Performance

Report

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| Name of service: | Southern Cross Care Cootamundra Residential Aged Care |
| Service address: | 14 Scott Avenue COOTAMUNDRA NSW 2590 |
| Commission ID: | 0046 |
| Approved provider: | Southern Cross Care (NSW & ACT) Limited |
| Activity type: | Site Audit |
| Activity date: | 29 November 2022 to 1 December 2022 |
| Performance report date: | 22 February 2023 |

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 Cootamundra Residential Aged Care (**the service**) has been prepared by James Howard, 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 site audit conducted from 29 November 2022 to 1 December 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 the 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 | |  |
| 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 and representatives indicated they were treated with dignity and respect, and staff valued their individual identities and cultures. Care planning documentation identified consumers’ backgrounds, preferences, identities and cultural practices.

The service organised a range of religious services to meet the diverse cultural and religious needs of consumers. Staff and management provided consistent information regarding the processes in place to support staff to complete their cultural awareness training to provide consumers with culturally safe care.

Consumers advised the service supported them to make decisions affecting their care needs and could change these decisions when required. Care planning documentation evidenced the decisions of consumers were documented and communicated with staff.

Consumers outlined they were supported by staff to take risks and live the best lives possible. Staff provided examples of how the service assisted consumers to engage in activities that included an element of risk.

The service demonstrated information provided to consumers and representatives concerning care and services was current, accurate and timely, and was provided in a manner that was clear, easy to understand and enabled consumers to exercise choice. The Assessment Team observed copies of the daily activity calendar were displayed throughout the service.

Consumers felt their privacy was respected within the service and were confident their information was kept confidential. The service had a privacy policy which outlined how the service maintained and respected the privacy of personal and health information.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| 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

The service demonstrated its assessment and planning process was effective and included the consideration of risks to the consumer’s safety, health and well-being. Consumers were satisfied their care was well planned and met their care needs.

Care planning documentation identified and addressed consumers’ current needs, goals and preferences, including advance care planning. Consumers indicated they were supported to complete advance care directives and the service was aware of their end-of-life goals and preferences.

Staff outlined the processes in place to ensure the service partnered with consumers to assess, plan and review care and services. Consumers confirmed they had access to medical officers and allied health professionals.

Care planning documentation demonstrated consumers and representatives were consulted throughout the assessment and care planning process and, when required, staff sought input from health professionals. Consumers confirmed they were involved in the assessment and care planning process and the outcomes of assessment and planning were communicated to them.

The service had policies and procedures which guided the review of care and services. Consumers stated the service regularly communicated with them about their care and services, sought feedback, and made changes to meet current needs, goals and preferences.

# 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 |
| 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 were confident they received safe and effective care that was best practice, tailored to their needs and optimised their health and well-being. The service had policies and procedures in place which supported the delivery of care.

Staff discussed how they identified, assessed and managed high impact or high prevalence risks to the safety, health and well-being of each consumer. Consumers expressed satisfaction with the care received in relation to the management of high impact or high prevalence risks.

Care planning documentation identified consumers’ personal choices and preferences and showed advance care plans were in place. Consumers and representatives indicated consumers’ end-of-life wishes were known by staff and symptoms such as pain were well managed.

Deterioration or changes to consumers’ health were recognised and responded to in a timely manner, as confirmed by care planning documents reviewed by the Assessment Team. Consumers were confident staff knew them well and would recognise any changes in their condition and respond appropriately. The service had policies, procedures and clinical protocols to guide staff in the management of deterioration.

Consumers were confident their information was well documented and shared between staff and other services involved in providing care. The service demonstrated effective information systems and the inclusion privacy policies to protect consumer information.

Care planning documentation demonstrated timely referrals to medical officers, allied health therapists and other providers of care and services. Consumers advised the service had access to, and referred them to, appropriate providers, organisations and individuals to meet their care needs.

The service had documented policies and procedures which supported the minimisation of infection related risks through the implementation of infection control principles and the promotion of antimicrobial stewardship. Consumers advised the service was clean and staff practiced proper infection control management.

# Standard 4

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| Services and supports for daily living | |  |
| 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 were satisfied they received services and supports that met their needs, goals and preferences and enabled them to maintain their independence and quality of life. Care planning documentation accurately identified consumers’ needs goals and preferences, and the strategies in place to support their health and well-being.

Staff described how they supported the emotional, psychological and spiritual well-being of consumers. Consumers felt connected and engaged in meaningful activities that were satisfying to them.

Consumers felt the service assisted them to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and do things of interest to them. Staff described the supports in place for consumers to enable them to participate in the wider community and maintain personal relationships.

Consumers indicated the service coordinated their supports with a range of providers. Staff described how information about the consumers’ condition, needs and preferences was shared within the service and with external providers.

Care planning documentation showed the service collaborated with external providers to support the needs of consumers. Staff described the referral process to individuals, organisations and providers of other care and services.

Consumers and representatives expressed positive feedback regarding the variety, quality and quantity of the meals provided. Staff were aware of consumers’ nutrition and hydration needs, and described how changes were communicated.

Staff advised they had access to the necessary equipment for consumers and described how the equipment was kept safe, clean and well maintained. The service had suitable arrangements for purchasing, servicing, maintaining, renewing and replacing equipment, and there was evidence that equipment was used, stored and maintained in line with manufacturers’ instructions.

# Standard 5

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| Organisation’s service environment | |  |
| 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 and representatives advised the service environment was welcoming and easy to navigate. Staff described how consumers were supported to make the service feel like home, and how consumers were supported to maintain their independence and individuality.

The service safe, clean and well maintained, and consumers could move freely, both indoors and outdoors. Staff outlined the processes and systems in place to report maintenance and cleaning requests.

The Assessment Team observed the service’s furniture, fittings and equipment were safe, clean, well maintained and suitable for consumer use. Staff described how shared equipment used for moving and manual handling of consumers was cleaned and maintained.

# Standard 6

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| Feedback and complaints | |  |
| 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 stated they felt comfortable and understood how to provide feedback or make complaints. Management and staff described the avenues available for consumers and representatives to provide feedback and described the ways they supported consumers to lodge complaints.

Consumers and representatives stated they were aware of other avenues for raising a complaint; however, they felt comfortable raising concerns directly with staff and management. The Assessment Team observed information displayed on noticeboards regarding advocacy services.

Consumers and representatives stated management promptly addressed and resolved their concerns following a complaint being made, or when incidents occurred. Management provided examples of recent actions taken in response to complaints and feedback made by consumers and representatives which showed they were resolved in a timely manner.

The service demonstrated feedback and complaints were trended, analysed, and used to improve the quality of care and services. Staff described how the service used information from feedback and complaints to improve the quality of care and services.

# 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 |
| 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 and representatives advised the workforce was planned to enable the delivery and management of safe and quality care and services. Management indicated that in the event of unplanned leave, shifts were replaced by permanent staff of the same, or a more senior role, by utilising a casual pool of staff, extending shifts in accordance with the organisation’s policy, or by utilising contracted agency staff.

Management described how it monitored staff interactions with consumers and representatives through observations, and formal and informal feedback and complaints processes utilised by consumers, representatives and other staff. Consumers and representatives expressed feedback that staff engaged with them in a respectful, kind and caring manner.

Staff expressed satisfaction with the support that other staff and management provided to them on commencement at the service and continue to provide on an ongoing basis. Consumers and representatives felt confident staff were suitably skilled and competent to meet their care needs.

Staff described the training, support, professional development and supervision they received during orientation and on an ongoing basis. A review of training records showed the service orientates, trained and monitored staff competencies to ensure the workforce had the skills to perform their roles effectively.

The service showed the performance of the workforce was regularly assessed, monitored and reviewed. Management advised the service had probationary and ongoing performance review systems in place.

# Standard 8

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| Organisational governance | |  |
| 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 and representatives considered the organisation was well run and were satisfied with their level of engagement in the development, delivery, and evaluation of services. Management and staff described the ways in which consumers were encouraged to be engaged and involved in decisions about changes to the service, and the development, delivery and evaluation of care and services they received.

The service demonstrated the governing body was accountable for the delivery of care and services, and promoted a culture of safe, inclusive and quality-driven culture. Management described the various ways in which the organisation communicated with consumers, representatives and staff regarding updates on legislation, policies and procedures through regular staff meetings, emails, newsletters, online hubs, and training where required.

There were organisation-wide governance systems which supported effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management. The organisation had workforce retention strategies in place to attract and retain employees, including offering rental housing subsidies in some regional areas, referral bonuses for staff, and on-boarding incentives.

The service provided a documented risk management framework and policies on the management of high impact and high prevalence risks, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents. Staff demonstrated knowledge in relation to minimising the use of restrictive practices, dignity of risk, and what constitutes elder abuse and neglect.

The service demonstrated it had a clinical governance framework and supporting polices in place which addressed antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff identified the different types of restrictive practice and were aware of the relevant requirements regarding the usage of restrictive practices.

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