Performance

Report

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| Name: | Southern Cross Care Cootamundra Residential Aged Care |
| Commission ID: | 0046 |
| Address: | 14 Scott Avenue, COOTAMUNDRA, New South Wales, 2590 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 17 April 2024 to 18 April 2024 |
| Performance report date: | 23 May 2024 |
| Service included in this assessment: | Provider: 305 Southern Cross Care (NSW & ACT) Limited  Service: 62 Southern Cross Care Cootamundra 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 Cootamundra 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 confirmed consumers are respected and valued as individuals by staff. The organisation has documented processes which outline a consumers’ right to be treated with dignity and respect, and policies to guide staff conduct. Care plans reflect the diversity of consumers, including information about their background, cultural and religious beliefs, and preferences. Staff were observed engaging with consumers in a friendly, dignified, and respectful manner.

Staff and management spoke about consumers in a respectful manner and demonstrated a knowledge of the consumers’ background and preferences. Management advised staff receiving training and education on the organisation’s diversity and inclusion policy and code of conduct during orientation. These policies guide staff practices relating to the treatment of consumers and the maintenance of consumer’s privacy, dignity, and cultural diversity.

Staff acknowledged most consumers at the service identify as Australian and many are from a rural background. Lifestyle staff stated they have activities at the service based on days of cultural significance such as St Patrick’s Day, however there is a stronger focus on ANZAC Day, Australia Day, Easter, and Christmas as these are of particular importance to the consumers at the service. The activities calendar showed other activities included a local country and western singer, and attendance by local dance schools. Staff stated it is important for consumers to maintain a connection to the local community with many having lived in the local area and its surrounds for most of their lives.

Based on the information provided by the Assessment Team and the Approved Provider, 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 processes in place to ensure assessment and planning is based on an ongoing partnership with consumers. Clinical documentation showed the involvement of consumers and others they wished to involve, in care planning and assessment. Documentation confirmed the involvement of other healthcare providers and organisations such as specialist nurses, a palliative care team, allied health including physiotherapy and speech pathology and Dementia Behaviour Assessment and Management Service.

Community nurses, pharmacist and medical officers attend a monthly meeting with the facility manager which engages local health care professionals with the service. Consumers and/or representatives confirmed they have been involved in decisions about their care, their needs were being met and they were happy with the care delivered.

On admission a list of assessments is followed and completed. After the initial assessments are completed four monthly reviews occur, as well as ongoing annual reviews in collaboration with consumers and/or representatives. Assessments are discussed with consumers and/or representatives. Progress notes and incident reports reflect staff communicating with nominated representatives when incidents occur, and consultation with consumers and/or representatives in relation to care and services provided.

Based on the information provided by the Assessment Team and the Approved Provider, 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 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. Consumers and/or representatives stated consumers get the care they need, and this care is in line with their preferences. They said staff know what they are doing, and consumers receive the personal and clinical care that suits their needs.

Clinical and care staff stated they have access to clinical policies and guidelines to ensure they provide quality and safe clinical and personal care to consumers. Staff said they receive enough support and training to effectively deliver safe clinical and personal care. Care staff report they use strategies to manage consumers’ different needs as they know the consumers well, and if they notice any changes or have concerns for a consumer, they report this immediately to the clinical staff.

Fall incidents reviewed showed staff appropriately assessed, managed, and escalated incidents according to the service’s post falls policy and guidelines. Consumers experiencing pain are managed effectively with appropriate pain assessment and monitoring, and provision of interventions as required, including non-pharmacological strategies. All consumers are weighed monthly, and the clinical documentation system identifies consumers who had more than a 5% weight loss in one month. Consumers experiencing unplanned weight loss are monitored and reviewed by a dietician.

The service has policies and procedures for the management of skin integrity and wound care. All consumers have a skin assessment completed on admission, to identify the risk of pressure injury and organisational policy directs strategies for consumers identified as high risk of pressure injury. All care staff are educated and trained in relation to pressure area care, pressure injuries and how to minimise skin damage. Clinical staff receive training in wound care management online and the registered nurses have access to an application on the phone to advise best practice dressing treatments. The service has access to a wound care clinical nurse consultant who reviews and provides advice on chronic wounds. Management advised an incident report is generated when an injury occurs, a photograph is taken, and a wound management plan is commenced. Strategies to prevent pressure injuries and deterioration of existing pressure injuries are currently in place for consumers.

The service has actively been working to minimise the use of psychotropic medications for consumers. This was evident through the review of documentation demonstrating some consumers had their psychotropic medication reduced as a result of regular reviews in collaboration with the consumer’s medical office, the psychogeriatrician and Dementia Behaviour Assessment and Management Service involved in consumer’s care.

Based on the information provided by the Assessment Team and the Approved Provider, 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

Consumers and/or representatives considered there is enough staff at the service to meet consumer needs. Management has contingency plans in place to replace staff when required and rosters are reviewed on a regular basis to ensure staff allocations are meeting changing consumer needs and preferences. Management advised the service operates using a base roster and this aligns with legislated minimum care minute requirements, and that these hours can be increased to meet the changing care and service needs of consumers.

Consumers and/or representatives stated staff are available when needed and attend quickly in response to call bells. Staff reported there are adequate numbers of staff to provide care and services in accordance with consumers’ needs and preferences, and staff generally have enough time to undertake their allocated tasks and responsibilities.

Call response times are monitored weekly by the facility manager using a generated report and reviewed monthly. Response times longer than ten minutes are investigated, and the results of the investigation and improvement actions were noted on the facility managers monthly quality report.

Management advised of ongoing recruitment drives led by the organisation’s people and culture team, both nationally and internationally. The facility manager described the recent recruitment of care and clinical staff and the engagement of agency staff on long term contracts. Management acknowledged the rural location of the service and said the organisation supports the relocation of staff to the area by providing accommodation to these employees.

Based on the information provided by the Assessment Team and the Approved Provider, 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 policies in place to identify and manage risks in relation to high-impact and high-prevalence risks to consumers, abuse and neglect of consumers and incident management.

The risk management system is monitored at a local level by the management team through clinical assessment, daily reviews and ongoing monitoring, collection and analysis of clinical data, and internal and external audits. Oversight at an organisational level is provided by the quality and clinical education support manager. Staff and management demonstrated knowledge and understanding of these risks, including but not limited to, falls, pressure injuries and wounds, and how they are managed within the service.

Clinical data relating to high-impact, high-prevalence risks for consumers is collected and analysed in the areas of falls, pressure injuries, medication errors, wounds, and weight loss. This information is collated by the facility manager at a service level, discussed with the regional quality manager at monthly quality meetings on an organisational level and presented to the Board by regional managers.

The organisation has policies and procedures in relation to incident reporting which capture types of incidents to report under the Serious Incident Response Scheme and reporting timeframes. A review of the incident management system, incident reports and the Serious Incident Response Scheme register showed incidents are escalated and reported within the legislative timeframes and appropriate actions taken in response to the incidents.

The organisation has a supported decision-making/dignity of risk policy. Where a consumer may choose an activity that involves some risk, the service uses a risk consultation process to assess the risk and discuss with the consumer how the service can support the consumer to participate in the risk-taking activity.

Based on the information provided by the Assessment Team and the Approved Provider, 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)