Southern Cross Care John Woodward Residential Aged Care

Performance Report

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**Commission ID:** 0114

**Provider name:** Southern Cross Care (NSW & ACT) Limited

**Assessment Contact - Site date:** 20 April 2021 to 21 April 2021

**Date of Performance Report:** 25 May 2021

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

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| --- | --- |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Assessment Contact - Site report received 18 May 2021.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The Assessment Team also examined relevant documents.

Most consumers and representatives who spoke to the Assessment Team considered they receive clinical care and personal care that is safe and right for them. Consumers and representatives confirmed the delivery of clinical care and personal care is in accordance with their needs, goals and preferences.

The Assessment Team found the service was not able to demonstrate that consumers are consistently receiving personal and clinical care that is best practice, safe or effective. The Assessment Team found the service did not indicate effective clinical management in the areas of falls, pain and restraint management. Whilst consumers (or representatives on their behalf) feedback was positive in relation to the clinical care they receive, the Assessment Team identified systemic deficits in care documentation and practices.

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements have been assessed as Non-compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-compliant

*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.*

The Assessment Team found that overall consumer and representative feedback was positive regarding consumer clinical care and personal care and it is delivered in accordance with consumer needs and preferences. However, the Assessment Team found deficiencies in care planning documents that do not consistently support the safe and effective care of each consumer.

The Assessment Team identified that the service did not consistently provide the care required when consumer needs changed. The Assessment Team found for one consumer there was a failure to undertake the required monitoring of the consumer post incident and hospitalisation. The service did not demonstrate specialist referral had occurred and following a further similar incident the consumer was again hospitalised. The Assessment Team identified for one consumer their falls risk assessment was inconsistent with the service’s policy and procedure and was not reflective of the number of falls experienced by the consumer. For this same consumer when they were noticed to be confused there were delays in following up pathology results or taking follow up action. The Assessment Team found the service did not have completed documentation to support the authorisation or use of chemical restraint for one consumer. In addition, the service’s procedure and policy for restrictive practices was not being followed for consumers sampled. Ongoing monitoring and observations of consumers was not occurring, and review of restraint was not undertaken in the required time frame. While the service has a pain monitoring procedure that outlines evaluation is to occur when a consumer’s pain levels or medication change, this did not happen for one consumer who had increased pain following hospitalisation.

The approved provider in their response did not provide any further information about why the required monitoring did not occur for the consumer who required further hospitalisation following a similar incident. The approved provider provided further information for the consumer who experienced an increase in falls and the delay in follow up and response to pathology results. The approved provider did acknowledge gaps in documentation and outlined the continuous improvement and actions taken since the assessment contact. The approved provider acknowledges a current gap with consent documentation for chemical restraints and outlined actions being taken. However, no further information was provided to address the departure from the service’s policy and procedure for restrictive practices or procedure for pain management and pain monitoring.

I have considered the Assessment Teams report and the approved providers response. I find that at the time of the Assessment Contact - Site appropriate action has not been consistently taken in response to change in consumer needs to ensure each consumer receives safe and effective clinical care and personal care.

I find this requirement Non-Compliant.

# STANDARD 8 Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Overall consumers and representatives considered the service is well run and that they can partner in improving in the delivery of care and services. The Assessment Team report identifies the service has policies and procedures in place to manage high impact and high prevalence risks. However, review of care planning information by the Assessment Team identified that staff practices do not consistently align with these policies.

Some staff who spoke with the Assessment Team could describe elder abuse and neglect, what they would do if they witnessed this, including the requirements of mandatory reporting. Some staff could also describe the serious incident response scheme (SIRS), how this relates to their work and where they can locate the services policy and procedures.

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Compliant

*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.*

The Assessment Team found the service has policies and procedures in place to manage high impact and high prevalence risks. The general manager and regional manager explained each service has a risk register and for Board reporting information is collated from across the service about the highest residual risks. It was demonstrated that organisational strategic risks have been identified, assessed and managed. The Assessment Team were provided with the organisation’s documented risk management framework. Some staff who spoke to the Assessment Team could not provide information on all aspects of the incident management system, what it is, or where they could locate the service’s policy and procedure.

Review of care planning information by the Assessment Team identified that staff practices do not consistently align with these policies I have considered this information in my assessment of Standard 3 Requirement 3(3)(a).

The approved providers response provides additional information about staff knowledge of incident reporting and the serious incident response scheme.

I find this requirement is Compliant.

# 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)(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.*

The approved provider must ensure that:

* Each consumers clinical and personal care is best practice, tailored to them and optimises their health and well-being.
* All documentation used to ensure the safe and effective care and services of consumers is up to date, accurate and reflects the current needs, goals and preferences of consumers.
* Restrictive practices at the service are in line with policy and procedure. Where the use of psychotropic medications is necessary all appropriate steps have been taken to minimise its use, discussions have taken place to inform the consumer or representative and consent is given.
* The service has a conclusive, and up to date record of consumers prescribed psychotropic medications which includes the relevant diagnosis for its use.
* All staff have received appropriate training in relation to service policies and procedures. Delivery of consumer care and services is in line with these policies.