Performance

Report

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| Name of service: | Southern Cross Care Daceyville Residential Aged Care |
| Service address: | 1-3 Gwea Avenue DACEYVILLE NSW 2032 |
| Commission ID: | 0394 |
| Approved provider: | Southern Cross Care (NSW & ACT) Limited |
| Activity type: | Site Audit |
| Activity date: | 24 May 2022 to 25 May 2022 and 31 August 2022 to 31 August 2022 |
| Performance report date: | 11 October 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 Daceyville Residential Aged Care (**the service**) has been prepared by K.Spurrell, 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; 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 felt they are treated with dignity and respect and said staff know, respect and value their identity, and cultural background and encourage their diversity. Staff described how they respect consumers, such as, using their preferred names, and embracing consumers' identity and culture. The Assessment Team observed staff treating consumers with kindness, dignity, and respect. Care plans include interventions and strategies that guide staff to provide care in a dignified and respectful manner that considers the consumer's background and diversity.

Consumers and representatives confirmed that the service recognises and respects their cultural backgrounds and provides care that is consistent with their cultural traditions and preferences. Staff identified consumers from culturally diverse backgrounds and were able to describe how they tailor care that meets the specific cultural needs and preferences of consumers. Consumers said they are supported to choose who they wish to involve in their care and how they would like their care and services delivered. Consumers said they are encouraged to make connections with others and are supported to maintain relationships including intimate relationships.

The service demonstrated it supports consumers to make decisions and take risks so they can live their best lives. Staff said they are aware of the consumers who take risks and support their right to make choices that enhance their independence and well-being.

Consumers confirmed they are provided with timely and accurate information either verbally or by receiving paper-based notification. Representatives said they are kept informed by receiving regular emails and phone calls when changes to care and services occur. The service demonstrated that information surrounding care and services provided to consumers and representatives in a timely manner that is clear, easy to understand and enables them to exercise choice.

Consumers said their privacy is respected and personal information is kept confidential, consumer information and their relevant files are stored in the locked nurse’s station in closed cupboards. Staff said clinical handover is done in a private area behind closed doors and confirmed computers are locked with passcodes and staff are provided with their own personal codes to access the electronic system.

# 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

Staff described how assessment outcomes are documented in care plans and discussed amongst staff, which guides them in the safe and effective care of consumers. Consumers and representatives said they are satisfied with the care they receive, and felt risks are identified and managed to promote their independence and safe care. Consumer documentation and care plans identified key high impact and high prevalence risks such as falls, pressure injury development, weight loss, swallowing difficulties and responsive behaviours.

Consumers and their representatives said that staff involve the consumer and others they want in their care as much as possible. Staff were able to describe what is important to consumers in terms of how their care is delivered and consumers and their representatives said that assessments and planning is based on partnership with them and includes others they choose to involve in their care. Staff described the process of referring consumers to relevant allied health professionals, such as physiotherapists and occupational therapists. Care planning documents included input from other multi-disciplinary team members, such as medical officer’s, physiotherapists, dieticians, and podiatry services

Consumers and representatives sampled, said the outcomes of assessments and planning are communicated to them and most said they have a current copy of their care plan, or know where to access one if they chose to. Staff could explain the process of accessing care plan documents on the electronic system and said they communicate outcomes of assessments to consumers, by talking to consumers and allowing time for them to ask questions and involve representatives to explain information to consumers who have difficulties communicating.

Management advised, clinical incidents are reviewed monthly at a service and organisational level, to identify strategies to minimise risk of reoccurrence of incidents and to identify improvements, which can be implemented to improve outcomes for consumers. The service is guided by policies and procedures for recording and reporting incidents and care plans are updated when circumstances change, such as a change in health or when incidents occur.

# 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 and representatives were satisfied the care delivered is tailored to their needs. Staff demonstrated understanding of the individualised personal and clinical needs of consumers. Care planning documentation reflects individualised care that is safe, effective, and tailored to the specific needs and preferences of the consumer. The service has policies and procedures in place to support the delivery of care provided, such as wound management, restraint practices, falls prevention, skin integrity and pressure injury prevention.

Risks for each consumer including, but not limited to, falls weight loss and skin integrity are effectively managed and consumers and representatives were satisfied with how the service manages risks. Care planning documentation identified effective strategies to manage key risks and were recorded in assessment tools such as falls assessments, care plans and progress notes

Consumers nearing the end of life receive appropriate care, consumers and representatives confirmed, staff had spoken to them about advance care planning and end of life preferences. Care and registered staff say they attend to mouth care, skin care, pain management and involve families during palliation of the consumer.

Changes in consumers care needs are recognised and responded to in a timely manner. Staff provided recent examples of when a deterioration or change in condition was recognised and responded to for example, early detection of the corona virus (COVID-19). A review of care planning documents, progress notes and charting, demonstrate deterioration in a consumer’s health, capacity and function is recognised and responded to.

Staff described how changes in consumers care and services are communicated through verbal handover, meetings, accessing care plans, accessing the daily consumer task reports or messages through electronic notifications. A review of documentation such as progress notes and care plans, identified that adequate and accurate information is captured to support effective and safe sharing of the consumer’s care.

Staff described the process for ensuring timely and appropriate referrals are made for consumers to health professionals and allied health services. The service is guided by organisational procedures regarding referral processes to health professionals within and outside of the service. Consumers care planning documentation, included input from other services such as medical officers, podiatry services, physiotherapists, geriatricians’, and dieticians

Staff had received training on infection minimising strategies including hand hygiene, the use of appropriate personal protective equipment (PPE) and outbreak management process. Staff reported an increase in education and training related to infection control measures pertaining to COVID-19 precautions. Data is used to inform improvements for consumers in relation to infection prevention and the service has policies to guide infection control practices.

# 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 and representatives felt supported and encouraged to engage in activities that interest them and that optimise their health, wellbeing, and quality of life. Lifestyle staff described the process on entry to the service to gather information on consumer's likes, dislikes, personal preferences, and the people important to them. This information is transcribed into a care plan that is updated every three months in consultation with the consumer.

Consumers said their emotional, psychological, and spiritual well-being is supported, staff could describe the spiritual and emotional needs of consumers and how they promote their physiological wellbeing. Consumers and representatives said they are supported to participate within and outside the service and do things that are of interest to them and maintain social and personal relationships. Lifestyle staff described the numerous community activities that occur in and outside of the service, which was supported by care planning documentation which included the activities consumers enjoy, their specific interests and who they wish to maintain relationships with.

Information on consumer's condition, needs and preferences is effectively communicated within the service where care and responsibility are shared, consumers said staff from all areas of the service including clinical, administration, cleaning and maintenance staff are aware of their conditions, needs and preferences. Staff are guided by care planning documentation, task lists and clinical handover sheets to provide safe and personalised care and are alerted to changes in a consumer's care or condition through the electronic message system, clinical handover sheets and verbal handover

Care documentation identifies consumers receive care from a variety of services including but not limited to volunteer services, audiology, optometry, and pastoral care. Staff could explain the process of referring consumers to relevant services and are guided by policies and procedures for the referral process.

Most consumers and representatives expressed satisfaction in the quality, quantity, and variety of food they are served. Consumers said they are provided with a choice for each meal daily and can request something different if they choose to. The menu is changed seasonally, and consumer food focus groups are held monthly to gain feedback and suggestions from consumers regarding menu planning and meal service

Consumers and representatives reported the equipment they use including mobility walkers, shower chairs, wheelchairs and mechanical lifting equipment is safe, clean, well maintained, and suitable for their needs. Maintenance staff said they attend to regular equipment audits to ensure equipment such as mechanical lifting machines, wheelchairs, weight chairs and other equipment used for personal care is safe, clean, and well maintained.

# 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 said the service is welcoming and optimises their independence, interaction, and function. Consumers felt at home being able to furnish their room and surroundings with their personal items. The Assessment Team observed consumer rooms to be decorated with photos, furnishings, and personal items,

Consumers were satisfied with how their personal rooms and common areas are cleaned and maintained and the laundry services and say their clothing is laundered in a timely and consistent fashion. Consumers and representatives said they can move freely in and outside of the service as they choose and utilise the lift to access the upper and lower level of the service.

Consumers said maintenance requests are attended to quickly and fixtures and fittings are functional and safe. Consumers said the personalised equipment they use such as shower chairs is tailored to their needs, is not shared amongst other consumers, and is maintained and cleaned by the service. The Assessment Team observed various equipment such as walkers’ wheelchairs and equipment used for personal care to be functional, maintained, clean and stored appropriately.

# 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 felt encouraged, safe, and supported to provide feedback and make complaints, and they can do it anonymously or with the assistance of staff. Staff were able to describe the avenues available if consumers wanted to provide feedback or make a complaint, and the process they follow should a consumer or representative raise an issue with them directly. The service has processes and systems in place for consumers, representatives, visitors, and staff to provide feedback or make a complaint, and these are included in the improvement process.

Staff demonstrated a shared understanding of the advocacy services available for consumers and representatives and were able to describe how they assist consumers who have a cognitive impairment and difficulty communicating. The Assessment Team observed the service’s written materials, such as the consumer handbook, feedback forms, brochures and posters displayed throughout the service, all of which provide information regarding internal feedback and complaints processes and contact information for external assistance and advocacy

Consumers felt management promptly addresses and resolves their concerns or complaints and confirmed staff and management provide an apology upon the making of the complaint or when things go wrong. Staff described the process followed when receiving feedback or a complaint and confirmed all complaints are escalated to senior personnel and management for investigation and follow-up. Management confirmed that an open disclosure process is applied following an adverse event, and as part of the service’s complaints management and resolution process.

Management described how trends in complaints are analysed monthly by the quality team and discussed at staff meetings, resident meetings, and monthly managers’ meetings. Management described and demonstrated how complaints and feedback feed into the plan for continuous improvement (PCI) and how the PCI is actioned and discussed during the meetings and if needed, those actions are escalated to be discussed at board meetings.

# 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 expressed satisfaction with the response to consumers’ requests for assistance and the quality of care provided. A review of staff rosters, allocation sheets and shift vacancies over the previous fortnight evidenced that the roster is planned four weeks in advance and that the organisation has a process in place to cover annual leave, including a pool of casual staff and booking agency staff in advance.

Workforce interactions with consumers are kind and caring, and staff are respectful of each consumer’s identity, culture, and diversity. Consumers and representatives felt that staff engage with consumers in a respectful, kind, and caring manner, and are gentle when providing care. Staff demonstrated personal knowledge and understanding of the individual characteristics, culture and diversity of consumers, including their needs and preferences

Management described how the service determines whether staff are competent, and capable in their role. The organisation tracks and monitors the completion of the online mandatory training modules and competencies for all staff. Staff described the training, support, professional development, and supervision they received during orientation and on an ongoing basis. Management described how the analysis of incidents, clinical indicators and feedback and complaints identify staff training needs. The service has processes and systems in place to support new and current staff and mandatory training is well tracked.

The service has probationary and ongoing performance review systems in place, which are conducted annually. The organisation has a suite of documented policies and procedures that guide the management of the workforce, the selection and recruitment of new staff, orientation and probationary processes, monitoring of staff performance and the performance management of staff when issues are identified in performance. All staff stated that they had undertaken an annual performance review or probation review in the past 12 or 6 months, respectively.

# 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

The service demonstrated that consumers are engaged in the development, delivery and evaluation of cares and services. Consumers and representatives reported that they feel they are involved in the development and delivery of the cares and services they are provided. The service monitors the satisfaction of consumers through feedback forms, consumer meetings, internal audits, regular care plan reviews and verbal conversations with staff and management.

The organisation was able to demonstrate how the governing body promotes a culture of safe, inclusive, and quality care and services. The governing body uses the information from consolidated reports to identify the service’s compliance with the Quality Standards, initiate improvement actions to enhance performance and monitor care and service delivery.

The service had governance systems to support effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Any updates to aged care law and regulations are disseminated through a report from the board.

The service had effective risk management systems and practices, including managing high impact or high prevalence risks associated with the care of consumers, identifying, and responding to abuse and neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents through the use of an incident management system.

The service demonstrated the organisation’s clinical governance system and framework ensures the quality and safety of clinical care, and promotes antimicrobial stewardship, the minimisation of restrictive practices, and the use of an open disclosure process.

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)