Southern Cross Care Thornton Park

Performance Report

72-78 Empire Circuit
PENRITH NSW 2750
Phone number: 02 9135 8900

**Commission ID:** 0495

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

**Site Audit date:** 19 February 2020 to 21 February 2020

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non- 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) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-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 |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | 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 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.
* the provider’s response to the Site Audit report received 13 March 2020.

# STANDARD 1 COMPLIANTConsumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Overall most sampled consumers confirmed that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

For example:

* Of the consumers and representatives interviewed all stated that the staff treat them with respect. The consumers and representatives could not speak more highly of how well they feel that they get treated. They advised that staff and management treat everyone the same and assist with everyone’s individual needs.
* All consumers interviewed advised that they are encouraged to be and remain as independent as possible. If there is risk involved with some tasks it is discussed in consultation with consumers and the management team. Examples were given, of consumers being able to maintain independence by being able to manage some of their own care or being able to order things on line or go into the community on scooters.
* Consumers interviewed confirmed staff are always extremely respectful of their personal privacy. Consumers advised staff are aware of family and friends visiting and will not disturb the visit, staff always knock and close their door behind them. Consumers also stated they do not hear staff discussing other consumers care or service needs where other consumers or visitors will hear.
* A consumer when interviewed by the Assessment Team said,“The staff here treat everyone the same, and that we all matter” and “We are all one big happy family.”

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, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

* The Assessment Team observed the consumer care planning and lifestyle documents. The service has several consumers that attend their social and church groups that they attended prior to moving into the service. The service supports families to hold celebrations with their consumer living in the service. The service also has a consumer who is accessing the National Disability Insurance Scheme (NDIS). This assists the consumers to be able to get out into the community. Any consumers that are married and living within the service, where possible are given the opportunity to live in the same room. If not, to be able to spend as much time as wanted together.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

### Requirement 1(3)(b) Compliant

Care and services are culturally safe.

### Requirement 1(3)(c) Compliant

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

make connections with others and maintain relationships of choice, including intimate relationships.

### Requirement 1(3)(d) Compliant

Each consumer is supported to take risks to enable them to live the best life they can.

### Requirement 1(3)(e) Compliant

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.

### Requirement 1(3)(f) Compliant

Each consumer’s privacy is respected and personal information is kept confidential.

# STANDARD 2 NON-COMPLIANTOngoing 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

All consumers interviewed confirmed that they feel like partners in the ongoing assessment and planning of their care and services.

For example:

* Consumers and representatives interviewed confirmed that they are involved in care planning both informally through frequent phone calls and care planning meetings.
* Consumers and representatives interviewed confirmed that they are informed about the outcomes of assessment and planning. They also confirmed they have ready access to their care and services plan if they wish.

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 – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

* The service was able to demonstrate they undertake assessment and planning that identifies and addresses needs, goals and preferences, to ensure the health of consumers is optimised. Assessment and planning includes advanced care planning and end of life planning if the consumer wishes. Other organisations are involved in the assessment and planning process and the outcomes of assessment and planning are documented in care and services plans.

The service was however, unable to demonstrate care and services are consistently reviewed for each consumer when circumstances change or when incidents impact on the needs, goals and preferences of the consumer.

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

The assessment team found that while care and services are reviewed regularly, three of the five consumer care plans sampled did not demonstrate appropriate review when circumstances change, or when incidents occur.

In their response the approved provider submitted information about their review of consumers following falls, and the improved practices which were implemented as part of their previous timetable for improvement for the sampled consumers. These occurred prior to the assessment of performance on 19 -21 February 2020 and has been sustained. The assessment teams’ findings support that strategies were effective since December 2019 for sampled consumers.

While the approved provider submitted information about monitoring of pain using a validated non-verbal pain tool, it is apparent that this is not occurring regularly or proactively for the sampled consumer. There was no information provided which demonstrates that the service has evaluated the pain records to identify whether there are trends for the sampled consumer to determine whether interventions were effective over a period of time, or whether occurrences or severity of pain were increasing or decreasing.

The approved provider acknowledges an omission observed by the assessment team that behaviour charts do not indicate whether the interventions used are effective or not. The service has implemented changes after the date of the re-accreditation audit to address the team’s findings.

I accept the information provided by the service which confirms that skin integrity was assessed, and strategies implemented to prevent recurrence following each incident for the sampled consumer.

While the approved provider has demonstrated some review, monitoring and evaluation of consumers care and services, they do not comply with this requirement as the approved provider hasn’t demonstrated that it consistently reviews care and services regularly for effectiveness when circumstances change, in relation to pain evaluation and behaviour management evaluation.

# STANDARD 3 NON-COMPLIANTPersonal 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

All consumers interviewed consider that they receive personal care and clinical care that is safe and right for them.

For example:

* Consumers and representatives interviewed confirmed consumers get the care they need and did not raise any concerns in relation to care delivery.
* All consumers and representatives interviewed confirmed that consumers have access to a doctor or other health professional when they need it.

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.

* The service was able to demonstrate effective management of high- impact/ prevalence risks. The comfort of those nearing the end of life is maximised and their dignity preserved, in line with their needs, goals and preferences. Changes in condition and deterioration are recognised and responded to in a timely manner. The service was able to demonstrate effective communication systems in relation to the sharing of consumers’ information, along with the minimisation of infection related risks.

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 the service was unable to demonstrate adequate pain monitoring and skin integrity management of one of the consumers sampled. The service was also unable to demonstrate timely treatment for a consumer’s urinary tract infection. The service was unable to demonstrate chemical restraint is used as a last resort intervention for two of four consumers sampled.

In their response the approved provider submitted information concerning review of sampled consumers care concerning skin care management. This demonstrates appropriate strategies which are consistent with best practice for the sampled consumer.

As referred to in the compliance decision relating to requirement 2(3)e about pain monitoring and evaluation, I am not satisfied that there is sufficient information provided by the approved provider to support that pain is appropriately managed at the service.

The approved provider acknowledged that while staff confirmed to the assessor that chemical restraints were used as a last resort intervention, documentation did not support this for sampled consumers.

The approved provider also acknowledges the delay in the treatment of a urinary tract infection in December 2019 due to poor communication. I acknowledge efforts undertaken by the approved provider since the date of the re-accreditation audit. This however does not indicate compliance at the time of the assessment.

The approved provider also accepts the gaps in recording the effectiveness of interventions for sampled consumers wandering behaviour chart.

While the approved provider is delivering safe and effective care for some of the sampled consumers, they do not comply with this requirement as the organisation did not demonstrate that they have an effective process to ensure each consumer gets safe and effective clinical care that is best practice and optimises their health and well-being in relation to pain management, use of chemical restraint and the treatment of urinary tract infections.

### 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.

# STANDARD 4 COMPLIANTServices and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

Overall most confirm that they get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

For example:

* Overall consumers stated that the service listen to things that they are interested in. The consumers provided feedback that the service will assist them with participating in activities they enjoy and will encourage them to try different things offered in the activities calendar. Consumers are encouraged to make suggestions of things that they would like to see added to the activities calendar.
* Consumers advised that they feel supported to be able to continue meeting with friends and family outside of the service and are supported to be able to still attend the social activities they participated in prior to coming to the service.
* The consumers interviewed advised that they do like the food. That it is good quality and, there is plenty of it. Consumers also stated that if they did have a concern that they know how and will raise their concern and feel confident that the issue will be heard, addressed and resolved quickly.

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 – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

* Consumers and staff were observed to be happy having meaningful engagement, with smiles and laughter. Consumers and representatives said staff really know all of the consumers, their past, their likes and dislikes and as a result this makes the consumer feel valued.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

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.

### Requirement 4(3)(b) Compliant

Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

### Requirement 4(3)(c) Compliant

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.

### Requirement 4(3)(d) Compliant

Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

### Requirement 4(3)(e) Compliant

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

### Requirement 4(3)(f) Compliant

Where meals are provided, they are varied and of suitable quality and quantity.

### Requirement 4(3)(g) Compliant

Where equipment is provided, it is safe, suitable, clean and well maintained.

# STANDARD 5 COMPLIANTOrganisation’s services environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

All sampled consumers indicated that they feel they belong in the service, and feel safe and comfortable in the service environment.

For example:

* All consumers/representatives interviewed when asked said “I feel safe here”.
* All consumers said that “they feel at home here”. Consumers/representatives interviewed are happy with the service environment stating that it is a relaxed, welcoming, safe and comfortable homelike environment that meets their and their visitor’s needs. They were happy that it has well-equipped communal spaces where they can interact with others, including family and friends, and that has spaces for quiet reflection like small sitting areas, the garden courtyards or their individual rooms.
* Consumers/representatives interviewed indicated that the services environment is safe, clean, well maintained and comfortable; and enables consumers to move freely, both indoors and outdoors.
* A significant number of consumers said they love the décor and the additional onsite facilities available to them at the home. Like the café, the beauty salon, the library and the chapel.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

* Southern Cross Care Thornton Park is a 100-bed facility located in the city of Penrith in the Nepean district. Penrith is approximately one-hour drive from Sydney and the gateway to the Blue Mountains. The service is close to shops, transport and medical services. It provides residential care in a new professionally decorated well-appointed state of the art building opened in April 2019. The home provides care and services in three separate units each with its own communal living areas that include well-appointed dining and lounge areas. Consumers in these units reside in single rooms with ensuite bathrooms that provide them with high levels of privacy and comfort. Consumers are able to personalise their rooms by installing photos, mementoes, artwork, and even some of their own furniture. There are many on site facilities available to consumers including activities areas, hairdressing/beauty salon, landscaped courtyards, a library, a chapel and café. Lifts enable consumers/representatives to easily move around the building and provide access to places located on other floors including the gardens.

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

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.

### Requirement 5(3)(b) Compliant

The service environment:

1. is safe, clean, well maintained and comfortable; and
2. enables consumers to move freely, both indoors and outdoors.

### Requirement 5(3)(c) Compliant

Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

# STANDARD 6 COMPLIANTFeedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

Overall sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

For example:

* Consumers/representatives’ interviews revealed that they are aware of, and feel comfortable or safe to use the complaints mechanisms available to them, which include both internal and external complaint mechanisms. Consumers said they feel comfortable raising issues with the new facility manager who has an open-door policy and constantly encourages them to provide feedback.
* Consumers/representatives interviewed felt that changes were made by the service in response to complaints and feedback. For example, four consumers were aware that complaints regarding missing laundry had been reported, addressed and resolved by the facility manager.
* Two consumer/representatives confirmed that issues involving consumer’s care had been dealt with to their satisfaction by the facility manager who used an open disclosure process.

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 – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

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

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

### Requirement 6(3)(b) Compliant

Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

### Requirement 6(3)(c) Compliant

Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

### Requirement 6(3)(d) Compliant

Feedback and complaints are reviewed and used to improve the quality of care and services.

# STANDARD 7 COMPLIANTHuman 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

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

For example:

* Overall consumers and representatives consistently identified staff are kind and caring in their interactions with consumers.They said staff know what they are doing when they provide care and services. Staff are respectful towards consumers and considerate in maintaining consumer privacy and dignity.

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.

* The Assessment Team observed staff in the service were busy but they did not appear rushed and interactions were overall, respectful, kind and caring.

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

### Requirement 7(3)(b) Compliant

Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

### Requirement 7(3)(c) Compliant

The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

### Requirement 7(3)(d) Compliant

The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

### Requirement 7(3)(e) Compliant

Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

# STANDARD 8 COMPLIANTOrganisational 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

Consumers interviewed indicated that the organisation is well run and that they can partner in improving the delivery of care and services.

For example:

* All consumers/representatives interviewed confirmed that they believe “the place is well run”.
* Consumers/representatives interviewed could describe how the organisation supports and encourages them to use the various feedback mechanisms or avenues available to them that enable them to be involved in designing and improving care and services. Consumers do feel that their views and needs shape how the service is run. For example, two consumers said they had accepted an invitation to be on the Southern Cross Thornton Parks recruitment interview panel for selection and appointment of new staff.

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).

* Southern Cross Care Thornton Park is committed to fostering partnerships with consumers, relatives and advocates in order to deliver quality care and services, in a culturally safe inclusive manner. It does this through the implementation of systems and structures that support the service to engage consumers in the development, delivery and evaluation of care and services, and that support consumers in that engagement.

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

### Requirement 8(3)(b) Compliant

The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

### 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.

### 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.

### Requirement 8(3)(e) Compliant

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.

# 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 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.*

* The service must demonstrate that review and reassessments are undertaken when incidents occur.
* The service must demonstrate that care plans are updated or evaluated when incidents or changes occur.

**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 service must demonstrate correct documentation of and appropriate use of psychotropic medication as a strategy of last resort.
* The service must demonstrate consistent appropriate pain assessment, monitoring and evaluation to ensure that consumers are receiving appropriate management for their pain.
* The service must ensure timely intervention in the prevention and treatment of health conditions of consumers.