Southern Cross Care Tenison Swansea Residential Aged Care

Performance Report

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SWANSEA NSW 2281
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**Commission ID:** 0556

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

**Assessment Contact - Desk date:** 10 November 2021 to 12 November 2021

**Date of Performance Report:** 9 December 2021

# Performance report prepared by

G Cherry, delegate of the Aged Care Quality and Safety Commissioner.

# 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

|  |  |
| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(d) | Compliant |

# Detailed assessment

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 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 - Desk; the Assessment Contact - Desk report dated 10-12 November 2021 was informed by review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Assessment Contact - Desk report received 1 December 2021
* Performance reports dated 22-24 December 2019, 8 October 2020 and 19 March 2021

# STANDARD 2 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

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

## Assessment of Standard 2 Requirements

### 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.*

Most sampled consumers (or their representative) consider they feel like partners in the ongoing assessment and planning of consumer’s care and services and expressed positive feedback regarding the level of consultation, discussion and involvement regarding the consumer’s care plan. A representative gave feedback of their preference for face-to-face meetings; management implemented strategies to address this.

Staff and management advised of annual consultation with consumers and their representatives in relation to assessment and care planning documentation. The Assessment Team bought forward evidence of delays in this process during 2021 for five consumers. Management acknowledged delays as a result of the representative preference for a face-to-face discussion which was prohibited during the period of service lockdown relating to the Covid-19 pandemic.

The organisation demonstrated policies and guidelines to support staff in undertaking assessment and care planning.

The service has a process of care plan review on a regular four-monthly cycle. While the Assessment Team bought forward evidence this was not occurring; in their response the approved provider demonstrated review had occurred on a regular basis.

The Assessment Team bought forward evidence care plans had not been updated to reflect the current care needs of the consumers when incidents impact consumers current care needs and/or allied health practitioner’s directives change. The Assessment Team bought forward evidence a speech pathologist review and subsequent change in directives did not result in updating of the consumer’s care plan. For one consumer who experienced multiple falls within a three-month period, the service did not demonstrate review occurred post fall and/or reassessment of needs due to the number of falls experienced.

In their response to this evidence, the approved provider demonstrated the speech pathologists’ directives were included within the consumer’s care plan and known to staff. The approved provider evidenced strategies implemented to mitigate risk in relation to the consumer who experienced multiple falls.

In consideration of the response provided I find this requirement is compliant.

# 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

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

### Assessment of Standard 3 Requirements

### 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.*

Most sampled consumers and representatives consider consumers receive personal and clinical care that is delivered safely, effectively and right for them. Consumer’s representatives advised of regular communication by clinical staff in relation to changes in consumers’ condition and updates following medical officer reviews; stating staff are proactive in communicating consumers’ current needs.

Registered staff advised of the service’s access to an aged care emergency team to assist with medical situations as well as contacting the medical officer, ambulance service or transfer to hospital and gave examples of consumer outcomes. Care staff advised they can provide feedback to the registered nurses on the effectiveness of various strategies.

The Assessment Team bought forward feedback and review of documentation detailed changes in consumer’s physical condition was not responded to in a timely manner. Diabetic monitoring for one consumer was not conducted as per medical officer directives and one consumer experiencing chest pain did not result in timely/appropriate response and/or medical officer review.

In their response to this evidence, the approved provider acknowledged medical directives regarding diabetic monitoring were not followed on one occasion. In consideration of evidence bought forward by the team and the approved provider’s response, I have given weight to the regular frequency of BGL monitoring which occurs for this consumer and the absence of negative impact as a result of one omission. The approved provider detailed appropriate responsiveness and review by a registered nurse in relation to an episode of altered speech and chest pain experienced by one consumer.

Review of documentation detailed organisational guidelines for the management of an acutely unwell consumer and the actions required by clinical staff in escalating issues of concern for medical review. The Assessment Team bought forward evidence directions in these guidelines did not clearly articulate required management in relation to slurred/altered speech or difficulty speaking when assessing signs of a possible stroke.

In consideration of evidence bought forward by the Assessment Team and the approved provider response, on balance, I find this requirement is compliant.

# 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.