Performance

Report

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| Name of service: | Performance report date: |
| Southern Cross Care Chinchilla - Illoura Village | 1 August 2022 |
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| Approved provider: | Activity date: |
| Southern Cross Care (Qld) Ltd | 5 July 2022 to 7 July 2022 |

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 Chinchilla - Illoura Village (**the service**) has been considered by Denise McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 Site Audit, dated 21 June 2022; 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
* other information and intelligence held by the Commission in relation to this service

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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 | | Compliant |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | 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 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | 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. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

## Findings

Consumers considered they were treated with dignity and respect, could maintain their identity, make informed choices about their care and services, and live the life they chose. Consumers’ relationships were acknowledged and supported, staff consulted with consumers and representatives to understand relationships and matters of importance to the consumer. Care planning documentation demonstrated the service understood and respected consumer choice, risk taking, cultural background and activity preferences within and outside the service.

Staff demonstrated respect towards consumers and an understanding of their care and service preferences; staff were observed interacting with, and providing support and services to, consumers in a respectful manner. Consumers described ways in which staff made them feel valued such as addressing them by their preferred name and taking the time to learn their background.

Consumers and representatives said they consistently received accurate, current, timely and/or easy to understand information from the service which enabled them to make choices about their care and services. Staff described various ways information was provided to consumers and representatives including via activity schedules, informal discussions with consumers and representatives, regular formal case conferences facilitated by key staff, the provision of the consumer welcome pack, the use of noticeboards throughout the service and email.

Staff were observed demonstrating privacy and respect for consumers such as closing doors and speaking privately to consumers. The service had a privacy policy and procedures to guide staff on the collection, use and disclosure of personal information.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| Requirement 2(3)(a) | 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. | Compliant |
| Requirement 2(3)(b) | 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. | Compliant |
| 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 |
| Requirement 2(3)(d) | 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. | Compliant |
| 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. | Compliant |

## Findings

Consumers and representatives felt like partners in the ongoing assessment and planning of care and services including when changes to care needs occurred. Staff described the process of assessment and planning in consultation with consumers and representatives to identify care needs and risks, identified support strategies included referrals to allied health specialists. Care planning documentation demonstrated consumer specific tailored care and services with additional assessments supporting individualised care such as in wound care plans and reflecting specialist support providers.

Consumers said they were informed of assessment and planning outcomes and could access care plans if they wished. Staff were familiar with processes to report changes in a consumer’s health status and reviewing consumer needs, risks, management of incidents and initiating referrals to allied health specialists. Staff said the service discussed advance care planning and end of life wishes with consumers and representatives on entry to the service; consumer care plans were observed to contain advance health directives or a statement of choice, where the consumer chose to have one.

The service had policies and procedures to guide staff in the assessment and planning process, including assessment of risk and end of life and palliative consumer care. Staff delivering care and visiting health professionals had access to consumer’s documentation and care files on the electronic care management system and a communication book recorded daily delivery of services.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | 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 |
| Requirement 3(3)(e) | 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | 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. | Compliant |

## Findings

Consumers and representatives considered the service provided care and services which was safe and right for consumers and met their individual needs and preferences. Staff were familiar with areas of care for specific consumers and care plans demonstrated the delivery of safe and effective care and the involvement of other health professionals.

Staff described, and care planning documentation reflected the identification of, and response to, changes in the consumer’s condition and/or health status, including the effective management of high impact, high prevalence risk to the consumer. The service provided a comprehensive report detailing risks for consumers including falls, swallowing and behaviour management evidencing effective risk management. Care plans reflected strategies of support such as referral of consumers with a low mood to counselling and telehealth services. Clinical records indicated consumers were regularly monitored and if deterioration or change of a consumer’s mental, cognitive or physical function, capacity or condition occurred, this was recognised and responded to in a timely manner and representatives were notified. Clinical staff were available 24 hours a day to support staff including monitoring care delivered to consumers nearing end of life.

Consumers said staff knew their needs and preferences which were effectively communicated between staff, and other providers of care. Staff were familiar with various ways of communicating consumer needs including during handover and meetings with primary carers in each wing of the service.

Consumers considered staff followed infection control requirements adequately and cleaning was to a high standard. Staff were observed wearing suitable personal protective equipment and practicing good infection control techniques. Staff education had been delivered for outbreak management, infection control and antimicrobial stewardship amongst others. The organisation had written procedures relating to infection control and practices to reduce resistance to antibiotics. Policies and procedures were available electronically to all staff; electronic alerts notified staff of any changes to policy or procedures.

# Standard 4

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| Services and supports for daily living | | Compliant |
| Requirement 4(3)(a) | 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. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | 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. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| 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 considered they got services and supports for daily living that were important for their health and well-being and enabled them to do the things they wanted to do such as participating in lifestyle activities inside and outside the service.

Consumers and representatives confirmed they were encouraged and supported to stay connected with those important to them, evidenced through visitors attending the service, consumers going out on social leave and talking with loved ones via the telephone or video chatting. Consumers reported they enjoyed the food and described how their feedback had led to improvements in the quality and variety of their meals.

Staff described how changes in consumers’ condition, needs and preferences were communicated through verbal and documented handover processes; care planning documentation reflected changes were recorded to share information with the care team, and others where responsibility for care is shared. Staff were familiar with other organisations involved with providing clinical and lifestyle supports, care plans reflected the involvement of other organisations.

The service and equipment which supports consumers to engage in activities of daily living were observed to be suitable, clean and well maintained. Staff considered there was appropriate and enough equipment available for use and readily accessible when needed.

Consumers were observed participating in group and individual activities, sharing meals together, communicating with family and receiving visitors; different areas of the service was being used by consumers including activity rooms, and outdoor areas.

# Standard 5

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| Organisation’s service environment | | Compliant |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

## Findings

Consumers considered they belonged in the service and felt safe and comfortable in the service environment. Consumers and representatives said the service environment was cleaned to their satisfaction, and equipment and furniture was safe, clean and suitable for their needs. The service environment was observed to be welcoming, clean, well-maintained and easy to navigate.

Consumers felt they could leave the service with assistance, were able to move freely about the service and could access outdoor areas if they wished; staff described features designed to support consumers with limited mobility such as handrails and flat walking areas clear of identifiable tripping hazards.

Consumers were able to personalise their rooms and decorate their doorways with signs and displays. Staff said they knew consumers and visitors felt at home in the service through regular communication, consumer feedback and audits conducted of the service environment which were used to inform environment improvements.

The service environment and shared equipment, such as mobility aids and hoists, were observed to be well cleaned, in good condition, and stored safely; call bells were within reach of consumers.

# Staff indicated there was an adequate supply of equipment available to meet needs of consumers. Staff described maintenance processes and procedures, and how potential hazards were addressed. Maintenance schedules and logs reflected regular cleaning and maintenance occurred.

**Standard 6**

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| Feedback and complaints | | Compliant |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

## Findings

Consumers and representatives said they were encouraged and supported to provide feedback, to make complaints and appropriate action was taken. Consumers described how they received information on how to make a complaint and could provide feedback verbally, through emails, feedback forms, surveys and case conferences; staff said feedback gathered informed the service’s continuous improvement plan which was discussed in regular review meetings.

Staff described the complaints process and had a shared understanding of the principles of open disclosure and how it related to complaints. Consumers advised they were aware of external avenues for raising a complaint but were comfortable raising concerns with staff and their concerns would be addressed. The service provided translating and interpreter services, sign language and flash cards where necessary, to support of effective consumer communication.

Consumers and representatives described what happened when raising a concern with the service, how an open disclosure process was used, and concerns addressed. Staff knew how to escalate issues to management on behalf of a consumer and were aware of action taken in response to recent complaints such as clinical review, notifying family and communicating an apology. The feedback and complaints register demonstrated all complaints had been actioned.

The feedback and complaints policy and procedures were observed to reflect processes in place. The service’s continuous improvement log evidenced recent feedback and complaints described by representatives and staff, an apology provided, actions and outcomes following investigations.

**Standard 7**

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| Human resources | | Compliant |
| 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 |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

## Findings

Consumers considered they got quality care and services when they needed them and from people who were knowledgeable, capable and caring. Consumers and representatives believed staffing numbers were adequate to meet consumer care needs and said staff were kind and respectful whilst assisting them. The results of a survey conducted in June 2022 by the service, demonstrated most consumers and representatives rated staff and care services very highly; 100% said staff knew and understood their needs.

Staff described ongoing training, support, professional development and supervision they received and felt confident to deliver effective care and services to consumers; training records confirmed all staff had attended and participated in mandatory and essential training.

Management described various approaches to managing staff performance including annual performance review processes and position descriptions set out expectations for all roles at the service. Observations of staff practice demonstrated staff had a shared understanding of their roles and responsibilities.

The staff roster and daily shift allocations records showed shift vacancies were filled by permanent staff who had capacity for additional hours. Call bell response times were monitored daily including checking call bells were working effectively. The service had planned the implementation of a new human resources electronic system which will simplify processes and store all human resources and compliance documentation.

**Standard 8**

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| Organisational governance | | Compliant |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| 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 |
| 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 |
| Requirement 8(3)(e) | 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. | Compliant |

## Findings

Consumers considered they were engaged in the development, delivery and evaluation of care and services and they contributed to improving the delivery of care and services. Consumers and representatives described how they were consulted in the development and evaluation of activities and services such as through consumer/representative focus group meetings, case conferences, complaints and feedback processes and surveys.

The site audit report identified the organisations’ board meets regularly, sets clear expectations for the service and regularly reviews risks from an organisational and consumer perspective. Risk and clinical governance committees meet regularly and report back to the board, and communication processes ensure directives are communicated to regional management and the service.

The service had a documented risk management framework, including policies describing how high impact and high prevalence risks associated with the care of consumers was managed. Staff described processes and knew how to ensure the abuse and neglect of consumers was identified and responded to; this was confirmed by representatives who felt consumers lived the best life they could.

The service demonstrated effective organisation-wide governance systems in relation to information management, continuous improvement, financial governance, regulatory compliance, complaints management and clinical care. The clinical governance framework addressed anti-microbial stewardship, best practice, minimizing the use of restraint, and open disclosure. Staff understood these concepts and explained how they were applied in practice.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)