Performance

Report

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| Name of service: | The Ormsby Aged Care |
| Service address: | 112 Burnett Street Buderim QLD 4556 |
| Commission ID: | 5318 |
| Approved provider: | McKenzie Aged Care Group Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 15 March 2023 to 17 March 2023 |
| Performance report date: | 24 April 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 The Ormsby Aged Care (**the service**) has been prepared by G. 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; 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.
* 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 | **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

Consumers said the staff were kind and treated them with dignity and respect. They said they felt valued and could share their cultural identity and preferences with staff. Staff showed they were familiar with consumers’ backgrounds, and cultures and ensured care and services were culturally safe. Care plan documentation reflected what is important to consumers to maintain their identity, including consumers’ religious, spiritual, and cultural needs and personal preferences.

Consumers described how the service supports consumers to maintain communication with their families and friends in line with care documentation. Staff described how they respected consumer choices and understood their background, likes and dislikes. Care planning documentation showed consumers’ choices were documented and demonstrated assessment of consumer preferences.

Consumers said they were supported to take risks to live their best life and described how the service enabled consumers to perform the activities they would like, even if these had associated risks. Care planning documentation confirmed the service undertakes risk assessments and identified risk mitigation strategies to support risk-taking.

Consumers described how they receive up to date information about care and service delivery and how this information is communicated to them. Staff described ways in which information is provided to all consumers and how staff make sure that consumers make informed choices.

Consumers stated their privacy is always respected. Staff identified ways in which they protected consumer information. The Assessment Team observed privacy being maintained through practices such as staff knocking on doors and waiting for an answer and nurses’ stations being locked.

# 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 said were involved in finding strategies to meet identified needs, and to complete care plans. Staff understood the importance of ensuring individual consumer risks were discussed and identified with mitigation strategies in place. Care documentation demonstrated individualised care planning and risk assessment with mitigation strategies that aligned with consumer needs and preferences.

Consumers and representatives said the service addresses and supports consumers needs and preferences and confirmed end of life preferences were discussed. Staff were aware of end-of-life planning and how it was assessed upon entry to the service. Care planning was observed to be individualised and reflected consumer preferences for care, including advance care and end-of-life planning.

Consumers and representatives said they were involved in the assessment and care planning process and were aware of the outcome of assessments. Most were aware of or had been offered copies of care plans. Staff described regular communication and consultation with consumers, multidisciplinary team members and family members to ensure an ongoing care partnership. Care documentation for the consumers sampled evidenced the involvement of other consumers, care providers and allied health professionals.

Consumers and representatives confirmed they were involved in regular care reviews, when there is a change in consumer needs and when they were notified of an incident. Staff described the process for care reviews. Care documentation reflected regular review, when circumstances changed or when there was an incident.

# 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

Consumers and representatives said they were confident the service provided safe care which aligned with their needs. Staff were aware of best practice guides and demonstrated familiarity with consumers’ clinical needs. Care documentation reflected consumers are receiving individualised care that is safe, effective, and tailored to their specific needs and preferences.

Consumer and representatives reported the service effectively consults with them in the management of risk and related care reviews pertaining to high impact or high prevalence risks. Staff identified individual high impact or high prevalence risks and risk mitigation strategies implemented for consumers. Care documentation evidenced high impact risks were managed and reviewed.

Care documentation showed consumers were commenced on end of life pathways, symptoms were managed with pain medications and comfort care was carried out. Staff described end of life care provision in accordance with consumers’ wishes, symptom management and ongoing communication with consumers and representatives.

Consumers and representatives said they felt the service responded well to deterioration or change in condition. Staff were able to speak to the process for early recognition and response to a deterioration or change in a consumer’s health. Care planning evidenced internal escalation and timely consultation with other care providers for changes in the consumer’s clinical condition.

Consumers and representatives said their needs and preferences were understood across the care team, both within and external to the organisation. Staff reported information relating to consumers’ conditions, needs and preferences is documented in the electronic care management system (ECMS) and communicated effectively across the team. Care planning evidenced communication with other care providers.

Consumers and representatives said the service facilitated appropriate referrals to services and care providers in response to changing consumer needs. Staff said timely and effective team communications take place regarding consumer needs, resulting in referrals by registered nursing staff to other care providers. Care documentation reflected referrals to a number of allied health and specialist support services.

Consumers and representatives said they were happy with the service’s management of infection control. The service has a full-time infection prevention and control lead (IPCL). Care documentation evidenced principles of antimicrobial stewardship were enacted at the service. Staff were observed to be practicing hand hygiene and could speak to infection control practices.

# 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 said they are supported to do the things they want to do, have support available to allow them to be as independent as possible and participate in activities that promote their well-being and quality of life. Staff demonstrated knowledge of consumers’ needs and preferences. Consumer care plans identified consumer choices, what they like doing and information about services and supports they need to do the things they want to do.

Consumers said their emotional, spiritual, and psychological well-being needs, goals and preferences were being supported. Staff described how the service supported consumers’ emotional, spiritual, and psychological well-being. The Assessment Team observed lifestyle and care staff sitting and talking one-to-one with consumers. Care planning documentation for consumers included information about their emotional, spiritual, and psychological well-being.

Consumers said they felt supported to participate in activities within the service and in the outside community. Staff said the service has a wide variety of activities available to support consumers to participate within their community, do things of interest and maintain social relationships. Care planning documentation identified the people important to individual consumers and activities of interest.

Consumers said the service is aware of individual preferences and needs, and when they change, the information is shared within the service and with others sharing in care. Staff explained how information is shared internally at handovers and recorded in the service’s ECMS. Care planning documentation detailed adequate and consistent information about consumers’ condition, needs and preferences.

Consumers and representatives described referrals and follow-up as timely and appropriate. Staff described how they made referrals to external services. Consumers’ care planning documentation showed the service collaborates with external providers, including entertainers, religious groups and other organisations.

Most consumers were happy with the variety, quality and quantity of food being provided. Care planning documentation confirmed consumers’ dietary requirements and preferences were captured. The service uses food focus groups and other means to ensure consumers have input to the design of the meal experiences.

Consumers confirmed equipment provided is safe, suitable, clean, and well maintained. Staff described the processes for identifying equipment that requires maintenance. All consumers said they were aware of the process for reporting an issue. The Assessment Team observed equipment to be safe, suitable, clean, and well maintained. The Assessment Team reviewed scheduled preventative and reactive maintenance and found them to be current and up to date.

# 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

Consumers said the service is welcoming and easy to navigate. Staff explained how they make consumers feel at home and the steps taken to improve their service experience. Management said they had taken time to understand how consumers use the service environment and have tailored it to their needs. The service provides an open, modern, new, spacious, and welcoming environment. The service has 3 levels and a large parking area.

Consumers said the service is kept clean and well maintained, and they can move freely both indoors and outdoors. The cleaning staff described the processes for cleaning consumer’s rooms and communal areas which included the completion of daily logs for each area. The Assessment Team observed all areas of the service to be clean, safe, well maintained and at an appropriate temperature.

Consumers said furniture, fittings and equipment are safe, clean, and well kept. The Assessment Team reviewed maintenance documentation which evidences regular maintenance. The Assessment Team observed staff cleaning furniture, fittings, and equipment across all areas of the service.

# 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

Consumers and representatives said they felt supported by the service to provide feedback and make complaints. Staff explained the avenues available for consumers and representatives to provide feedback via different avenues. The Assessment Team observed feedback forms and collection boxes throughout the service.

Consumers said an alternative avenue or support person could be accessed for making a complaint. Staff knew how to access interpreters and said they assisted consumers with lodging complaints. The Assessment Team reviewed the consumer handbook which includes advocacy information and phone numbers. The Assessment Team observed notice boards throughout the service displaying posters for external complaints and advocacy mechanisms.

Consumers and representatives said when feedback is provided, staff act quickly to address the issue and apologise when something has gone wrong. Staff understood the open disclosure process. Documentation review demonstrated a consistent process used to respond to complaints, including speaking directly to the consumer and or representative and apologising for any dissatisfaction with care and services.

Consumers and representatives discussed the service’s recent response to complaints relating to food, with several consumers commenting they felt management was proactive in their response. Documentation review demonstrated changes and improvements made in response to feedback, including a garden redesign. The service’s Plan for Continuous Improvement (PCI) identifies the source of improvement activities, including consumer feedback.

# 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, representatives, and staff report the service has experienced a shortage of staff. However, all consumers and representatives sampled did not identify a negative impact on consumer health and wellbeing as a result. The Assessment Team observed call bells to be answered in a timely manner and staff were observed to be unrushed in provision of consumer care. Review of recent rosters showed low rates of unfilled shifts.

Consumers and representatives said staff engage with consumers in a respectful, kind and caring manner, and are gentle when providing care. Staff demonstrated an understanding of the sampled consumers, including their needs and preferences. Staff were observed to engage with consumers and their family members in a respectful and personable manner.

Consumers said staff were skilled in their roles and competent to meet their care needs. Staff said they are well supported by management in undertaking the training provided to them, on commencement and ongoing thereafter, while at the service.

Consumers reported they are confident with staff abilities and practices. Staff described how they have regular training sessions through meetings, one-to-one or online platforms. Staff confirmed the service provided a supportive and individualised orientation process. The Assessment Team reviewed training records which indicated no staff were overdue with mandatory training.

Consumers confirmed they provided feedback on staff performance and the service actioned the feedback accordingly. Staff reported they can have an annual appraisal discussion if they so choose, although will receive feedback more frequently in direct response to their work performance. The management team confirmed staff performance is monitored through a range of avenues. Records showed most staff had been invited to complete their annual self-assessment.

# 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 reported they felt the service was well run, highlighting the new service manager to be approachable and supportive, and confirmed they are invited to participate in consumer meetings and surveys to provide input to service design. Staff described consumer engagement process. Consumer meeting minutes and the PCI document demonstrated consumer engagement to improve care and services including through establishment of a book club, .

The service demonstrated the governing body has implemented processes to ensure the service is accountable for the delivery of care and promotes a culture of safe, inclusive, and quality care and services. Consumers and representatives reported the service provides regular updates about the outcomes of care. The Assessment Team reviewed a range of documents, meeting minutes and reports relating to clinical and quality indicators, evidencing how they are reported to the Board.

The service has demonstrated organisation wide governance systems to guide information management, continuous improvement, financial governance, the workforce, regulatory and legislative compliance, and feedback and complaints management. The service has an effective ECMS, continuous improvement framework and PCI, established financial governance arrangements and processes for workforce governance, feedback and complaints.

Consumers and representatives stated consumers were supported to live the best life they can, were satisfied with the service’s response to consumer incidents and felt well informed of the response and outcomes. Staff described how they use the service’s policies, procedures, and practices to minimise risk to consumers. High impact risks were reported, trended, and analysed through monthly reporting.

The service demonstrated a clinical governance framework in place, including policies concerning antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated a shared understanding of these concepts and gave practical examples to demonstrate how they applied them 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)