Southern Cross Care Young Residential Aged Care

Performance Report

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YOUNG NSW 2594
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**Commission ID:** 0198

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

**Assessment Contact - Site date:** 9 February 2021 to 10 February 2021

**Date of Performance Report:** 15 April 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

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| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-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 Assessment Team’s Infection Control Monitoring checklist completed during the site audit
* the provider’s response to the Assessment Contact - Site report received 17 March 2021, which consists of a letter of response.

# 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

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 and examined relevant documents – 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.

Some sampled consumers (and representatives on their behalf) did not consider they received personal care and clinical care that is safe and right for them. The feedback provided, review of consumer care and service records, interviews with management and staff and review of other documents showed safe and effective personal and clinical care had not been provided to the consumers sampled, and high-impact and high-prevalence risks associated with the care of the consumers has not always been effectively managed.

The Quality Standard is assessed as Non-compliant as two 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 provided information that personal and clinical care delivered at the service is not always safe and effective. For sampled consumers, including those consumers recently transferred to the service from another service within the organisation, deficits were identified in the provision of safe and effective clinical care, with the care provided not always best practice, tailored or optimal forhealth and well-being.

A review of care documentation for consumers showed deficits in care and assessments being undertaken, or reviewed, when care needs changed or following transfer, including and in relation to mobility, continence, depression and weight monitoring and pain and behaviour management.

Whilst some consumers (and representatives on the behalf) interviewed by the Assessment Team said they receive safe and effective personal care tailored to meet their needs, other consumers said they do not.

Interviewed care staff were not always aware of the individual needs of new consumers transferred to the service, for example a consumer who has experienced weight loss had documented care plan strategies for the consumer to be assisted with regular nutritional supplements, however care staff interviewed were not aware of this strategy.

The approved provider in their response submitted further information for the consumers sampled and refutes some of the issues with personal and clinical care raised by the Assessment Team.

The approved provider refutes the Assessment Teams findings in relation to changes in continence care and whilst the provider provided information that continence care was provided under the direction of a specialist there was no evidence of a reviewed assessment of continence needs occurring to guide staff in providing safe and effective clinical care.

I acknowledge the approved provider provides further information in relation to a consumer who was experiencing weight loss with the approved provider stating the consumer had a dietician assessment completed in January 2021 and strategies were implemented to guide care. However, I note the care staff interviewed were unaware of the strategies to be implemented and a review of documentation demonstrates the consumer has not been weighed since transfer to the service with the previous weight recorded occurring four weeks prior to the assessment contact. This is inconsistent with best practice for a consumer who experiences significant weight loss.

In relation to a consumer in the memory support unit who experienced episodes of consumer to consumer physical aggression, I note the approved provider in their response states the consumer was supported by the medical officer and the mental health nurse, however I note the consultation by the mental health nurse occurred after the assessment contact. In relation to another consumer with documented difficulty in adjusting to the transfer to the service the provider provided further clarifying information that a depression assessment was completed and is located in the consumers paper file.

For consumers who experienced delays in a timely review by a medical officer, including medication review post transfer, the approved provider does not refute this issue and acknowledge there were difficulties in accessing medical officers. The approved providers response includes the issue has been resolved and the local medical officers are proactive in the care they provide to consumers at the service.

The approved provider in their response includes an education plan on hydration and nutrition needs for care staff. Whilst the approved provider in their response considers the transferred consumers had their assessment and care plans reviewed prior to transfer within the organisation this does not take into consideration the change in environment and changes that have occurred for consumers following the transfer where ongoing review and assessments are required to enable the provision of safe and effective care, when changes occurs.

I have considered the Assessment Teams report and the approved provider response and It was not demonstrated that care provision is best practice, tailored to meet consumer needs, nor that it optimises consumer health or wellbeing.

I find this requirement Non-Compliant.

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

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

The Assessment Team provided information that the management of high impact and high prevalence risks associated with the care of consumers was not always effective. While there are systems in place to trend incidents, staff are not equipped with strategies for effective management of high impact and high prevalence risks identified for consumers, this included effective management of falls and aggressive incidences.

The Assessment Team viewed clinical indicator data for high impact or high prevalence risk for consumers at the service and identified incidences of falls have been high in the last three months, and above the organisations group average, with incidences of significant falls resulting in injury to consumers. There was no evidence of effective remedial actions undertaken and a falls prevention program was not in place to minimise risks to consumers.

The approved provider in their response submitted clarifying information for the consumers sampled and refutes some of the issues raised by the Assessment Team and considers they effectively manage high impact or high prevalence risks associated with the care of each consumer.

The approved provider refutes the Assessment Teams findings in relation to a consumer with a high falls risk who experienced episodes of frequent unwitnessed falls. Whilst I acknowledge the provider in their response stated they have implemented individual consumer strategies for falls prevention the response did not provide sufficient evidence that consumers were routinely reviewed by a medical officer when falls occurred and for a consumer who experienced frequent falls whilst attempting to stand unaided the chair sensor provided at the previous service was not in use and the risks were not effectively managed to prevent further falls. The response does not address the remedial actions undertaken or if a falls prevention program was provided at the service when the clinical indicators identified falls as a high impact or high prevalence risk for consumers at the service.

The approved provider in their response does not address the issues raised in relation to implementing a range of non-pharmacological behavioural strategies and interventions suggested by DBAMS for a consumer with documented episodes of aggression.

I have considered the Assessment Teams report and the approved provider response and I find there is not consistent effective management of high impact or high prevalence risks associated with the care of each consumer.

I find this requirement Non-Compliant.

# STANDARD 7 NON-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

To understand the consumer’s experience and how the organisation understands and applies the 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 consumers interviewed (and representatives on their behalf) considered there was insufficient staff to meet the needs of consumers and provided information showed the needs of consumers are not being met to manage and deliver safe and quality care and services.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-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 provided information that consumers interviewed (and representatives on their behalf) provided feedback there was insufficient staff to meet the needs of consumers and the consumers’ needs were not being met. Call bell response times reflected this, several shifts were observed to be vacant and unfilled during the assessment contact and there has been changes in personnel at the service with the senior clinical role vacant.

The Assessment Team found consumers, representatives and staff raised concerns about the adequacy of staff numbers and spoke about the impact this had on the consumersInterviewed care staff provided feedback on staffing numbers with staff considering the number and increasing care needs of new consumers has impacted on the care they can deliver. Staff said they regularly work short staffed and this impacts the level of care they provide to the consumers. The staff informed the Assessment Team that during the assessment contact there were three vacant shifts on the day and these shifts were not filled.

The approved provider provided a response that included clarifying information to the call bell response times with the response including planned improvements to monitor call bell reports in the services monthly to enable the management to improve the oversight of the call bell system. The approved provider in their response did not provide a response to the Assessment Teams findings in relation to vacant shifts or address the feedback provided from consumers (and representatives on their behalf) and staff on the lack of staff numbers to deliver and manage safe and quality care and services.

I have considered the Assessments Teams report and the approved provider response and I find the workforce is not consistently 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.

I find this requirement Non-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.

The approved provider is required to:

Standard 3: Personal care and clinical care

* Ensure each consumer gets safe and effective personal and clinical care that is best practice, tailored to their needs, and optimises their health and well-being.
* Ensure effective management of high-impact and high-prevalence risks associated with the care of each consumer.

Standard 7: Human resources

* Ensure 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.