Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Southern Cross Care Assumption Villa Residential Aged Care |
| Commission ID: | 0398 |
| Address: | 84 Brobenah Road, LEETON, New South Wales, 2705 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 4 September 2024 |
| Performance report date: | 17 October 2024 |
| Service included in this assessment: | Provider: 305 Southern Cross Care (NSW & ACT) Limited  Service: 414 Southern Cross Care Assumption Villa 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 Assumption Villa Residential Aged Care (**the service**) has been prepared by M.Wyborn, 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

|  |  |
| --- | --- |
| Standard 3 Personal care and clinical care | Not applicable as not all requirements were assessed |
| **Standard 8** Organisational governance | **Not applicable as not all requirements were 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 3

|  |  |  |
| --- | --- | --- |
| 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 |
| Requirement 3(3)(d) | 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. | Compliant |

Findings

Consumers and representatives advised they are satisfied the care delivered as the service meets their needs and optimises their health and wellbeing. The service administers relevant policies and procedures to support effective delivery of care, and consumer care plans demonstrate provision of care that is safe, effective and specific to individual consumer needs. Staff demonstrated they are familiar with the personal and clinical needs of individual consumers and management demonstrated effective systems and processes to ensure care provided is best practice and tailored to optimise individual consumers’ health and wellbeing. The service routinely and appropriately monitors the use of medications for consumers including antimicrobials, psychotropic medication, and as needed medications. The service uses a psychotropic self-assessment tool, data from their medication management system, and quarterly medication advisory committee meetings to maintain oversight and effective management of consumer medications. In order to ensure delivery of best practice care tailored to individual consumer needs, the service undertakes regular comprehensive assessment reviews, overlap shift times to allow ample time for handover discussions, delivers targeted staff training when required, remains up-to-date with current best practice principles and ensures policies and procedures are up-to-date, relevant, and adhered to. Registered nursing staff and care staff demonstrated appropriate knowledge of individual consumer needs, knew their current and changing needs, and routinely exchanged relevant information and updates. Staff also demonstrated understanding of their roles, of the service’s policies and procedures, and of individual needs of consumers.

The service demonstrated that changes in consumer conditions and care needs are recognised and responded to in a timely manner. Consumers and representatives advised they are satisfied with the delivery of care, including recognition of deterioration or changes in their condition. Care staff advised that registered nursing staff are responsive when they report changes in a consumers’ condition, and consumer care planning documentation, progress notes, and charting documentation demonstrated that deterioration in a consumer’s health, capacity and function are effectively recognised, responded to, and monitored. Clinical staff demonstrated appropriate knowledge of a range of signs related to deterioration in clinical and cognitive status, including changes in mobility, cognition, appetite, pain, mood, and behaviour. The service administers relevant clinical procedures for managing clinical and cognitive deterioration in consumers as well as relevant policies and processes that guide staff when a consumer's condition changes. Staff demonstrated appropriate access and use of these guidance materials to best support consumers.

With these considerations, I find the service compliant in Requirements 3(3)(a) and 3(3)(d).

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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

The service demonstrated effective systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and management of feedback and complaints.

Consumers and representatives are provided a welcome pack with information about what to expect when they first move into the service. The organisation manages an intranet for organisational policy and procedures, electronic clinical documentation systems, alerts on the consumers electronic care files, handover processes at each shift, messaging systems and emails. Consumers and representatives advised that the organisation provides them with information through consumer and representative meetings, service newsletters, email correspondence, the use of a digital care application and they can request information about their care and services. Staff advised they have access to the information they need to deliver the appropriate individual care and services to consumers.

Management demonstrated appropriate and effective continuous improvement initiatives that are drawn from a variety of sources, including consumer and representative feedback and complaints mechanisms, regular analysis of clinical and incident data, and internal audits. Senior management drive identification of trends at a service level and this data is used to drive improvement of care and services delivered within the organisation.

The organisation’s workforce governance framework ensures staff are skilled and qualified to provide safe, respectful, and quality care and services to consumers. Duties and responsibilities for all roles are clearly set out in position descriptions and management monitor and review staff performance. Audits are undertaken at a service level to identify gaps in the roster and to determine recruitment requirements.

The organisation demonstrated that legislative requirements are monitored at an organisational level via information from governing bodies including the Aged Care Quality and Safety Commission, industry peak bodies and the organisation’s legal team. The organisation’s policies and procedures are updated to reflect any changes and information is effectively disseminated at the service level. Staff receive education and training as demonstrated through training records related to the Quality Standards, elder abuse and neglect, and the serious incident response scheme (SIRS).

The organisation demonstrated that complaints, feedback and suggestions are captured using feedback forms at the service, daily comments from consumers or representatives, emails to management, and via resident and relative meetings. The service maintains a robust feedback and complaints register where feedback and complaints are collated and analysed. Data is trended and reported at monthly Board meetings.

With these considerations, I find the service compliant in Requirement 8(3)(c).

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)