Performance

Report

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| Name: | Southern Cross Care Young Residential Aged Care |
| Commission ID: | 0198 |
| Address: | 65 Demondrille St, YOUNG, New South Wales, 2594 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 2 May 2024 |
| Performance report date: | 4 June 2024 |
| Service included in this assessment: | Provider: 305 Southern Cross Care (NSW & ACT) Limited  Service: 214 Southern Cross Care Young Residential Aged 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 Southern Cross Care Young Residential Aged Care (**the service**) has been prepared by Therese Solomon, 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.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# 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 staff, consumers/representatives and others.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not Applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Applicable as not all requirements have been assessed** |
| **Standard 3** Personal care and clinical care | **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 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |

Findings

Consumers and/or representatives stated that consumers are treated with respect and dignity, and their identity, culture and diversity are valued. Care plans reflect the diversity of consumers, including information about their cultural and religious beliefs and preferences. The Assessment Team observed staff speaking about consumers respectfully and interacting with consumers in a respectful manner.

Staff described strategies they use to ensure they respect each consumers’ dignity and diversity including using preferred names, always gaining consent before providing care, knocking on bedroom doors, and waiting for a response before entering and offering choice of clothing, activities, and refreshments.

Based on the information provided by the Assessment Team, Requirement 1(3)(a) is found Compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(c) | 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. | Compliant |

Findings

The service has a process in place to ensure care planning reviews and case conferences are undertaken, with regular reviews scheduled and appropriated staff allocated to conduct the reviews. Health providers involved in consumer care include the medical officer, specialists, physiotherapist, dietitian, speech pathologist, oral hygienist, and podiatrist, and reviews and recommendations are evident in care plans and care documents.

Consumers and/or representatives could discuss and describe who was involved in their care, that they were updated when changes occurred, and felt they received the care and services they need. However, some consumers and/or representatives could not recall being involved in formal care planning or review discussions or being offered a copy of their care plan, but stated they regularly talk to staff regarding their care. Resident meeting minutes for January and March 2024 show discussions occurred regarding access and input into care plans and other care documents.

Based on the information provided by the Assessment Team, Requirement 2(3)(c) is found Compliant.

# Standard 3

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| Personal care and clinical care | |  |
| 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. | Compliant |

Findings

The service demonstrated that each consumer gets safe and effective personal care and clinical care that is best practice, tailored to their needs and optimises their health and well-being. A review of care documentation demonstrated individual preferences regarding personal and clinical care are documented, restrictive practices, falls management, wound care, and weight management plans have been reviewed and are current.

Care plans document consumer’s preferences regarding the delivery of care and services. Consumers and/or representatives confirmed they receive care that is right for them and meets their needs, and provided positive feedback in relation to staff and staff practices. Consumers did not feel they had to wait too long for assistance, and acknowledged at times staff were busy assisting other consumers. Consumers also confirmed they saw medical officers, specialists, physiotherapists, and other allied health professionals when required.

The service has falls management policies and procedures in place to guide staff practice. The policy discusses fall risk assessments, prevention and post incident management and monitoring. Consumers who fall are reviewed by the physiotherapist as soon as practicable after the event, and the medical officer where necessary. Post fall observations are attended as per the service policy and falls and falls prevention strategies are reviewed each month by management and the physiotherapist.

Care plans document consumer food preferences, allergies, diet type or restrictions, dignity of risk decisions related to food and specialized diets, level of assistance required or other special needs, and strategies to maintain nutrition and hydration. Consumers with consecutive weight loss or with a 5 percent weight loss in a month are identified for closer monitoring and review. Staff stated at risk consumers are weighed weekly, food monitoring charts are commenced to assess intake and consumers are referred for further review by speech pathology, dietitian, or medical officer for nutritional supplements as ordered.

Several interventions are used for pain management, including pain relieving medications, repositioning, and massage. Consumers and/or representatives reported satisfaction with pain management.

The service demonstrated safe and effective management of restrictive practices. The service delivers training for care and clinical staff relating to the management of changed behaviours. The restrictive practices policy reflects best practice and includes information related to risk assessment and documented consideration of alternatives to restraint. The review of care and planning documents evidenced current and valid restraint documentation. The service demonstrated the utilisation of Dementia Support Australia for additional strategies, and these were incorporated into care plans and behaviour support plans and communicated to staff.

Based on the information provided by the Assessment Team, Requirement 3(3)(a) is found Compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | 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. | Compliant |

Findings

The service demonstrated the number and mix of workforce members are sufficient to deliver safe and quality care and services to consumers.

Consumers and/or representative provided positive feedback regarding staff skills and the quality of care, and stated staff are very good, especially the ones who have been at the service a long time. Management stated they have recently adjusted numbers in each area of the service to ensure all overnight care staff can provide quality care and will monitor staff and consumer feedback to determine if additional staff are required.

Staff reported their onboarding and training ensured they felt capable to do the tasks expected of them within their shift, and when agency staff are used, it will be staff that are aware of consumers’ needs and preferences. Management reported they monitor the care needs of consumers to ensure the number and mix of staff is sufficient and use retention strategies including a sign on bonus to maintain a skilled workforce to deliver effective and safe care and services.

Based on the information provided by the Assessment Team, Requirement 7(3)(a) is found Compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(d) | 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 4. managing and preventing incidents, including the use of an incident management system. | Compliant |

Findings

The organisation demonstrated it has effective risk management systems and practices in place with a suite of policies, procedures and checks managed centrally by the Approved Provider.

The organisation has a risk management policy and a range of individual policies and procedures that cover the current high impact, high prevalence risks of unplanned weight loss, falls and skin tears. Toolbox talks since February 2024 are focused on supporting staff in the management of these risks, and included topics such as continence and skin injuries, dysphagia diets, monitoring resident oral intake and infections, prevention and management of bruising, general skin care, choking and dysphagia, and palliative care.

Minutes of the last Board meeting show communication on risk occurred, that demonstrates the organisation has knowledge of the impact of risks in meeting the care needs of consumers, preventing incidents and abuse, and supporting consumers to live their best lives.

The organisation implemented a new Governance Risk and Compliance system which will integrate risk data, metrics, and objectives to ensure risk, accountability and education is embedded within the business. Any residual risk ratings that are higher than the tolerable risk will require a report to include high level information in relation to the actions.

The regional quality team stated they support management during monthly meetings and in is in direct communication with the site quality lead. The quality team monitors consumer care plans, feedback and complaints, and the incident registers to ensure they are sufficient in detail and follow the documented organisational policy and procedure. The quality team prepare the report for the Board including the collation and assessment of quality indicators.

Based on the information provided by the Assessment Team, Requirement 8(3)(d) is found 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)