Performance

Report

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| Name: | Southern Cross Care Lavington Residential Aged Care |
| Commission ID: | 1005 |
| Address: | 286 Warren Street, LAVINGTON, New South Wales, 2641 |
| Activity type: | Site Audit |
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| Service included in this assessment: | Provider: 305 Southern Cross Care (NSW & ACT) Limited  Service: 7970 Southern Cross Care Lavington 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 Lavington Residential Aged Care (**the service**) has been prepared by Katherine Richards, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management, and others.

# 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

This Quality Standard is assessed as Compliant as 6 out of 6 Requirements have been assessed as Compliant.

Consumers said they were treated with dignity and their identity and culture was respected. Staff described ways they showed respect to consumers such as by avoiding certain topics of conversation, using their preferred names, and understanding consumer identity and culture to provide appropriate supports. Documented policies which reflected a strong organisational focus on dignity and respect, and staff were observed treating consumers with respect and in a dignified manner.

Consumers said staff were respectful and care was culturally safe. Staff gave examples of how they identified and provided culturally safe care, including adapting celebrations to be sensitive to consumer needs. Care planning documents reflected consumers’ cultural backgrounds and spiritual needs. The service had policies and procedures in relation to cultural safety and staff received appropriate training.

Consumers said they chose the people they wanted involved in their care, and were encouraged to make connections and maintain relationships, including intimate relationships. Staff knew who else consumers wished to involve in their care, and who was important to them. Consumers’ care plans reflected their choices and supported their independence, and captured intimacy needs.

Consumers said they were supported to make informed decisions and take risks, to live their best lives. Staff were aware of the consumers who took risks and explained how they supported consumers’ right to make choices to enhance their independence and quality of life. Documented risk assessments demonstrated risks were discussed with consumers and representatives and agreed controls were put in place to reduce risk. Risk assessments and care plans were reviewed regularly, including after changes, for example following an incident or near miss.

Consumers and representatives said they received timely information in relation to care and services, in a form they could understand. Staff explained how communication was tailored to consumer needs, including using large fonts for written information or providing translated documents. Consumers and representatives were provided with information packs on admission and a range of information on a regular basis including meeting minutes and newsletters.

Consumers said the service consulted them on their privacy preferences, privacy was respected, and their personal information kept confidential. Consumers said staff only discussed their care with themselves or their nominated representatives, and the service asked their consent before making referrals. Care planning documentation included privacy needs, consents, and circumstances for contacting nominated representatives. Information was observed to be stored securely and staff were observed to maintain consumers’ privacy and confidentiality when providing care.

# 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

This Quality Standard is assessed as Compliant as 5 out of 5 Requirements have been assessed as Compliant.

Consumers and representatives said care needs were assessed and planned, including any risks to consumers’ health. Clinical staff explained their multidisciplinary approach to care planning and how they used validated assessment and planning tools to identify risks and ensure care and services were safe and effective. Staff articulated the care planning processes, accessible within the electronic care management system, and were familiar with consumers’ assessed needs and associated cares. Policies and procedures supported the consumer-centred approach to assessment and care planning.

Consumers and representatives said they were involved in care planning, including advance care planning, to ensure needs, goals and preferences were met. Records showed advance care directives were discussed with consumers during admission, if they wished, and were regularly updated to reflect their current preferences. Staff had ready access to consumers’ advance care directives within care planning documentation and printed copies for quick review during emergencies.

Consumers said they were actively involved in the assessment, planning and review of their care and services, and could describe their care plan. Consumers said their care was well coordinated and included the right people. Management and staff described the ongoing partnership with consumers, representatives, and others the consumers wanted to involve in their care and services. Care planning demonstrated involvement of consumers, representatives, and other organisations and individuals providing care and services.

Consumers and representatives said staff updated them regularly and helped them to understand different aspects of the care and services. Care planning documents showed any changes were communicated to consumers and representatives and were written in a way they could understand. Care plans confirmed consumers and representatives were offered a copy if they wanted.

Consumers said their care and services were reviewed regularly with staff, and reviewed when circumstances changed, or an incident impacted on their needs, goals, and preferences. Staff described the processes for reviewing care regularly and when care needs changed. Care planning documents showed evidence of timely review and the electronic care management system included automated review triggers.

# 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

This Quality Standard is assessed as Compliant as 7 out of 7 Requirements have been assessed as Compliant.

Consumers said they were getting personal and clinical care that was safe, right for them, and supportive of their health and well-being. The service had documented policies, procedures, and systems to support the delivery of individually tailored, safe, and effective care. Staff described how the organisation supported them to deliver personal and clinical care that was best practice and optimised to meet the needs of each consumer. Documents showed care was consistent with best practice guidelines and met the needs, goals, and preferences of consumers.

Consumers said risks to their health were assessed, explained, and managed well. Staff identified, assessed, and managed high-impact or high-prevalence risks for each consumer. The electronic care management system had standardised tools to support the assessment, monitoring, and management of risks to consumers. The service monitored clinical data and reported on performance to ensure risks were identified and managed and to inform continuous improvement.

Consumers said the service provided good end of life care and records showed the service met the needs, goals and preferences of consumers who had passed. Staff were familiar with consumers’ advance care directives and end-of-life plans, and said they had the training, equipment, and support to deliver quality end-of-life care. Documentation for a consumer who had recently passed demonstrated communication with the family, and measures to manage comfort, pain, and dignity. Staff had access to palliative care specialists and Medical officers to support consumers receiving end-of-life care.

Consumers and representatives reported that deterioration or changes in health were acted on quickly. Staff were aware of the relevant policies and procedures and could articulate how deterioration or changes in consumers’ condition were promptly identified, reported, and escalated. Documentation demonstrated identification, monitoring, and management of deterioration in consumer condition.

Consumers said staff knew their personal and clinical care needs and they did not have to repeat their story, as the necessary information was shared with their consent. Staff described how they used the electronic care management system to record and manage consumers’ information and shared updates through staff meetings and shift handovers. Relevant staff and external providers had appropriate access to records and handovers were comprehensive and effective.

Consumers said the organisation had referred them promptly to appropriate other individuals and organisations providing care and services, and they were satisfied with these services. Staff identified a range of external providers and explained how they made referrals. Care planning documents showed the service collaborated with other providers of care and services to meet consumers’ needs and made timely referrals.

Consumers said the service was cleaned well and they were confident in the organisation’s ability to prevent and manage infectious outbreaks. The service had written policies and procedures to guide staff practice in relation to antimicrobial stewardship and infection prevention and control, including for COVID-19. Staff had received appropriate training in preventing and controlling infections and minimising the need for antibiotics. The service has an Infection prevention and control lead on site. Consumers are updated with infection control information during meetings and through newsletters.

# 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

This Quality Standard is assessed as Compliant as 7 out of 7 Requirements have been assessed as Compliant.

Staff explained how they established needs, goals and preferences for services and supports for consumers through personal discussions and feedback from consumer meetings. Care plans were tailored and identified the services and supports needed by consumers to optimise independence and well-being. Meeting minutes showed consumers had input into service delivery.

Consumers said their important social, emotional, and spiritual connections were supported by the service. Staff said consumers’ social, emotional, and religious needs influenced care and services. Staff gave examples of programs, including religious and pastoral services, to support consumers’ emotional, spiritual, and psychological well-being. Management explained programs and strategies to improve physical well-being also contributing positively to emotional well-being. Care planning documents detailed strategies to support consumers’ emotional, spiritual, and psychological needs.

Consumers and representatives said they were supported to maintain relationships and participate in activities, inside and outside the service. Staff explained ways they supported consumers to maintain important relationships, do things of interest and participate in the community. Care planning documents identified consumers’ interests, community connections, and important relationships.

Consumers said current information about their condition, needs and preferences was effectively communicated and staff understood their daily needs. Staff explained how information about consumers was shared with lifestyle staff, hotel services, and visiting providers such as the Exercise physiologist. Care planning documents detailed information about consumer’s condition, needs and preferences, including dietary information.

Records showed the service referred consumers to appropriate providers of other care and services in a timely manner. Care planning documents demonstrated timely referrals to specialist providers to meet consumer needs. Staff and management were aware of other services and supports available in the community to meet consumers’ needs. A variety of brochures and information about referred external organisations was available around the service.

Consumers said they were happy with the variety, quality, and quantity of food provided at the service. Consumers confirmed the service was working on implementing a self-serve breakfast bar to further improve the dining experience. Consumers could choose alternatives to the menu choices. Management and staff said they seek feedback from consumers at mealtimes, and during consumer meetings. Dietary information in the kitchen was current and reflected the dietary needs and preferences of consumers. The kitchen was clean and tidy, and staff observed general food safety and work health and safety protocols.

Consumers said there was sufficient equipment available, and it was clean and well looked after. Staff knew the processes for identifying equipment that required maintenance, repair, or testing, and explained cleaning processes for shared equipment. Equipment was observed to be safe, suitable, clean, and well maintained. Records showed effective preventative and reactive maintenance and cleaning.

# 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

This Quality Standard is assessed as Compliant as 3 out of 3 Requirements have been assessed as Compliant.

Consumers said the service environment was open, welcoming, and they felt at home. Consumers rooms were decorated with photographs and other personal belongings. Staff described how features of the service optimise consumers’ independence, interaction, and function, including addition of a patio for each consumer room leading to the garden. The service was at a comfortable temperature and consumers were seen moving independently around the service to socialise or participate in activities.

Consumers said the cleaning at the service was excellent and they could easily move freely and independently around the service. Management and staff described the processes for cleaning and reporting maintenance issues. The service appeared to be safe, clean, well maintained, and external walkways and gardens were neat and tidy. Maintenance logs showed reported issues were addressed promptly. Consumers were observed engaging in a variety of activities in the indoor and outdoor areas

Consumers advised the furniture, fittings and equipment were safe, clean, well maintained, and suitable for use. Management explained how furniture, fittings, and equipment were assessed for safety and suitability for use prior to purchase. Staff described cleaning processes and how they reported maintenance concerns, including the use of an after-hours phone number. The furniture, fittings and equipment appeared to be safe, clean, and well maintained.

# 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

This Quality Standard is assessed as Compliant as 4 out of 4 Requirements have been assessed as Compliant.

Consumers and representatives said they were encouraged and supported to provide feedback and felt comfortable raising any concerns with staff or management. Staff and management described the different processes available for consumers and representatives to provide feedback or make a complaint. Documents showed consumers and representatives were supported and encouraged to provide feedback and make complaints consistent with observations and interview responses.

Consumers and representatives were aware of external advocacy bodies, and other avenues for making complaints. Management and staff knew how to access interpreter and advocacy support services for consumers if required. Information and posters about external advocacy, language, and complaint services were displayed around the service.

Consumers and representatives said management responded quickly to complaints and incidents and practiced open disclosure. Staff said they received training in complaints handing and described the processes they followed, including using open disclosure. Care planning documents, complaint records, and incident reports confirmed that timely and appropriate action was taken in relation to complaints and incidents. The service had written policies, procedures, and electronic systems to support staff in managing complaints and incidents.

Consumers and representatives said feedback was used to improve the care and services. Management how the feedback and complaints process were used to identify and implement improvements to the care and services. Staff could describe improvements which were driven by consumer feedback. The complaints register and plan for continuous improvement demonstrated how consumer feedback and complaints were used to drive improvements.

# 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

This Quality Standard is assessed as Compliant as 5 out of 5 Requirements have been assessed as Compliant.

While consumers and representatives said they would like more staff because staff were always busy, consumers were happy with the care provided and felt there were sufficient staff to meet their needs. Management and staff said the workforce was sufficient to provide the right level of care to consumers. Management explained how the service used feedback, clinical indicators, and weekly staffing reviews to ensure the number and mix of staff was sufficient. Call bells were answered promptly, and call bell data showed response times over the agreed key performance indicator were investigated.

Consumers and representatives said staff were respectful, kind, and caring, and gentle when providing care. Management described the values of the organisation inform interactions between staff and consumers, with monitoring to ensure expectations are met and actions taken if not. Staff described the positive and caring culture of the service, and management said staff are quick to point out staff not demonstrating organisational values. Staff interactions with consumers were observed to be kind and caring.

Consumers and representatives said staff were professional and effective in their roles. Management described how they ensured staff met the qualification and registration requirements for their roles, and do not commence employment until all the necessary checks were completed. Staff received training and completed competencies during orientation, and on an ongoing basis. New staff were observed undertaking a buddy shift with experienced staff.

All consumers expressed confidence in the abilities of staff and said they had the appropriate skills and training to deliver safe and effective quality care and services. Staff felt well supported by management and described regular training, toolbox talks, and could request additional training or access online resources. Management described how all staff were supported with training and professional development opportunities. Training records demonstrated high completion rates for all training streams.

Consumers and representatives confirmed they could provide feedback about staff performance which was acted upon. Staff said their performance was monitored through educational competencies and annual performance appraisals. Management said staff competency was assessed regularly by the clinical staff and they used internal audits and clinical data to monitor staff performance. Management said they provide direct feedback to staff following observations, incidents, or complaints. The service had a suite of documented policies and procedures guiding the management of staff performance.

# 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

This Quality Standard is assessed as Compliant as 5 out of 5 Requirements have been assessed as Compliant.

Consumers and representative considered the organisation was well run and they could partner in evaluating and improving the delivery of care and services. Staff and management confirmed they consulted with consumers and representatives through a variety of mechanisms and kept them informed of any planned changes. Documentation showed consumers were engaged in the evaluation of services through consumer meetings, feedback mechanisms, and surveys, and results from these were fed back to the relevant committees and the Board.

The service demonstrated taking accountability and promoting a safe culture of quality and inclusivity through proactive monitoring. Consumers and representatives confirmed they received quality care and services, and they felt safe and engaged by the service. Management described how the organisation’s governing body promoted a culture of safe, inclusive, and quality care and services. Reports on performance indicators, incidents, clinical benchmarks, and other issues were discussed at the relevant Board and Committee meetings as part of the organisational oversight. Management described how the Board was accountable for ensuring the quality standards were met.

The organisation had robust and comprehensive governance systems for information management, continuous improvement, finance, the workforce, regulatory compliance and feedback and complaints. The organisation had systems in place to identify opportunities and implement continuous improvements and undertook regular audits to ensure the governance arrangements were effective.

Management explained how the service had effective risk management systems in place for managing high-impact or high-prevalence risks to consumers, identifying, and responding to abuse and neglect, supporting consumers to live their best life, and managing and preventing incidents. Risks were identified, managed effectively, and reported to the Board. Incidents were recorded on the incident management system and reported appropriately. Staff were trained in identifying risks, including elder abuse and neglect, and reporting through the risk management systems.

The organisation’s clinical governance framework included policies and practices that covered antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff confirmed they had been educated about the policies and were able to provide examples of relevance to their work. Management explained how the service had embedded modules in the formal training schedule for minimising the use of restraint, open disclosure, and antimicrobial stewardship.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)