Southern Cross Care Nanango - Karinya

Performance Report

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**Commission ID:** 5147

**Provider name:** Southern Cross Care (Qld) Ltd

**Assessment Contact - Site date:** 28 January 2021

**Date of Performance Report:** 11 March 2021

# 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 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | 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.
* the provider’s response to the Assessment Contact - Site report received 22 February 2021.

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

Overall sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services.

Consumers and representatives sampled reported being involved in assessment and care planning on an ongoing basis or if there were changes in their condition. They felt informed about the outcomes of the assessment process and were generally aware they could access a copy of their care plan, if it was requested.

Care planning documentation reflects consumer’s needs, goals and preferences. Potential risks are identified and incorporated into care planning documentation.

Consumers and representatives confirmed the service seek input from other services involved in consumer care including Medical Officer, allied health professionals and pastoral care services as required.

Staff interviewed were able to describe consumer’s needs and preferences, strategies they use to ensure needs and preferences are met, even if the consumer preference and choice was contrary to medical advice and/or recommendation.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

### Requirement 2(3)(b) Compliant

*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.*

### Requirement 2(3)(c) Compliant

*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.*

### Requirement 2(3)(d) Compliant

*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.*

### Requirement 2(3)(e) Compliant

*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.*

# STANDARD 3 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

Overall consumers/representatives consider that consumers receive clinical and personal care that is safe and right for them.

Consumers/representatives interviewed confirmed that consumers get the care they need, and it supports the consumer’s health and well-being.

Consumers and representatives interviewed confirmed that consumers have access to a Medical Officer or other health professionals when this is required, and said the referral occurs promptly.

Consumers and representatives gave examples of how staff ensured the care consumers receive was right for them, this included regularly asking them about the consumer’s care and the way it is delivered.

Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. Staff could also identify the highest prevalence risks for different cohorts of consumers and how incidents were used to inform changes in practice.

The Approved Provider has demonstrated an increased understanding of restraint including both physical and chemical restraint and has recently introduced new processes for the management and monitoring of chemical restraint use.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

### 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 provided information that the service did not demonstrate an understanding of restraint management in relation to consumers who are prescribed psychotropic medications or who are under physical restraint in order to manage risks to themselves or others.

Three consumers receiving regular antipsychotic medications to assist with a diagnosis of dementia had not been identified by the service as receiving a psychotropic medication and these consumers do not have a chemical restraint authorisation in place. As well as all consumers residing at the service do not have knowledge of the code required to activate the keypad located at the entry/exit gate of the service.

The Approved provider provided a response that included clarifying information to the Assessment Teams report as well as excerpt from the psychotropic register both in use at the time of the assessment contact and the current version, medical officer correspondence in relation to the named consumers, and a summary for each consumer and an indication for use of psychotropic medications.

In relation to the consumers not having the code to the door, I accept the Approved Providers response that the doors were locked to restrict access to the service during the covid-19 pandemic. The Approved Provider indicated that whilst the consumers did not have access to the code for the door, they were not restricted in their movement or ability to leave the service. Consumers have since been provided the code.

In relation to the named consumers on antipsychotic medications, the Approved Provider has provided information that the medications are prescribed for the treatment of, or to enable treatment of, a diagnosed mental disorder, a physical illness or a physical condition. As such these medications do not constitute chemical restraint.

I also note the Approved Provider has recently revised its psychotropic policy, guideline and register, all of which were in the process of being introduced at the service during the assessment contact. The Approved Provider noted that these documents and the revised electronic psychotropic register have resulted in greater awareness of psychotropic medications including indications for use.

I find this Requirement is compliant.

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

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

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

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

*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.*

### Requirement 3(3)(e) Compliant

*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.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*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.*

# 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.