

**Performance Report**

**1800 951 822**

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| Name: | Southern Cross Care John Woodward Residential Aged Care |
| Commission ID: | 0114 |
| Address: | 45 Barcom Street, MERRYLANDS, New South Wales, 2160 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 30 October 2024 |
| Performance report date: | 16 December 2024 |
| Service included in this assessment: | Provider: 305 Southern Cross Care (NSW & ACT) Limited Service: 130 Southern Cross Care John Woodward Residential Aged Care |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Southern Cross Care John Woodward Residential Aged Care (**the service**) has been prepared by S Turner, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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| Standard 7 Human resources | Not applicable as not all requirements have been assessed |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 7

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| Human resources |  |
| 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 generally felt staff were equipped and trained to provide safe and effective care to consumers. Consumers brought forward examples of how staff provide their care and consumer feedback included staff know what they are doing and do a ‘good job.’

Management described the systems and processes in place to support recruitment and to monitor and review staff training. They said clinical indicators, incidents, feedback and audit data is analysed and informs staff recruitment, training and professional development processes, and examples of this were provided. Management and staff said that additional training is provided when requested by staff or identified as an element of the performance development processes. Staff training was delivered online and face to face and included a range of topics, for example, hand hygiene, infection control, code of conduct, Quality Standards, Serious Incident Response Scheme and privacy awareness.

Management and staff said there were processes to support professional development, and that staff performance was reviewed regularly. They described the steps that are taken, including the development of a performance improvement plan, when issues in performance are identified.

For new staff, a probationary period is established which includes a performance review at 6 months; following this, performance reviews are completed on an annual basis or as needed. Staff who had been employed for 12 months or more confirmed they had participated in a performance review where they had completed a reflective exercise and had identified further training and/or professional development opportunities.

For the reasons detailed above, I am satisfied the workforce is supported to deliver care in line with the Quality Standards and that staff performance is regularly reviewed. I find requirements 7(3)(d) and 7(3)(e) are Compliant.

# Standard 8

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| Organisational governance |  |
| 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 |

**Findings**

Consumers reported the service was well run and the organisation promoted a culture of safe, quality care and services. There were governance systems and processes to support effective information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. For example:

* Information systems were established that ensured all stakeholders had access to the information they needed. Consumers were provided with information about care and services offered, on entry to the service and on an ongoing basis. Representatives advised they are informed of any changes that occur within the service and were aware of information provided by the organisation’s governing body. Staff were satisfied with information systems and accessed the intranet for organisational policies and procedures; they had access to an electronic clinical documentation system, handover processes, messaging systems, email, training and education and a staff handbook. There was a program of regular meetings for all stakeholders, minutes were recorded and were available to those who were unable to attend.
* A continuous improvement system was in place that was informed by consumer and representative feedback, clinical indicators, incidents, meetings, organisational initiatives and external reviews; further, the organisation subscribed to an external benchmarking and auditing service. The continuous improvement plan demonstrated improvements are logged, implemented and evaluated and examples of improvement initiatives were identified.
* Regulatory compliance was managed centrally by the executive team and policies and procedures were updated and communicated to relevant stakeholders as changes occurred. A review of policies including those relating to open disclosure and the Serious Incident Response Scheme reflected relevant legislative requirements.
* Feedback and complaints were used to inform continuous improvement and trends in complaints data were monitored and reported to the governing body. Consumers and representatives said they were listened to and felt comfortable raising concerns with the management team; they reported satisfaction with the response they had received from management.

A risk management framework was documented and included relevant policies and procedures such as incident management and dignity of risk. The management team monitored the system locally through clinical assessments, daily reviews, data collection and analysis, and internal and external audits. A quality and compliance team operated at an organisational level. Management and staff could identify high-impact and high-prevalence risks for consumers including control and monitoring measures. Regular clinical meetings and clinical governance meetings were held, and documented minutes demonstrated emerging high-impact risks were identified and monitored.

The reportable incident policy and procedure outlined how the organisation promotes a safe, respectful environment in which consumers receive individualised quality care, consistent with their needs and preferences. The incident management system ensured that incidents are assessed and reported appropriately as required. An incident register was maintained and indicated that incidents were escalated and reported within required timeframes with appropriate action taken in response, including a root cause analysis. Staff were provided education in relation to incident reporting and were familiar with their responsibilities.

For the reasons detailed above I am satisfied there are effective governance systems and processes in place; and an effective risk management system identifies and manages risks to consumers. I find requirements 8(3)(c) and 8(3)(d) are Compliant.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)