Performance

Report

**1800 951 822**

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| Name: | McCracken Views Residential Care |
| Commission ID: | 6220 |
| Address: | 31 Adelaide Road, VICTOR HARBOR, South Australia, 5211 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 16 October 2023 |
| Performance report date: | 13 November 2023 |
| Service included in this assessment: | Provider: 870 Southern Cross Care (SA NT & VIC) Incorporated  Service: 5538 McCracken Views Residential Care |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for McCracken Views Residential Care (**the service**) has been prepared by M Glenn, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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 Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management and others.

The provider did not submit a response to the assessment team’s report.

# Assessment summary

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| Standard 4 Services and supports for daily living | Not Applicable as not all requirements have been assessed |
| **Standard 7** Human resources | **Not Applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not Applicable as not all requirements have been assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

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

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives expressed satisfaction with the quality and quantity of meals and felt encouraged to provide feedback. They said the quality of food is much better, they are offered choice, and they have noticed an overall improvement in the food. Care files include consumers' likes, dislikes, and individual preferences regarding food and nutrition, and information relating to consumers’ dietary requirements and preferences is available at point of service. Menus are reviewed by the dietitian for nutritional content and consumers are consulted about the menu during food focus meetings. The dining experience was calm and ambient and consumers were observed interacting with staff and enjoying their meals.

Equipment provided is safe, suitable, clean, and well-maintained. Consumers are assessed by allied health staff to ensure equipment provided is suitable. Equipment is maintained through reactive and preventative maintenance programs, as well as cleaning processes. Consumers were satisfied with the availability of equipment and felt safe when using the equipment.

Based on the assessment team’s report, I find requirements (3)(f) and (3)(g) in Standard 4 Services and supports for daily living compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |

Findings

The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these Standards. A thorough recruitment and onboarding process is undertaken for all new staff which includes mandatory training, induction, orientation and supervised initial shifts. Staff files demonstrated monitoring of police clearances, the banning register, prior work references, qualifications, and visa status. Staff felt well supported with ongoing training and agency staff said they were given a meaningful induction and orientation when they initially started their duties.

Based on the assessment team’s report, I find requirement (3)(d) in Standard 7 Human resources compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(c) | 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. | Compliant |

Findings

Effective organisation wide governance systems were demonstrated, and there are processes to ensure these systems are monitored and the governing body is aware of and accountable for the delivery of services.

Information management systems enable staff to readily access relevant information to perform their roles effectively. All staff have an individual log in for the electronic care system and the organisation's intranet site which contains all policies and procedures. A quality continuous improvement program is in place with the aim to engage consumers and staff. There are processes for routine and unplanned expenditures. A central human resource team supports all aspects of the workforce, and there are processes to ensure staff are selected and trained to meet the requirements of the job and organisational values. Regulatory compliance is overseen by a quality coordinator. There are processes to identify legislative updates and changes and ensure to these are implemented, where required. A reactive feedback and complaints flowchart guides staff and management on how to action, document, and record feedback, and a feedback and complaints register is maintained. Clinical governance committee meeting minutes showed trending and analysis of feedback and complaints is submitted to the Board for their awareness.

Based on the assessment team’s report, I find requirement (3)(c) in Standard 8 Organisational governance compliant.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)