Performance

Report

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| Name of service: | Performance report date: |
| Southern Cross Care Marian Nursing Home | 8 September 2022 |
| Commission ID: | Activity type: |
| 2422 | Site audit |
| Approved provider: | Activity date: |
| Southern Cross Care (NSW & ACT) Limited | 20 July 2022 to 22 July 2022 |

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

**This performance report**

This performance report for Southern Cross Care Marian Nursing Home (**the service**) has been considered by Kathryn Spurrell, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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

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

# Material relied on

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

* the assessment team’s report for the Site audit, the Site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives, 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 | | Compliant |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected, and personal information is kept confidential. | Compliant |

## Findings

Staff described the ways they enable and support consumers’ lifestyle choices and preferences on a day-to-day basis, whilst respecting and understanding consumers’ personal circumstances and life journeys.

Consumers confirmed they are treated with respect and dignity by staff and considered they had high levels of independence and described the ways the service supported them in maintaining relationships with people important to them. Care plans described the cultural, religious, and personal preferences of consumers.

Staff explained how they support consumers to make choices and maintain independence, which included meal choices, supporting communication with people outside the service and supporting consumers to take risks through risk assessments and strategies to support consumers to live the best life they can.

Consumers and representatives confirmed the staff provided timely, accurate and easily understood information to them through a variety of channels, including posters around the service, meetings, and discussions with staff.

Consumers confirmed staff protected their privacy and observations were made of staff closing doors, knocking before entering and securing consumer information appropriately. The service has a privacy policy stating they are committed to privacy as per the privacy principles and details how information will be managed.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identify 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 spoke positively about the care planning and assessment process, which includes consideration of risks in providing safe and effective, care and services. Staff were confident in the effectiveness of care being delivered to consumers.

The assessment and planning process identifies, and addresses consumers needs and goals. The service demonstrated advance care planning and changes in needs are updated according to the consumers wishes. The service’s policy on end-of-life care planning and palliative care provides practical guidance for staff.

Consumers and representatives confirmed care and services are reviewed regularly or when there is a change in their condition, or an incident has occurred and confirmed the outcomes of assessments and care planning are clearly communicated and available to consumers and representatives. Staff provided confirmation of three-monthly reviews or when the consumer’s circumstances have changed and explained the process they follow for reporting and documenting incidents or changes in the condition of consumers correctly.

# Standard 3

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| Personal care and clinical care | | Compliant |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission-based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

## Findings

Consumer were satisfied with the personal and clinical care provided. Staff demonstrated their knowledge of service policies and procedures, their comprehensive knowledge of consumers and their individual clinical and personal care needs.

Staff detailed examples of high-risk consumers, which largely related to behaviours and risks relating to COVID. Management explained the strategies in place to reduce the various high prevalence risks within the service.

Consumer representatives had confidence care would be provided appropriately for their relatives in the event that they needed palliative care. The service’s ‘End of Life Pathway’ details practical steps for staff to take as well as guidance on what to look for and what processes should be followed after a consumer has passed. Consumers were confident their needs and preferences were effectively communicated between staff and were satisfied with the delivery of care including the recognition of deterioration or changes in their condition.

Staff described the process of recognising and responding to deterioration of the consumer including how these were communicated to ensure sharing of knowledge about the consumer’s condition, needs and preferences.

Consumers said they could access services for medical issues and other services provided for their required needs. Staff confirmed procedures regarding referrals to health professionals both within and outside of the service, including, Dementia Services Australia, occupational therapists, speech pathologists and dieticians

Consumers advised they were happy with the infection control measures in place. Staff demonstrated that their practices were aligned to standard and transmission-based precautions and had a shared understanding of antimicrobial stewardship. The service has a multifaceted approach to minimisation of infection risk. The Assessment Team observed robust training schedules, extensive resources, and strict processes in place to support this.

# Standard 4

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| Services and supports for daily living | | Compliant |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being, and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual, and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean, and well maintained. | Compliant |

## Findings

Consumers said they feel supported to participate in activities of interest to them and are provided with sufficient opportunities do so, both inside and outside of the service environment. Consumers’ care planning documentation demonstrated how the assessment processes accurately records consumers’ likes and dislikes and includes information about consumers spiritual beliefs, how to support their well-being and identifies social supports, such as people that are important to them. The information in care planning documents informs staff of the consumers' needs and preferences.

The service has an electronic care management system which holds all consumer care planning documentation. The electronic care management system was readily available for all staff, and external organisations where services and supports for daily living is shared and included the involvement of dieticians, speech pathologists and other allied health providers.

Consumers and representatives expressed satisfaction with the meals provided by the service and met the consumers’ preferences and dietary requirements. Staff explained the individual dietary needs and preferences of consumers and had a shared understanding of the process for monitoring the dietary requirements within the kitchen environment.

The equipment available for use such as mobility devices and lifting equipment was observed by the Assessment Team to be safe, suitable, and clean, with established maintenance schedules in place.

# Standard 5

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| Organisation’s service environment | | Compliant |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction, and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained, and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings, and equipment are safe, clean, well maintained, and suitable for the consumer. | Compliant |

## Findings

Consumers felt at home in the service, said they enjoyed living at the facility, are comfortable in their rooms and can navigate the facility easily. Staff supported consumers to personalise their own room and assisted in making personal areas comfortable.

The service was designed to support the safe mobility of consumers, and freedom to move in and out of doors on each level, with gathering areas to participate in activities and handrails, level pathways, and lighting throughout to support freedom of movement. Observations made by the Assessment Team showed the service to be clean, safe, and well maintained. Consumers and representatives said they were satisfied with the cleanliness of the service.

Staff described the processes used to ensure the facility was clean and well maintained, which included preventative maintenance schedules. The Assessment Team observed the furniture and fittings to be clean and well-maintained.

**Standard 6**

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| Feedback and complaints | | Compliant |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

## Findings

Consumers and representatives said they are supported and felt confident to provide feedback and lodge complaints and could describe the channels available to them to do so. The service has policies and procedures to guide staff in the management of feedback, complaints, and compliments.

Consumers confirmed they were given information regarding complaints and feedback processes, advocacy, and interpreter services available to them and the Assessment Team observed posters displayed throughout the service, providing information about internal and external feedback and complaints processes, advocacy services and interpreter services.

Consumers were satisfied with action taken in response to complaints, and confirmed staff used open disclosure. The service was able to demonstrate that feedback and complaints are analysed to identify trends and improve the quality of care and services.

Staff explained how complaints and feedback are addressed as soon as possible and demonstrated records of complaints, suggestions and feedback from various sources including verbal and email sources. The service’s continuous improvement plan evidenced feedback and complaints are used for future improvements to the service.

**Standard 7**

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| Human resources | | Compliant |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped, and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring, and review of the performance of each member of the workforce is undertaken. | Compliant |

## Findings

Consumers confirmed staff are kind and respectful of their identity, culture and diversity and found the staff are capable, and caring. Consumers and representatives felt there are sufficient staff at the service to meet consumer needs. Management confirmed workforce planning ensures the allocation of staffing is adequate to meet the care and service delivery needs of consumers.

Staff were seen interacting with consumers and their representatives in a kind, caring and respectful manner. Staff confirmed they had received training in cultural diversity, privacy respect and dignity, staff training programs included comprehensive onboarding training, mandatory training, and role specific training as well as access to resources, equipment and further training as needed.

Management monitors and reviews the performance of staff through an annual appraisal and review process, which informs staff development and performance against Key Performance Indicators. The Assessment Team reviewed records of performance reviews and found the service was on track with the annual appraisal program.

**Standard 8**

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| Organisational governance | | Compliant |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive, and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management. 2. continuous improvement. 3. financial governance. 4. workforce governance, including the assignment of clear responsibilities and accountabilities. 5. regulatory compliance. 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers. 2. identifying and responding to abuse and neglect of consumers. 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship. 2. minimising the use of restraint. 3. open disclosure. | Compliant |

## Findings

Consumers considered the service to be well run and said they are active in the development, delivery and evaluation of care and services. Consumers participate in regular care and service plan reviews, feedback and complaints, audits, surveys, and consumer meetings.

The governing body has processes to ensure the service promotes a culture of inclusive, quality, safe care and are accountable for their delivery.

The Board satisfies itself the Quality Standards are being met within the service by providing systems for capturing information; requiring reporting of all aspects of care and service; reviewing data provided through the moving on audit and monthly reporting and providing levels of management to analyse data and oversee the efficient and effective implementation of training and continuous improvement actions.

The service has implemented effective governance systems relating to the management of information, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints.

The service’s risk management framework included policies describing how to manage high impact or high prevalence risks, identifying, and responding to consumer abuse and neglect, supporting consumers to live the best life they can and how to manage and prevent incidents.

The service’s clinical governance framework included antimicrobial stewardship, restraint minimisation and open disclosure processes.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)