Performance

Report

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| Name of service: | Southern Cross Care Kildare Residential Aged Care |
| Service address: | 216 Maroubra Road MAROUBRA NSW 2035 |
| Commission ID: | 0563 |
| Approved provider: | Southern Cross Care (NSW & ACT) Limited |
| Activity type: | Site Audit |
| Activity date: | 7 February 2023 to 9 February 2023 |
| Performance report date: | 23 March 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 Kildare Residential Aged Care (**the service**) has been prepared by K. Reed, 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 7 February 2023 to 9 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

Consumers were treated with respect and their identity and diversity was valued. Staff demonstrated an understanding of consumers’ care preference and individuality. Care documents were individualised and demonstrated the service aimed to treat consumers with dignity and respect.

Consumers confirmed staff respected their culture and they felt safe at the service. Staff provided examples of how they supported consumers’ individual cultural and spiritual needs. Care documents included information about consumers’ cultural backgrounds and preferences.

Consumers were satisfied with how they were supported to exercise choice and independence. Staff described how they supported consumers to maintain relationships with people that were important to them. The service had policies and procedures in place to support dignity and choice.

Consumers described how they were supported to live the life they chose and do the things that were important to them. Staff demonstrated an understanding of consumers who take risks. The service had policies and procedures in place to support risk taking.

Consumers stated information provided by the service was clear and supportive. Consumers confirmed the service communicated through printed information, verbal reminders, consumer meetings, and email correspondence. The Assessment Team observed information available to consumers throughout the service.

Consumers affirmed their personal privacy was respected by the service. Staff described the practical ways they respected the personal privacy of consumers at the service. The service had policies and procedures in place to ensure consumer privacy and information was protected.

# 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

Consumers and representatives were satisfied with the assessment and care planning process. Staff discussed the assessment and care planning process. Care planning documents detailed individual consumer risks and were tailored to individual needs.

Consumers and representatives described having conversations with staff about advance care planning or end of life planning. Staff described how they approached conversations about end of life care with consumers. The service had a palliative care policy and care documents included end of life information.

Consumers and representatives described how they had input and were involved in assessments and planning of care. Staff confirmed assessment and care planning was completed in partnership with consumers and representatives. Care documents evidenced the involvement from a range of services, including medical officers and allied health professionals.

Consumers and representatives understood what was included in the consumers’ care and services plan and could request a copy. Staff demonstrated an understanding of assessment and planning and confirmed they had access to care documents. The service used an electronic care management system which was accessible by staff.

Consumers and representatives were kept informed about changes in circumstances that affected their needs, goals and preferences. Staff demonstrated an awareness of the review process and additional reviews as required. A review of care documents showed assessments following incidents that impacted on the care needs of the consumer.

# 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 expressed satisfaction with the personal and clinical care provided by the service. Staff demonstrated they were familiar with the personal and clinical needs of consumers and described how they deliver care safely. Care documents evidenced care was safe, effective, and tailored to each consumer.

Consumers and representatives were satisfied with how the service managed risk associated with consumers’ care. Staff provided examples of how they addressed high impact or high prevalence risks to consumers. Care documents had risk assessments in place to effectively manage risks to consumers.

Consumers and representatives confirmed they had discussed consumer end of life planning with the service. Care plans for consumers who were receiving palliative care contained relevant end of life documentation and preferences. Staff described how they adjusted care to support the needs and preferences of those consumers receiving palliative care. The service had a palliative care policy which guided staff in delivering person-centred palliative and end of life care.

Staff described the ways in which they respond to a change in a consumer’s condition. Care documents included information about changes in consumers’ conditions. Staff provided ways in which they responded to a change in a consumer’s condition. The service had policies and procedures in place to guide staff practice in responding to change in consumers’ condition. The procedure provided guidance on possible indicators of general deterioration, undertaking assessments, consulting with the consumer and their representatives, review of the care and services plan and referring to other health providers.

Consumers and representatives said consumers’ care needs and preferences were communicated between staff. Staff were aware of consumers’ care needs and described how information was shared about a consumers’ condition. Care planning documents included input from MO and allied health professionals. Care planning documents for consumers demonstrated regular updates to progress notes, as well as regular care plan reviews, ensuring that information was up to date, and consumers’ needs, and preferences were recognised and understood.

Consumers confirmed they were referred to other providers of care, including allied health and other specialists when required. Staff described referral processes in consultation with consumers and representatives. The service had procedures in place for making referrals to other health professionals, utilising telephone communications and electronic messages. Care documents included referrals to various health professionals.

Consumers were satisfied with the service’s infection control measures. Staff demonstrated an awareness of infection control measures and the appropriate use of antibiotics. The Assessment Team observed staff following infection control practices appropriately. The service had a vaccination program for staff and consumers.

# 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 were supported to engage in activities which maintained their quality of life and independence. Staff described how they implemented services and supports that met each consumer’s needs and goals. The Assessment Team observed activity calendars on display and consumers participating in activities around the service.

Consumers confirmed their emotional, spiritual, and psychological well-being was supported. Staff described how they supported the emotional and psychological well-being of consumers. Care documents included information about consumers’ individual emotional, spiritual, and psychological needs. Consumers with spiritual faith were supported to maintain this, and they could attend religious services both within and outside the service.

Consumers were supported by the service to participate in their community. Staff described the supports in place for individual consumers to enable them to participate in the wider community and maintain personal relationships. The minutes from lifestyle meetings confirmed consumers and staff planned activities for each week.

Staff were aware of consumers’ condition, needs and preferences. Staff effectively communicated consumer care and other needs at handovers. The service utilised an electronic care system which was accessible by staff. Lifestyle documentation consumers evidenced documentation was individualised and contained information on consumers’ background, interests and spiritual beliefs.

Consumers said they are provided with appropriate and timely referrals from outside organisations, such as volunteers and local services. Staff demonstrated an understanding of how they work with other individuals, organisations, and providers of other care and services. Lifestyle staff and the diversional therapist explained how they worked with outside groups to ensure consumers had access to the care and supports they needed and enjoyed. Care documents identified engagement with other organisations and services.

Most consumers were satisfied with the variety and quantity of food offered at the service. Consumers confirmed there was always enough food available to them, and that food was available in between meals. Consumers at the service with dietary needs were accommodated and all staff were knowledgeable regarding their needs. Management and catering staff provided information on monthly food forum meetings, where consumers were able to express their thoughts on meals. An improvement plan was in place at the service to address concerns raised by consumers relating to food services.

Consumers were provided with equipment that was clean and well maintained. There were processes in place for preventative and corrective maintenance. A review of preventative and reactive maintenance schedules evidenced equipment was regularly serviced and checked over by maintenance staff. The Assessment Team observed equipment to be clean and suitable for consumers’ needs.

# 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 confirmed the service environment was easy to navigate and they felt safe at the service. Staff described how the service environment was designed to support consumers to navigate it comfortably. Consumer bedrooms were personalised, and the service environment was accessible for consumers with different mobility needs. Consumers had input on aspects of the environment, including choosing to purchase a shade umbrella for outside, as well as raised garden beds to allow consumers who enjoyed gardening to maintain their independence.

Consumers were satisfied with the cleaning and maintenance at the service. Consumers were free to move around the service as they liked and could access both indoor and outdoor areas. Staff described the cleaning and maintenance practices at the service. The service was observed to be tidy and clean. Cleaning staff described the schedule for cleaning, and the process for managing ad hoc cleaning tasks as needed.

Consumers confirmed fittings, furniture and equipment at the service were well maintained and suited to their needs. The maintenance officer described the process for preventive maintenance and reactive maintenance at the service. The preventative and reactive maintenance logs evidenced tasks were completed in a timely manner. The Assessment Team observed the equipment in the service was clean and in good condition for consumer use.

# 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 and representatives felt comfortable raising concerns and providing feedback. Staff demonstrated an awareness of feedback and complaints processes. The service had 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. Feedback forms and a feedback box were located adjacent to the main entry foyer.

Consumers and representatives were aware of advocacy services, as well as support for external complaints handling. Information about advocacy and interpreter services was observed for relevant organisations. Information about the Aged Care Quality and Safety Commission was provided on brochures and noticeboards throughout the service. The Consumer Handbook contained information covering advocacy, the Aged Care Quality Standards, and raising concerns with external agencies.

The service responded to consumer or representative complaints appropriately. Staff understood open disclosure and complaint management processes. The service’s electronic feedback system recorded the description of complaints, concern or compliment and the action taken in response. Review of the feedback register demonstrated the service took appropriate and timely action in response to complaints.

Consumers felt feedback and complaints were reviewed and used to improve the quality of care and services. The service had processes, and a commitment to consider the potential for quality improvement when managing all feedback, including complaints. Management and staff provided examples of how service improvements had been made in response to feedback. Consumer meeting minutes and the plan for continuous improvement demonstrated complaints, feedback and suggestions were documented and changes at the service were communicated with consumers.

# 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 confirmed there was sufficient staff to provide safe and effective care and they received assistance when required. Staff stated there were enough staff at the service. A review of rosters for the fortnight immediately preceding the assessment, found consistent staffing numbers across all shifts. Call bell response times were downloaded and reviewed daily by management, the call bell report for December 2022 evidenced an average response time of less than two minutes. Staff were observed responding to call bells in a timely manner, not rushing, communicating with each other, and carrying out their duties around the service.

Consumers stated staff were kind, caring, and considerate of their needs. Staff could provide practical examples of how they treated consumers in a kind and respectful way. Staff were observed to interact with consumers in a caring and respectful manner. Clinical staff explained that consumers’ personal and cultural preferences were recorded in the electronic care management systems and updated when they changed.

Consumers provided feedback staff were capable and experienced in their roles. Staff could describe initial and ongoing training they received to perform their roles. A review of documentation demonstrated staff had appropriate qualifications, knowledge, and experience to perform their duties. When staff were recruited, they completed a formal induction, undertook supervised shifts with experienced peers, and spent time with registered staff to learn the organisational systems.

Consumers said staff are confident staff are trained appropriately. Staff received adequate training and support to perform their duties, including receiving mandatory training in incident management. Mandatory staff training records demonstrated the workforce was recruited, trained, equipped and supported to deliver the outcomes required by the Quality Standards. Staff confirmed the service provided ongoing training and gave examples that aligned with the training plan provide by management.

The service had a staff performance framework which identified appraisals were conducted annually. Staff performance was assessed and monitored, including through ongoing supervision, identifying and addressing issues as they arose, and through the completion of mandatory training. Care staff discussed performance issues and training needs directly with clinical staff. Staff records contained professional registration for registered staff, evidence of ongoing training completion and annual performance appraisal by their supervisor.

# 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

Consumers and representatives provided ongoing input into how their care and services were delivered. Management advised that all feedback or suggestions made by the consumers and representatives were included in the service’s Plan for continuous improvement. Consumers were meaningfully engaged in evaluation of services through consumer meetings, feedback mechanisms, and surveys.

There were systems and reporting processes in place through which the governing body monitored the service’s compliance with the Quality Standards. The organisation supported the service in providing care and services through regular meetings with the governing body. The governing body reviewed audits and other data to ensure a culture of safe, inclusive, and quality care.

Management and staff described 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 has an effective electronic care system, continuous improvement framework and Plan for continuous improvement, established financial governance arrangements, and processes for workforce governance, feedback, and complaints

Staff described how incidents were reported and documented on the service’s electronic care system. The service had a wide range of frameworks, policies, and procedures to support the management of risks and incidents. The service maintained an incident register and management confirmed they analysed 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 a clinical governance framework in place, including antimicrobial stewardship, minimising the use of restraint, and open disclosure.

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)