Southern Cross Care Mawsons Court Residential Aged Care

Performance Report

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**Commission ID:** 0963

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

**Assessment Contact - Site date:** 8 July 2020

**Date of Performance Report:** 4 August 2020

# Publication of report

This Performance Report **may 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

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) | 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 27 July 2020.

# STANDARD 3 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 team also examined relevant documents.

Overall sampled consumers considered that they receive personal care and clinical care that is safe and right for them.

The Quality Standard has not received a Compliance rating as one of the seven specific requirements have been assessed.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) 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 for most consumers sampled, their personal and clinical care was best and right for them. However, the Assessment Team identified inaccuracies and gaps in the timely review and monitoring of the consumers’ care documentation in relation to restraint assessment and authorisation, assessment forms and charts (to be completed as per new admission and assessment guide) and wound management charts.

In their response the approved provider submitted information to address the issues raised by the assessment team. This confirmed that while the documentation reviewed by the assessment team wasn’t consistent with the service’s practice concerning wound management, I am satisfied that the care provided is consistent with the service’s training in wound care for the product being used. I accept the service has improved documentation since the assessment contact to align with their practice. In addition, the documentation submitted by the service confirmed that the practice is consistent with the wound management plan for another consumer.

In information submitted by the service relating to chemical restraint for one consumer, it confirmed that a relevant diagnosis for chemical restraint is recorded elsewhere in the care documentation. However, I am of the view that it was not clear to the representative on the authorisation form that its administration is for the purpose of that diagnosis and not specific symptoms. I accept the evidence submitted by the service that the authorisation form had been signed at an appropriate time by the representative. While I am satisfied that an assessment for depression and a sleep assessment were conducted earlier than expected when considering the admission and assessment guide and that this was proportionate to the consumers needs, it was filed outside of the care file for this consumer.

On balance and considering all information before me I am satisfied that despite some inconsistencies in documentation, it is more likely than not that consumers are receiving safe and effective personal and clinical care that is tailored to their needs and optimises their health and wellbeing. I have assessed this requirement as compliant.

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Overall sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

The Quality Standard has not received a compliance rating as one of the five specific requirements have been assessed. This requirement is found as Compliant

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

The Assessment Team found this requirement is met because consumers felt there were enough staff at the service and said call bells were answered in a reasonable time. Review of rosters demonstrated there was only one shift unfilled at the service currently.

There have been no complaints in relation to staffing levels or allocation of staff or the length of time to answer call bells. A new call bell system has been installed and detailed call bell response times were viewed. Most call bells were answered in under 10 minutes.

# 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 sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services.

The Quality Standard did not receive a compliance rating as one of the five specific requirements have been assessed. This requirement has been found as compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(c) Compliant

*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.*

The previous noncompliance related to sub requirement v). A revised improvement plan was submitted to the Commission dated 14 April regarding improvements for this requirement and a follow up desk monitoring contact was held with the service on 3 June 2020 to monitor progress against the improvement items. Items in this plan were discussed with management on site, who confirmed all items are now completed for this requirement. The service’s compulsory reporting register was sighted and contained information relating to the individual incidents regarding three consumers. All documentation relating to the individual incidents were sighted including compulsory reporting checklists (including timeline of events), online reporting to Department of Health and police reference details with all documentation noted to be signed off as completed following investigations. Incidents forms were also sighted for all three consumers.

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.