Performance

Report

1800 951 822

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| Southern Cross Care Facility Caloundra | 15 September 2022 |
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| Southern Cross Care (QLD) Ltd | 17 August 2022 to 19 August 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 Facility Caloundra (**the service**) has been considered by D. 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, the Site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives.
* 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 | | 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 and representatives said they are treated with dignity and respect, and their identity, culture and diversity are appreciated and valued. Care planning documentation reflected individualised care ensuring dignity and respect for consumer preferences such as for female staff during the delivery of personal and hygiene care. Staff said they address consumers by their preferred name as sign of respect, acknowledge their choices and build rapport by investing time to understand their background, life history and needs. Staff were familiar with consumers from different cultural backgrounds and could explain how this influenced their care and services.

Consumers confirmed the service recognises and respects their cultural background and provides care is consistent with their cultural traditions and preferences. Staff described how consumers from a culturally diverse background were supported to engage in activities of importance to them such as listening to music from their culture and reminiscing about their lives. Communication cue cards were in development to be used to assist communication with consumers where English was not their first language.

Consumers felt supported to make decisions and choices about their care and those who should be involved in their care and communicate their decisions on these matters, this was reflected on care planning documentation. Consumers said they are supported to maintain relationships of their choice, including intimate relationships at the service, a married consumer described how their shared room with access to a garden suited their needs as their partner enjoyed gardening and could be in the garden when they wanted, staff were respectful of their privacy.

Consumers described how the service supports them to take risks, a consumer who chooses to smoke knew where the designated smoking area was, the consumer’s care plan reflected risk assessments and dignity of risk forms relating to smoking, signed by the medical officer. Staff were familiar with risks consumers took and strategies for risk mitigation. Risk assessments were observed to be comprehensive, including functional assessment where appropriate and reviewed 3-monthly or where changes occurred.

Consumers and representatives reported they are kept updated by the service on any changes via verbal communication, phone calls, emails and town hall meetings, particularly amidst COVID-19 outbreaks. A consumer with a visual impairment said staff were very supportive of them by preparing signage to assist navigation, setting up voice recognition and large text on their electronic device. Information available to consumers was observed to be clear and easy to understand to support decision making, these included brochures, flyers, white boards and service wide announcements over the loudspeaker.

Consumers described how their privacy is respected by staff such as keeping their doors closed if they prefer, asking for consent before taking photos, ensuring that sensitive information is only shared with consumers or those they wanted involved in their care and not discussing such information in front of other consumers. Staff were observed knocking before entering a consumer's room and gaining consent before attending to them, computers were observed to be locked, and staff used individual passwords to access consumers’ 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 said consumers receive the care and services they need and confirmed their participation in care planning processes. Care planning documentation demonstrated effective, detailed assessment and care planning processes to identify the needs, goals and preferences of consumers, including the identification of risks to each consumer's health and well-being. Staff were familiar with how consumer care plans informed the delivery of care and services and assessments identified risks associated with pain, mobility, and diet.

Staff were familiar with consumer’s care needs and preferences, including their advance care and end of life wishes. Consumers and representatives confirmed their care needs including advance care and end of life planning had been discussed with them. Advance care and end of life documentation was observed to reflect consumers wishes including to be with family and to have soft music played.

Details relating to consumer case conferences and the involvement of medical officers and allied health professionals were evident in consumer care planning and assessments. Consumers and representatives reported the service partners with them and others who the consumers wish to involve in planning and assessment of their care. Staff described processes to support partnering with consumers and representatives for care planning and assessments. Clinical staff described regular reviews of consumers by medical and allied health professionals, or when required and knew how to refer consumers in consultation with the service’s clinical team.

Consumers and representatives reported they are kept up to date by the service, kept informed about any changes in consumers’ care and services, staff explain things clearly to them and care plans are accessible. Care planning documentation and progress notes evidenced communication of assessment and planning outcomes. The service uses an electronic care management system for effective handover communication and to ensure up-to-date and comprehensive consumer information is handed over.

Consumers and representatives confirmed their involvement with regular reviews of care and services and staff regularly discussed care needs with them. Staff said care plans are reviewed 3 monthly or if changes in the consumer’s health and well-being occurred such as deterioration or incidents. Care planning documentation on the electronic system was observed to inform and alert staff if a care plan is due for review and after 90 days provides an additional prompt.

# 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 said they receive safe and effective personal and clinical care that is tailored to meet their needs and optimises their health and wellbeing. Consumer care files, assessments, progress notes, medication charts and monitoring charts reflected individualised care that is safe, effective, and tailored to the specific needs and preferences of the consumers. For consumers subject to restrictive practices, management advised the service does not use seclusion and no consumers are subject to physical restrictive practices. The service has accessible policies, procedures and work instructions for key areas of care, including but not limited to, wound management, pressure injury, diabetes management and pain management which were observed to be in line with best practice requirements.

Management and staff identified high impact risks within the service and described procedures for effective management of risks including regular clinical data monitoring, trending and implementation of suitable risk mitigation strategies. Care planning documentation for consumers assessed as being at risk, showed strategies and interventions for managing risk and consumers and representatives confirmed effective management of high impact and high prevalence risks at the service.

The representative of a recently deceased consumer said the service had adhered to the advance care and end of life plans and wishes of the consumer and the consumer had been made as comfortable as possible, the family had been given a visitation exemption during a COVID-19 outbreak. Staff described how they approach conversations around end of life with consumers and representatives through a multidisciplinary approach including at case conferences.

Care planning documentation and progress notes evidenced the identification of, and response to, deterioration or changes in consumers condition. Consumers and representatives confirmed the service monitors, identifies and responds to changes in condition in a timely manner. Staff described how they monitor signs such as unplanned weight changes, general decline and behavioural changes, these are discussed during handovers and by electronic messaging, escalated where necessary for medical review, and care planning documentation updated.

Consumers and representatives said referrals are timely, appropriate and occur when needed and confirmed consumers have access to a range of health professionals, including allied health specialists, and a nurse practitioner. Progress notes showed input from registered staff, medical officers and allied health services and staff were familiar with processes to organise and document referrals through care planning documents and electronic messaging.

Consumers and representatives said the service managed the recent COVID-19 outbreaks effectively as they do general precautions and infection control practices and staff were observed using personal protective equipment and practicing safe hand hygiene techniques like hand washing and sanitising. The service has 2 trained and qualified infection control and prevention leads, outbreak kits and infection control storage in each unit. The service has appropriate guiding documentation to support staff with infection control, and service was observed to be clean with hand sanitising stations located throughout, and staff engaging in appropriate hygiene practices.

# 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 said they feel supported to pursue activities of interest to them which optimises their independence and are provided with appropriate supports to do so. Staff explained an initial lifestyle assessment in consultation with the consumer and representative helps to identify individual preferences, likes, dislikes and interests and social needs. Staff knew what was important to each consumer and what they liked to do which aligned with consumer care plans and consumer feedback.

Consumers said their emotional, spiritual and psychological needs were supported and they are encouraged to stay connected to family or friends for emotional support when they need it. Staff described how consumers are supported in their emotional needs by ensuring connections with people important to them through technology, pastoral care and lifestyle staff support, church and religious services. Pastoral care services are available and several volunteers assist with activities and spend one to one time with consumers.

Consumers and representatives indicated consumers are supported to participate in the community within and outside the service, keep in touch with people who are important to them and do the things of interest to them. Staff described specific consumers who undertake individual activities within and outside of the service, information aligned with care planning documentation. Management said they arranged visits to the service by church, community and veterans’ volunteers to keep consumers engaged in their community. Consumer outings include coffee mornings or taking consumers out into the community for shopping or church on Sundays.

Consumers and representatives said the consumer's condition, needs and preferences are effectively communicated within the service and with others responsible for care. Staff described ways in which they share information and are kept informed of the changing condition, needs and preferences for each consumer including through the electronic care management system accessible to staff, and external organisations where services and supports for daily living is shared. Care planning documentation for consumers provided adequate information to support safe and effective care as it relates to services and supports for daily living.

Consumers said they are supported by external organisations, support services and providers of other care and services. Interviews with consumers, staff and review of care planning documentation identified a variety of referrals to external providers and services. Staff could describe how they engage these individuals, organisations and providers to enhance consumers' experience at the service. Care plans and internal processes demonstrate that the service has access to a range of services.

Consumers said meals were varied and they are given a choice for each meal daily or could request alternatives such as sandwiches or salads. Most consumers said the meals were of suitable quality, however others complained about the cooking of the vegetables. The service utilises a contract caterer who freshly prepares all meals on site, and kitchen staff are inducted and trained in line with the service's training and orientation policies.

Consumers reported having access to equipment, including mobility and transfer aids and shower chairs to assist them with their daily living activities and said there had sufficient and suitable resources and equipment for leisure and lifestyle activities. Staff said they have access to equipment when they need it for assisting consumers and described how this is kept safe, clean and well maintained. Staff felt they’d been adequately trained on how to safely use transfer and mobility equipment. 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 and representatives said they find the service welcoming and spacious which creates a sense of belonging. The service was observed to have interconnected wings with spacious corridors, automatic doors and access to garden or courtyard areas. Staff described aspects of the service environment designed to optimise consumer independence, interaction and function such as appropriate signage for consumers with spatial orientation deficits. Consumers were observed socialising outdoors and in common areas and mobilising independently within the service.

The service was observed to be clean and well-maintained with expansive outdoor areas with shaded areas with seating for consumers to enjoy. Cleaning staff said they have a schedule and checklist to follow for cleaning at the service, cleaners are 7 days a week. There were no outstanding reactive and preventative maintenance tasks.

Consumers said the equipment in use is well maintained, clean and is accessible to them. Consumers were observed using a range of equipment aids, including walking frames, wheelchairs, and comfort chairs. Furniture in communal areas was observed to be clean and in good condition and enjoyed by consumers.

Staff demonstrated appropriate practices are in place for maintaining safe and clean equipment. The call bell system was observed to be working, with room numbers displayed on the call bell enunciator in hallways. The maintenance officer advised the call bell system is monitored at a 6 monthly basis and any concerns are rectified by the contractor.

# 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 knew how to provide feedback or make a complaint and felt comfortable to approach staff directly or could use feedback forms and boxes available in service, through consumer and representative surveys and at consumer meetings. Staff knew how to support consumers in feedback and complaint processes and to escalate issues to management for resolution if necessary.

Consumers and representatives said they are aware of advocacy services available and felt confident using these services if needed. Staff said they did not currently have any consumers who required or were using interpreter or advocacy services but knew how to access services. Documentation and resources were observed available for consumers to access advocacy and language services.

Consumers and representatives said management promptly addresses and resolves their concerns following the making of a complaint, or when an incident has occurred. Staff knew open disclosure involved providing an apology to a consumer or representative in the event of something going wrong. Management described how staff are guided by the organisation's open disclosure and complaints management policies which align with the Quality Standards.

Consumers and representatives reported their feedback is used to improve services. Management described processes in place to escalate complaints and how they are used to improve the care and services available. Staff described improvements driven by feedback, included the provision of products to support consumers skin integrity being provided.

# 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 and representatives said staff seem busy, however, they said they are still meeting the needs of the consumers. Staff described how the roster is designed to cover the care needs of consumers, unplanned leave is covered by rearranging shift times and using agency staff where possible. Management explained how they are actively recruiting for all levels of care staff and have commenced school-based traineeships.

Consumers and representatives said that staff are kind, caring and gentle when providing care and services. Staff were observed to always refer to consumers by their preferred name when speaking about them and demonstrated they were familiar with each consumer's individual needs and identity. Management stated that the service has a suite of documented policies and guidelines to direct staff practice, and which outline that care and services are to be delivered in a respectful, kind and person-centred manner.

Consumers and representatives said staff perform their duties effectively and felt they were skilled to meet their care needs. Management said staff are required to complete role based annual mandatory refresher training which is monitored by head office and notifications are sent via the online learning portal and individual emails. Position descriptions include key competencies and qualifications that are either desired or essential for each role, and staff are required to have relevant qualifications.

Consumers and representatives felt staff have the appropriate skills and knowledge to deliver safe and quality care and services. Staff said they receive training to support them to perform their role. The service’s policy on mandatory training reflected modules include manual handling, infection control, fire and emergency and elder abuse. Induction training was also reflected as mandatory to be completed on commencement of employment, refresher training occurs annually on the anniversary of employment.

Management advised the service has an online system for managing staff performance reviews, this includes an online questionnaire for staff to encourage open and honest discussion with management during appraisal reviews. Staff said they were comfortable with the online questionnaire process and confirmed recent reviews had been conducted.

# 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 and representatives said the service listens and responds to their suggestions, seeks input on a range of topics and they engage in evaluation of care and services through monthly consumer meetings, quarterly surveys, care planning consultations and a robust feedback management system. Management described how results of surveys are used to inform improvements at the service while issues of immediate concern would be escalated to senior management.

Management described the organisational structure and how the board ensures accountability over the delivery of quality care and services through regular monitoring of key clinical indicators and monthly interactive meetings with consumers and representatives who are encouraged to ask questions directly to management.

Management and staff described processes and mechanisms in place for effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service has a new information management system for the reporting of serious incidents, performance management, electronic care management and an online training portal.

The service has an appropriate and effective risk management framework in place including policies and procedures relating to high impact and high prevalence risks, prevention of abuse and neglect, and incident management. The service has a system to support the reporting, recording and reviewing of incidents and critical incidents are escalated to regional management, clinical governance and the board. Staff explained their roles, responsibilities and the escalation pathway in relation to serious incident reporting.

The organisation has a clinical governance framework in place including policies, procedures, on antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. Staff demonstrated knowledge of applying policies to practice including strategies to minimise the use of antibiotics such as early identification of infection, symptomatic management prior to obtaining pathology results and prescription of antibiotics.

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)