

**Performance Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | The Oaks Residential Aged Care Facility |
| Commission ID: | 5462 |
| Address: | 56 Locke Street, WARWICK, Queensland, 4370 |
| Activity type: | Site Audit |
| Activity date: | 12 November 2024 to 15 November 2024 |
| Performance report date: | 17 December 2024 |
| Service included in this assessment: | Provider: 1132 Queensland Health  Service: 3752 The Oaks Residential Aged Care Facility |

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 The Oaks Residential Aged Care Facility (**the service**) has been prepared by Grace Hope-Simpson, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, older people/representatives and others

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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 described being valued as individuals and said they are consistently treated with dignity and respect. Interactions between staff and consumers were observed to be appropriate and dignified. Documentation confirmed different religious identities are catered to, and care documentation record how consumers practice their religions. Staff knew which consumers are from culturally diverse backgrounds and how this impacts their service delivery.

Consumers reported being supported to make decisions about their daily life and care, and to change their minds when they want to. Consumers said staff always accommodate their decisions. Consumers nominate who they want involved in their care, and who they want to maintain relationships with.

The service supports consumers to take risks to enhance their quality of life. Consumers confirmed they have been supported to understand risks involved in undertaking certain activities, such as smoking, and said service staff are not judgemental about their decisions. Policy, procedure and care documents confirmed the service has an effective ‘dignity of risk’ process. Risk assessments are completed, and safety strategies identified for consumers who chose to partake in risky activities.

Consumers said they received information in a way they understand, and they are involved in meetings where they are encouraged to ask questions about their care. Staff described how information is communicated to consumers and representatives to ensure it is accessible and easy to understand, including strategies to convey information to consumers with communication barriers.

Consumer personal and health information is stored the electronic care management system (ECMS) which is password protected. Consumers said staff respect their privacy when providing care and when family and friends are visiting. Observations showed staff ensured private conversations are conducted in suitable locations, doors were closed when providing care and workstations were logged off when not in use.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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 said they are included in assessment and planning processes. Initial assessment and planning occur on entry to the service, with validated assessment tools used to identify health and well-being risks to consumers, including falls, medication, continence and skin integrity. Care plans are created within 7 days of entry to the service and are reviewed periodically and when changes occur. The service has policies and procedures related to assessment and planning.

Consumers and representatives said the service identifies and addresses consumers’ current needs, goals and preferences and advanced care planning is discussed on entry to the service. All sampled consumer files contained information about consumers’ current needs, goals, preferences and end of life wishes.

Consumers and representatives said the service prioritises their involvement in assessment and planning. Documentation showed the service communicates with representatives regularly, about changing consumer needs. Management interviews and documentation review demonstrated the service also partners with other organisations and individuals, such as medical officers, dementia support services, geriatricians and allied health professionals.

Consumers and representatives confirmed they have access to physical copies of consumer care plans, and said the service is very effective at keeping them up to date. Progress notes demonstrated regular communication and updates to consumers and representatives about assessment and planning outcomes and changes to consumer condition.

Clinical staff outlined the process and schedule for care plan reviews, which occur every 3 months. A review of care planning documentation confirmed reviews take place on a regular basis or when circumstances change, such as in response to health deterioration or incidents. Consumers and representatives confirmed their involvement in regular and as needed reviews.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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

Documentation review and interviews with staff, consumers and representatives demonstrated the service provides safe and effective personal and clinical care, which generally aligns with best practice. The Assessment Team sampled files and spoke to consumers who have complex and high-risk care requirements, including in relation to restrictive practices, changed behaviours, falls risk, skin integrity and catheter care. Evidence showed the service provides safe and effective clinical and personal care in relation to those consumers. Restrictive practices are used in line with legal requirements and minimised where possible. Staff understand consumers’ care needs and preferences. Care documentation demonstrated individualised care tailored to needs of consumers and informed by relevant assessments, policies and procedures.

The service effectively manages high impact- high prevalence risks associated with consumer care. Validated risk assessment tools are used to identify risk; external allied health and other professionals develop risk mitigation strategies. Falls preventions strategies are in place for consumers with high falls risk and staff follow recommendations to assist and supervise those consumers when mobilising. Staff and management understand the risk profile of the consumer cohort, and confirmed these are discussed at clinical meetings and reported on to the clinical governance team. Consumers and representatives considered the service properly manages risks to consumers’ health. While some delays were identified in the provision of time sensitive medications, management outlined a range of education and improvement measures to improve practice in this area.

The service demonstrated the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, with their comfort maximised and their dignity preserved. Care planning documentation includes advance care plans; discussion and collaboration with representatives regarding palliative care and comfort care measures are also documented. Representatives were satisfied with the care provided consumers at the end of life. Staff described how they approach end of life conversations, provide palliative care and maximise the comfort of consumers in the final stages of life.

Service staff recognise and respond in a timely manner to changes and deterioration in consumer capacity and condition. Clinical staff and management outlined measures used to respond to signs of deterioration, including referral to medical officers or specialists, collecting samples for pathology or referral to external organisations such as dementia support services. Staff described work closely with consumers and monitor for changes in appetite, skin condition, mobility, continence or overall behaviour and escalate this to clinical staff and management for further assessment. Documentation demonstrated timely and appropriate response to such changes, as reflected in progress notes, assessment tools and care plan reviews.

Care planning documentation, including progress notes, contained specific instructions and individualised information to support provision of effective and safe shared care. Staff said they have access to the information they need in care plans, progress notes and from handovers, and they explained how information is shared with others involved in care. Consumers and representatives said staff communicate effectively with each other and others involved in care, and confirmed consumer needs and preferences are met. Written documentation is used to support handovers, which convey changes in consumers’ condition and upcoming tasks or referrals needed.

Care planning documentation and progress notes demonstrated involvement of medical officers, allied health professionals and specialists when needed. Consumers and representatives confirmed referrals are timely and there is access to a range of health professionals. Staff explained the referral process and how consent is given before a referral is initiated.

The service minimises infection-related risks through standard and transmission-based precautions and practices antimicrobial stewardship. Staff have shared understanding of key infection control practices and are provided with mandatory training on the topic. Management understands current Infection Prevention and Control (IPC) guidelines and the service IPC lead conducts regular audits and educates staff on relevant procedures, such as hand hygiene and Personal Protective Equipment use. Policies and procedures are in place and have been implemented in practice, to support responsible and appropriate use of antibiotics. An outbreak management plan is in place and observations confirmed the service promotes IPC practices and education.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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 said the service supports them to do things they enjoy and that promote their independence, health and well-being. Consumers confirmed staff modify supports so they can still participate in activities of interest, even when they feel less able to. Lifestyle staff confirmed the activities program is based on consumer feedback and suggestions, and said they try to run activities which are stimulating for the majority of consumers. One-on-one activities are also offered.

Care plans contained interventions and strategies to support consumer emotional, spiritual and psychological wellbeing. Multi-faith church services are conducted and various religious denominations are catered for. The lifestyle calendar contained a wide range of activities, including exercise classes, bingo, mind games, concerts, entertainers, trivia, games and movies.

Consumers reported having active social lives and said they can pursue their interests at the service, maintain their relationships however they want to and participate in community activities in a way that suits them. Consumers are supported to visit family and friends away from the service, to go on outings and to have visitors to the service as often as they like.

Care planning documentation showed sufficient information is recorded to support effective and safe shared care where daily living is concerned. Consumers and representatives said staff and others providing care and services know consumers’ needs and their preferences. Handovers at each change of shift support information sharing.

Consumers confirmed the service refers them to other organisations, services and providers as needed, to support their daily living needs. Consumers and representatives are advised well in advance of any appointments. Records show referral to organisations such Older Person’s Mental Health, dementia support services, specialised transport providers, podiatrists and other allied health professionals.

Consumers were very happy with meals provided by the service, both in terms of quantity and quality. Consumers have input to the menus, via a food forum group. Hospitality staff demonstrated good knowledge of consumer dietary needs and preferences, and had shared understanding of how those dietary requirements are monitored in the kitchen environment. Dietary requirements and preferences are stored on forms in the kitchen and meals are checked for quality and accuracy twice, before being served.

Equipment to assist consumers with their independence and mobility such as wheelchairs and walkers was accessible, clean and well maintained. Consumers provided positive feedback about the equipment provided by the service and said their maintenance requests were attended to. Maintenance tasks are shared between the maintenance officer, the organisation’s maintenance team and external contractors. Equipment bore evidence of regular maintenance, with date stamps or bar coded. Staff understand the maintenance request process and the maintenance manager outlined the preventative and reactive maintenance programs.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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

Consumer rooms are individualised, containing personal effects, decorations and furnishings. A simple layout with directional signage supports navigation of the space, and there are large open plan areas, indoor and outdoor communal spaces and connections to other wings to support consumer interaction. Consumers and staff said consumers are supported to decorate their rooms and confirmed it helps staff to get to know consumers and creates talking points.

Consumers reported the service to be kept very clean, safe and maintained, which was corroborated through observations during the site audit. A warm and welcoming atmosphere was observed, and consumers were seen moving freely around the service, both indoors and outdoors. Consumers were seen participating in activities in common areas, socialising, enjoying meals, participating in group activities and using garden areas and private rooms with ease.

Furniture and equipment were seen to be safe, clean, well-maintained and fit for purpose. Staff said they have access to equipment they need to provide care. Maintenance occurs according to a scheduled maintenance plan with specialist contractors used for specific purposes. Consumers said equipment is well maintained and kept clean. Maintenance tags were applied to usable consumer equipment; unusable equipment was marked as so. The service has an established process for replacing furnishings that have reached the end of their usable life.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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

Consumers and representatives said they are supported to give feedback or make a complaint and they said they feel comfortable doing so. Methods used to elicit consumer feedback include feedback forms, consumer meetings and direct to management. Management and staff described processes in place to encourage and support feedback and complaints. Feedback forms and locked drop boxes are displayed in the service, and the feedback and complaints process is discussed in the consumer handbook.

Overall, consumers and representatives said they are comfortable to report concerns or complaints with staff, to complete feedback forms or raise issues at consumer meetings. Staff had shared understanding of internal and external complaints avenues, advocacy and language services. Promotional material about advocates, the Commission and the Department of Health are displayed throughout the service.

Most consumers said appropriate action is taken in response to their feedback and complaints. Staff were aware of open disclosure principles and how they apply to their work. Review of the service’s feedback and complaints register showed the service applies open disclosure, and complaints and their follow up are recorded in an incident management system and the ECMS.

Consumers and representatives are satisfied feedback and complaints are actioned to improve services. Management advised the service uses consumer and representative meetings, surveys, feedback forms and verbal feedback to drive improvements. The service has a Plan for Continuous Improvement (PCI) and complaints are trended and reported on at the organisation’s regional quality meeting, to identify improvements that can be implemented at scale.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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 said there are enough staff on hand and that consumer call bells are attended to in a timely manner. Overall, staff said they have enough time to do their work. Management demonstrated a planned approach to rostering, which is led by the organisation’s human resources department. Rosters are developed using an electronic rostering system and business planning framework that considers consumer acuity, call bell reports, number of allocated beds and nursing ratios (among other considerations). Unplanned leave is addressed by calling on staff from part-time and casual pools, overtime and extension of shifts. The service meetings mandated aged care minimum care minutes and 24/7 RN requirements.

Consumers gave wholly positive feedback about the workforce, saying staff are ‘wonderful’ and treat consumers very well. Staff are trained in person-centred care, cultural awareness topics and are subject to a Code of Conduct. Observations showed staff treating consumers with patience, respect and courtesy, using appropriate language and tone. Management monitors staff interactions through daily observations around the service, reviewing results of surveys and through feedback.

Consumers said the workforce is competent, with the qualifications needed to do the job. Staff were clear on the expectations and responsibilities of their roles and confirmed being supported and trained to perform in their roles. Competency is determined during onboarding, training, feedback and through peer feedback, audits and reviews of clinical records.

There are systems in place for training and monitoring the workforce. Staff complete an orientation program and induction training on commencement, with ongoing annual mandatory training thereafter. Other training topics are identified on an ongoing basis. Training records show mandatory and refresher training has been completed on a range of topics linked to these Standards, including SIRS, Code of Conduct, infection control, cultural practice and person-centred care. External training resources are utilised, including through dementia support services, clinical and nurse educators.

Workforce monitoring and performance assessment occurs on a regular basis, as well as annually through the formal appraisal process. Informal meetings and supervision occur as needed and when requested by staff. New staff have regular reviews during the 6-month probation period. Staff confirmed the performance appraisal process supports them to set career goals and identify areas for training and improvement.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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**

The service supports and elicits feedback and input from consumers, to evaluate the service and inform its design. Consumers confirmed their participation in meetings and said management listens to them. Input is also sought through focus groups, audits and surveys, as well as through evaluations of the lifestyle program activities that occur after each session.

The organisation’s governing body, executive and regional leadership promotes a culture of safe, inclusive and quality care through a range of reporting and oversight activities, and through the provision of strategies, policies and procedures to support delivery of safe and quality care. The organisational reporting structure allows the executive of the organisation to have necessary oversight of the service, to support overall accountability for safety and quality.

The service demonstrated effective, organisation wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service had effective risk management systems and practices to manage high-impact high prevalence risk, identify and respond to abuse and neglect, support consumers to live their best life and to manage and prevent incidents through use of an incident management system. Consumers are supported to complete risk-taking activities, informed consent is gained and risks assessments used to support the informed consent process. The service has mandatory staff training on the service’s incident management system, reporting requirement and the Serious Incident Reporting Scheme. High impact and high prevalence risks are monitored using clinical indicators and are analysed at the service level by the DON and leadership team.

The service demonstrated a clinical governance framework is in place, with policies, procedures and activities relating to antimicrobial stewardship, minimising the use of restraint and open disclosure. Review of planning documentation, complaint registers, policy and procedure documentation as well interviews and direct observations demonstrated staff understand these concepts and how their principles apply to their work.

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-1)