain, refusing care and staff documenting the consumer was unsteady on their feet in the days following their second fall, the consumer was not reviewed by a medical officer until eleven days after their initial fall, and was transferred to the hospital fourteen days after their initial fall. Following the transfer to the hospital, medical staff identified a fracture that required immediate surgery.
* A review of the service’s policy on the management of post-fall care indicated this incident was not managed in alignment with its policy.

The Assessment Team discussed these findings with management while on site. In response, management advised it did not opt for an immediate transfer to hospital due to the consumer’s previous falls history, where they displayed similar behaviours to those displayed with the most recent falls. In addition, management advised there was no investigation or review of the incident conducted post-transfer to the hospital and identification of a fracture.

The Approved Provider’s response outlined actions taken and prospective actions included in the service’s continuous improvement plan.

These included:

* Discussions, training and reminders regarding post-fall management to be provided to staff.
* Increased oversight by the Clinical Management Team to ensure the service’s processes are being followed.
* A review of the service’s preventative falls management processes to identify any gaps in best practice.
* A review of consumer’s baseline neurological observations to be completed.

In reaching my conclusion, I considered the information presented by the Assessment Team and the Approved Provider. I acknowledge the actions taken by the Approved Provider to address the issues surrounding the recognition and response of deterioration in the well-being of consumers. However, at the time of the site audit, the service’s departure from best practice care and their internal processes resulted in significant delays to the administration of care. Due to the findings of the care planning documentation review and interviews conducted by the Assessment Team, I consider that at the time of the site audit, the service did not demonstrate that deteriorations or changes in consumers’ health and well-being were responded to in a timely manner. I therefore Requirement 3(3)(d) is non-compliant.

*The other Requirements:*

Consumers advised they received safe and effective care that was best practice, tailored to their needs and optimised their health and well-being. Staff described how they provided safe and quality care to meet the needs of individual consumers.

Management identified, and clinical indicator data confirmed, that falls and weight loss were the most prevalent risks at the service. The Assessment Team observed clinical incidents were recorded, and data was reviewed monthly by the clinical governance committee with an aim to trend, investigate and reduce incidents.

Care planning documentation evidenced advance care planning discussions had taken place with consumers and representatives. Staff described how they approached conversations regarding end-of-life care and how palliative care was provided to maximise the comfort of consumers.

Consumers and representatives advised the consumer’s care needs and preferences were effectively communicated between staff, and they received the care they need. The Assessment Team observed staff communicating to each other and discussing changes to consumer’s health and wellbeing during shift handover.

Care planning documentation demonstrated timely referrals to medical officers, allied health therapists and other providers of care and services. Consumers and representatives were satisfied with the referral process and confirmed they had access to the required health care supports.

Consumers and representatives expressed confidence in the service’s ability to minimise and prevent infections and outbreaks. Staff described how they applied best practice infection control precautions in their routine work.

# 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

Consumers and representatives confirmed they were supported to engage in activities they chose and were provided with the appropriate supports to optimise their independence and quality of life. Staff outlined the supports of importance to consumers; this information aligned with care planning documentation.

Consumers advised the service provided supports for daily living which promoted consumers’ emotional, spiritual and psychological well-being. Care planning documentation identified information regarding the emotional, spiritual and psychological needs and preferences of consumers and described how staff assisted them.

Consumers felt the service assisted them to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and do things of interest to them. Management and staff outlined how they provided services and supports for consumers with mobility or cognitive impairments so they could participate in their community.

Care planning documentation provided adequate information to support the delivery of effective services and safe care. Staff described the various ways they shared information and were kept informed of consumers’ condition, needs and preferences.

Care planning documentation and internal processes demonstrated the service had access to a range of services and providers of care and were able to make referrals in a timely manner. Consumers advised they were supported by external organisations, support services and providers of other care and services.

Consumers and representatives indicated the service provided meals which were varied and of suitable quality and quantity. Staff advised consumers’ preferences were incorporated into the menu options available at the service and described individual consumer dietary preferences.

Consumers and representatives stated the equipment provided was safe, suitable, clean and well maintained. The Assessment Team observed a range of equipment was available to consumers, such as walkers, wheelchairs, commode chairs, shower beds and leisure and lifestyle equipment.

# 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

The Assessment Team observed the service environment was welcoming and optimised the consumers’ sense of belonging. Management and staff described the various aspects of the service environment that made consumers feel welcome and optimised their independence, interaction and function.

The service demonstrated processes were in place to ensure the service environment was safe, clean, well maintained and comfortable, and the service environment enabled consumers to move freely, both indoors and outdoors. The Assessment Team observed consumers in all areas of the service, including those who were environmentally restrained, moving freely both indoors and outdoors, and enjoying time with their visitors in outdoor areas.

Management provided records which evidenced preventative maintenance had been carried out, including maintenance of mobility aids and other shared equipment. The Assessment Team observed equipment was kept well maintained and suitable for use by consumers.

# 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

Management and staff described the processes in place which encouraged and supported consumers and representatives to provide feedback and make complaints. Consumers and representatives indicated they understood how to provide feedback and complaints and felt comfortable to do so.

Consumers and representatives were aware of external complaints, language and advocacy services that were available to them. The Assessment Team observed information displayed throughout the service regarding advocacy services and supports available to consumers.

Consumers and representatives indicated the service took appropriate action in response to complaints. Staff demonstrated an understanding of open disclosure principles and outlined how they would apologise to a consumer when something went wrong.

Consumers and representatives confirmed the service used feedback and complaints to improve care and services. The service demonstrated a system and procedure for receiving, monitoring, and actioning feedback from consumers and their representatives.

# 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

Consumers and representatives felt the workforce was planned to enable the delivery and management of safe and quality care and services. Management advised they ensured there were sufficient staff to provide safe and effective care by utilising agency staff on monthly contracts and adjusting the staffing mix to ensure consumer needs were met.

The Assessment Team observed workforce interactions to be kind, caring and respectful of consumer’s identity, culture and diversity. Consumers and representatives advised staff took the time to get to know them and understood their individuality and diversity.

Consumers and representatives expressed confidence with the ability of staff to perform their roles and meet their care needs. The Assessment Team observed position descriptions included key competencies and skills essential for each role, and staff were required to have these relevant qualifications.

The Assessment Team reviewed the service’s mandatory orientation day agenda which included key topics such as manual handling, serious incident response scheme reporting, infection prevention and outbreak management. Consumers and representatives believed staff had the appropriate skills and knowledge to deliver safe and quality care.

The service demonstrated regular assessment, monitoring and review of the performance of each staff member. Management described the various ways it monitored performance, such as through observations, competency assessments and progress note reviews.

# 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

Consumers and representatives advised they were engaged in the development, delivery and evaluation of care and services through a variety of avenues, including consumer meetings, committees, and surveys. Staff outlined how the service used feedback to drive the improvement of services.

The service demonstrated it had central policies, procedures and tools developed with the governing body to promote a culture of safe, inclusive and quality care and services and was accountable for their delivery. Management advised the serviced conducted monthly internal audits and the outcomes of these audits were discussed at Board meetings.

There were organisation-wide governance systems to support effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management.

The service had policies, guidelines and frameworks in place to support the management of risks, supporting consumers to live the best life they can and managing and preventing incidents. Management and staff described examples of individual risks and how they were managed.

The service demonstrated it had a clinical governance framework and supporting polices in place which addressed antimicrobial stewardship, minimising the use of restraint and open disclosure. Management and staff described strategies to minimise the use of antibiotics in alignment with the service’s policy.

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)