Performance

Report

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| Name: | Ozcare Villa Vincent |
| Commission ID: | 5875 |
| Address: | 2 Acacia Street, MUNDINGBURRA, Queensland, 4812 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 1 October 2024 |
| Performance report date: | 4 November 2024 |
| Service included in this assessment: | Provider: 952 Ozcare  Service: 3808 Ozcare Villa Vincent |

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 Villa Vincent (**the service**) has been prepared by P. Sherin, 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 (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents, and interviews with staff, representatives and others.
* the assessment team’s report for the Site audit conducted 27 – 30 May 2024 and the performance report dated 8 July 2024.

# Assessment summary

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| Standard 8 Organisational governance | 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 8

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| Organisational governance | |  |
| 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

The service was previously found non-compliant in this Requirement following a Site audit conducted 27 - 30 May 2024 due to not demonstrating freedom of movement and access for consumers in the memory support unit, and lack of staff knowledge in relation to antimicrobial stewardship and restrictive practices.

Sampled representatives provided positive feedback regarding the service’s management of consumers’ access to their rooms and freedom of movement within the memory support unit.

Management discussed the service’s policies and practices regarding when a consumer and/or representative requests to have a consumer’s door locked within the memory support unit to prevent other consumers with wandering behaviours from entering. Any such requests are escalated to management and require appropriate authorisations and informed consent, risk assessments, and dignity of risk approval. Review of documentation for sampled consumers confirmed this has occurred.

Observations in the memory support unit identified bedroom doors can be opened independently from the inside, enabling the consumer to freely exit their room when they choose. Staff demonstrated knowledge of those consumers whose doors are locked and described how they monitor consumers for signs they wish to return to their rooms if they are unable to verbalise this. Staff were observed facilitating consumers’ access to their rooms.

Staff demonstrated sound knowledge of antimicrobial stewardship and restrictive practices as relevant to their roles and said they have been provided training and resources in this regard.

Interviews with staff and management, and review of documentation, identified the service has implemented a range of corrective actions to remediate previously identified deficits. This includes:

* Consumers in the memory support unit have been reviewed; documented discussions with representatives have occurred; and the required assessments, authorisations, and behaviour support plans have been completed.
* Implementing training and education on antimicrobial stewardship and restrictive practices for staff via face-to-face sessions, discussions in staff meetings and handover, and provision of resources.
* Antimicrobial stewardship and restrictive practices are regular agenda items in clinical meetings.
* Quarterly medication advisory committee meetings have been reinstated and involve discussion on antimicrobial stewardship as a standing agenda item.
* A review of the service’s memory support unit environment has been scheduled to seek recommendations on improvements to minimise wandering consumers from entering other consumers’ rooms.

Based on the information recorded above and the positive feedback received from representatives, it is now my decision this Requirement is 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)