Performance

Report

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| Name of service: | Southern Cross Care Greystanes Residential Aged Care |
| Service address: | 5 White Gum Place GREYSTANES NSW 2145 |
| Commission ID: | 0510 |
| Approved provider: | Southern Cross Care (NSW & ACT) Limited |
| Activity type: | Site Audit |
| Activity date: | 21 February 2023 to 23 February 2023 |
| Performance report date: | 9 April 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 Greystanes Residential Aged Care (**the service**) has been prepared by S. Hicks, 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, dated 21 February 2023 to 23 February 2023; 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

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

The service demonstrated that consumers are treated with dignity and respect as conformed by consumers. A review of care plans found each consumer’s preferences listed relating to privacy and dignity, and included what respect means to each consumer. Staff were able to describe the ways in which consumers’ identity, culture and diversity were valued. In addition, consumers felt their culture and background was valued at the service. Staff were able to identify consumers from a culturally diverse background utilising care documents that were inclusive of information about consumer cultural backgrounds and preferences.

Most consumers interviewed said they felt they could exercise choice and had a say in what services they received and when. Examples provided by consumers included maintaining important relationships when they chose and staff being responsive when consumers required additional time for personal care. This was confirmed by staff who were able to describe how they support consumers to make choices and maintain relationships of choice.

The Assessment Team found that consumers are supported to take risks with this being confirmed through consumer interviews. Staff were aware of consumers who engaged in activities that posed a risk and were able to describe how they support consumers to do this safely. Risk assessments are also in place for consumers who chose to take risks.

Consumers were able to describe how they are provided with information by the service which they can understand. Consumers confirmed the service communicates through printed information, verbal reminders, consumer meetings, and email correspondence. In addition, both consumers said staff at the service respects their privacy. Staff interviewed described how they maintain consumers’ privacy when providing care, and how they keep consumers’ information confidential. This was also seen by The Assessment Team whilst on site.

Based on this evidence, I find the following requirements are Compliant:

Requirement 1(3)(a)

Requirement 1(3)(b)

Requirement 1(3)(c)

Requirement 1(3)(d)

Requirement 1(3)(e)

Requirement 1(3)(f)

# 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 Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

Consumers/representatives said they are satisfied with the assessment and care planning process. The service was further able to demonstrate this as staff were able to describe the assessment and care planning process and utilised care documents that the Assessment team found were individualised for each consumer and were inclusive of risks. Care plans were also inclusive of end of life wishes with consumers able to confirm that conversations were held with them about advanced care planning and their end of life preferences.

The Assessment Team found that consumers/representatives are active participants in care planning. Management and staff interviewed described the care conference that is done in partnership with the consumer and anyone else they want involved in their care. This involves a review of the entire care plan to ensure it continues to meet the needs and preferences of the consumer. Care plans are also reviewed when consumer circumstances change, or incidents occur. In addition, care documents showed evidence of involvement from a range of services, including medical officers and allied health professionals.

Consumers/representatives understand what is included in their care plan and are provided with a copy if the wish to have one. Staff were also able to explain how they communicate with consumers/representatives about changes to their care plans.

Based on this evidence, I find the following requirements are Compliant:

Requirement 2(3)(a)

Requirement 2(3)(b)

Requirement 2(3)(c)

Requirement 2(3)(d)

Requirement 2(3)(e)

# 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

Most consumers/representatives expressed satisfaction with the personal and clinical care provided by the service with staff able to effectively explain how the care they provide is best practice and meets the needs of each consumer. Best practice care was seen in areas of restrictive practices, skin integrity and pain and medication management. Furthermore, care documents reviewed reflected individual care that is safe, effective, and tailored to the specific needs of consumers.

The Assessment Team found that consumers/representatives were satisfied with how the service managed risks associated with their care and services. Staff interviewed were able to describe the high impact and high prevalence risks that impact consumers and could described how they effectively manage these. Care planning documentation reviewed also demonstrated the use of risk assessments in appropriately assessing and responding to risks associated with individual consumers.

The service was able to demonstrate ongoing discussion with consumers/representatives regarding end of life and advanced care planning as confirmed through consumer/representative interviews. In addition, a review of care planning documentation demonstrated that progress notes are updated regularly, as well as regular care plan reviews, ensuring that the information within is up to date and assists staff in continuing to meet the ongoing needs and preferences of consumers.

The Assessment Team found that the service is responsive to deterioration or changes in a consumer’s condition. Consumers/representatives and staff described the ways in which the service is responsive to a change in a consumer’s condition. Furthermore, the Assessment Team had consumers provide examples of effective responses from the service in relation to psychological and clinical changes in consumer condition.

Consumers and representatives said they are satisfied with the service’s communication of consumers’ care needs and preferences. Staff interviewed described how information is shared and communicated throughout the service. In addition, care documents included input from medical officer and allied health professionals and included referrals to various health professional as required and in a timely manner. Consumer/representatives confirmed this, and staff were able to describe referral processes in consultation with consumers and representatives.

Lastly, consumers/representative expressed satisfaction with the service’s infection control measures and staff were able to demonstrate an awareness of infection control measures and the appropriate use of antibiotics. This was also observed throughout the site audit by the Assessment Team with staff utilising infection control practices appropriately.

Based on this evidence, I find the following requirements are Compliant:

Requirement 3(3)(a)

Requirement 3(3)(b)

Requirement 3(3)(c)

Requirement 3(3)(d)

Requirement 3(3)(e)

Requirement 3(3)(f)

Requirement 3(3)(g)

# 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

The services supports the daily living of consumers and met their needs, goals and preferences, including consumer emotional, spiritual and psychological well-being. Both consumers and representatives confirmed this through interviews with the Assessment Team. Staff were also able to demonstrate knowledge of consumers’ needs and preferred activities. Furthermore, the Assessment Team observed consumers engaged in daily living activities during the site audit.

Consumers are supported to participate in activities and maintain relationships of their choosing. This was inclusive of friends, family and spiritual leaders both within and outside of the service. Consumers confirmed this by telling the Assessment Team that they are supported to maintain personal relationships, and staff also knew the consumers who required support with staying connected to important people. The Assessment Team also reviewed care documents that included information which aligned with feedback provided by consumers, representatives, and staff.

Consumers felt confident that staff can communicate their condition, needs and preferences to other people involved in their care. Staff were able to describe how they find out about changes in a consumer’s needs, and how this is recorded. The Assessment Team observed an afternoon handover and noted effective communication regarding changes in consumers’ condition, needs and preferences. In addition, consumers said the service has referred them to external organisations, support services and providers of other care and services as required with care documentations confirming the timely engagement sourced other organisations and services.

Consumers expressed satisfaction with the quality and quantity of meals. Consumers at the service with dietary needs were accommodated and all staff were knowledgeable regarding their specific dietary needs. In addition, the service has feedback mechanisms which allow consumers to provide feedback on the performance of the kitchen. Consumers also confirmed they have access to safe, clean, and well-maintained equipment with staff actively involved in preventative and corrective maintenance.

Based on this evidence, I find the following requirements are Compliant:

Requirement 4(3)(a)

Requirement 4(3)(b)

Requirement 4(3)(c)

Requirement 4(3)(d)

Requirement 4(3)(e)

Requirement 4(3)(f)

Requirement 4(3)(g)

# 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

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

The Assessment Team found that the service was able to demonstrate compliance with all the requirements for this Quality Standard.

The Assessment Team observed most consumer rooms to be welcoming and personalised with things of interest and importance to the consumer. Consumers said they felt safe living at the service and the service environment was easy to navigate, clean and comfortable. Staff described the cleaning and maintenance practices at the service. Staff were able to describe how they support consumers with cognitive and physical impairments to navigate the service environment.

The Assessment Team observed consumers were able to move throughout the service freely. They saw outdoor areas on both the ground and first floor which consumers were able to access and some consumer rooms with balconies, which consumers could access freely. Moreover, consumers said furniture and equipment at the service was clean and well maintained. The Assessment Team reviewed up to date preventative and reactive maintenance schedules and observed the equipment in the service was clean and in well maintained.

Based on this evidence, I find the following requirements are Compliant:

Requirement 5(3)(a)

Requirement 5(3)(b)

Requirement 5(3)(c)

# 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

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

Consumers/representatives said they are encouraged to raise concerns and provide feedback. The service has various avenues for making a complaint and providing feedback, including speaking directly to the management team, submitting a feedback form, consumer meetings, surveys, or emailing the care manager. Sampled consumers said the service supports consumers with communication barriers. Staff could describe how they access advocacy and interpreter services for consumers. This was confirmed by Assessment Team observations as information on advocacy and external complaints services was available at the reception, outside the nurse station and on noticeboards throughout the service.

Consumers said the service responds to their complaints appropriately. Staff demonstrated an understanding of open disclosure and complaint management processes. Review of the feedback register demonstrated the service takes appropriate and timely action in response to complaints. In addition, staff could describe how service improvements have been made in response to feedback to the service. The Assessment Team also found that consumer meeting minutes and the plan for continuous improvement demonstrated complaints, feedback and suggestions are generally documented and changes at the service are communicated with consumers.

Based on this evidence, I find the following requirements are Compliant:

Requirement 6(3)(a)

Requirement 6(3)(b)

Requirement 6(3)(c)

Requirement 6(3)(d)

# 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

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

Consumers/representatives said they are aware of staffing challenges but confirmed consumers had not been adversely impacted by the current situation. They also felt staff knew how to perform their roles in providing their individualised care. A review of the rosters and other documents demonstrated the service has access to a sufficient staff to fill shifts. In addition, consumers/representatives confirmed staff are kind, caring, and respectful when providing care. And this was observed by the Assessment Team whilst on site.

Management could describe the service’s process for ensuring staff are suitable and competent in their role. A review of documentation demonstrated staff have appropriate qualifications, knowledge, and experience to perform their duties. The service has a staff performance framework where appraisals are conducted annually. Staff demonstrated awareness of the service’s performance development processes and confirmed that feedback is used to identify their areas of improvement.

Consumers said staff are confident and equipped to perform their roles. Staff said the service provides mandatory and supplementary training to support them to provide quality care. The Assessment Team reviewed mandatory staff training records which demonstrated that the workforce is recruited, trained, equipped, and supported to deliver the outcomes required by the Quality Standards.

Based on this evidence, I find the following requirements are Compliant:

Requirement 7(3)(a)

Requirement 7(3)(b)

Requirement 7(3)(c)

Requirement 7(3)(d)

Requirement 7(3)(e)

# 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 Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

Consumers said they provide ongoing input into how care and services are delivered, and management advised that this feedback is included in the service’s plan for continuous improvement. Documentation review showed consumers are meaningfully engaged in the evaluation of services through consumer meetings, feedback mechanisms, and surveys.

Management outlined systems and reporting processes which the governing body uses to monitor the service’s compliance with the Quality Standards. Management discussed how the organisation supports the service in providing care and services through regular meetings with the governing body. Meeting minutes showed the governing body analyses various documentation, such as internal audits, clinical indicators, complaints, and incidents.

The Assessment Team found processes and mechanisms in place for effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service also has an effective continuous improvement framework and plan for continuous improvement.

Staff could describe the processes for identifying and managing high impact and high prevalence risks, prevention of abuse and neglect, and incident management. The service has a wide range of frameworks, policies, and procedures to support the management of risks and incidents. The service maintains an incident register and management confirmed they analyse incidents to improve care and services.

Staff demonstrated an awareness of antimicrobial stewardship, minimising the use of restrictive practices, and open disclosure. The service demonstrated there was an effective clinical governance framework in place, including antimicrobial stewardship, minimising the use of restraint, and open disclosure.

Based on this evidence, I find the following requirements are Compliant:

Requirement 8(3)(a)

Requirement 8(3)(b)

Requirement 8(3)(c)

Requirement 8(3)(d)

Requirement 8(3)(e)

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-1)