Performance

Report

**1800 951 822**

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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: | Assessment Contact - Desk |
| Activity date: | 16 March 2023 |
| Performance report date: | 29 March 2023 |

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 K. Reed, 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 - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff, and representatives
* information and intelligence held by the Commission in relation to the service
* the site audit report for the site audit conducted 10 October 2022 to 12 October 2022
* The performance report completed 08 December 2022.

# 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)(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 changes in a consumer’s health and well-being were recognised and responded to in a timely manner. Care documentation for three consumers identified that staff recognised, reported and responded to changes in a consumer’s condition. Clinical staff advised actions taken included assessment of the consumer, discussion with the consumer or representative, referral to the Medical officer or other Allied health professional and transfer to hospital if necessary. Care staff advised they notified clinical staff if they had concerns about a consumer’s condition. Care staff stated they followed up with the Registered nurse to ensure action had been taken. Representatives confirmed they were involved in discussions regarding consumers’ care and service needs, stating the staff were responsive when there was a change or an incident for the consumer. Representatives were happy with the care and services provided by the service.

The service was found to be non-compliant in this requirement following the Site Audit conducted on 10 October 2022 to 12 October 2022, and this related to the service could not demonstrate that deterioration or changes to a consumer’s mental health, cognitive or physical function, capacity or condition was recognised and responded to in a timely manner.

The service has taken the actions to address previous non-compliance. The service identified, the registered staff were not following best practice in relation to recognising consumers who were deteriorating or who had a fall and the management of the consumer post fall. The service identified the staff were not following the organisational policy “Decline or variance in Client health Status”. The policy contained a comprehensive flowchart to guide registered staff practice in the event of a consumer whose health was deteriorating or a consumer who may have experienced a fall.

On 12 October 2022, the service provided additional information to registered staff on the process for identifying when a consumer was deteriorating and the steps to take when consumers were unwell. The flowchart in the policy was provided to all registered staff and a copy of the flowchart was placed in all work stations for easy access and quick reference. The service identified, the labour hire workforce was not always aware of the processes as they worked infrequently at the service. In response to this, the service contracted the labour hire company to provide staff for periods of up to eight weeks. This ensured staff were aware of any organisational changes and any changes to work instructions and or polices and provided continuity. The labour hire workforce also participated in the session on the policy and flowchart.

The service commenced a clinical review process on 12 October 2022, where the Clinical care manager and/or the Facility manager reviewed all the consumer progress notes and incident reports for the previous 24 hours. A report was then developed called an ‘emerging needs’ document, which was then provided to all registered staff at handover or on a one on one basis. This information was then used to follow up with consumers who had a change in their health condition or had an incident. The daily monitoring resulted in improvements in consumer follow up and documentation in the service’s electronic care management system.

The service identified some gaps in the completion of the neurological observations for consumers who have experienced an unwitnessed fall. In response baseline observations were completed for all consumers at the service. This was completed on 9 November 2022. In additional staff were provided with education and training on neurological observations.

The service had a clinical review meeting each week, where the consumer’s health care issues were discussed with actions for registered staff to follow up. The clinical review meeting minutes for 1 and 10 March 2023 identified individual consumer concerns and issues were discussed and actions documented with a person responsible noted and dates for completion. The Occupational therapist is full time at the service and reviewed all consumers post falls with individual strategies documented following the falls risk assessment being completed. In addition, the Occupational therapist implemented a group exercise session for consumers which focusses on balance and strengthening. The Occupational therapist attends the consumer monthly meetings, which commenced in December 2022, to discuss movement and exercise with the consumers as part of the fall’s prevention program.

The service had a weekly management meeting where a falls update was provided and was a standing agenda item. Post falls best practice guidance and documentation have been added to the Registered nurse meeting agenda. Post falls management and neurological observations training have been provided to staff on three different occasions.

The service had a Plan for continuous improvement which identified the actions the service had implemented since October 2022, with completion dates and included monitoring and auditing completed.

Based on the above information, it is my decision this Requirement is now Compliant.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)