Performance

Report

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| Name of service: | Southern Cross Care Marsfield Residential Aged Care |
| Service address: | 16 Vincentia Street MARSFIELD NSW 2122 |
| Commission ID: | 0603 |
| Approved provider: | Southern Cross Care (NSW & ACT) Limited |
| Activity type: | Site Audit |
| Activity date: | 30 May 2023 to 1 June 2023 |
| Performance report date: | 10 July 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 Marsfield Residential Aged Care (the service) has been prepared by J Miaris, 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.

# 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 compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers and representatives said they were treated with dignity and respect, feel valued and were encouraged to express themselves. The service informs consumers of their rights and supports consumers identity, culture and diversity when delivering care and services. The service had policies and procedures in relation to consumer centred approach to delivering care and services which explained the organisation’s commitment to diversity. Care planning documents reflected consumers’ identity and culture.

Consumers said staff provided safe and comfortable care. Staff were familiar with consumers from culturally and linguistically diverse backgrounds and tailored care and services accordingly. Care planning documentation reflected consumers’ diverse cultural needs and preferences. The service had policies in place and care planning documentation which outlined consumers’ identity, culture, and diversity.

Consumers and representatives said consumers were supported to make decisions about their care and services, including maintaining important relationships. Staff were knowledgeable of consumers’ choices and relationships. Care planning documents reflected consumer choices and what was important to them, including maintaining personal and social relationships, lifestyle choices, consumers decision regarding those involved and the way care was delivered.

Consumers said the service supports them to understand benefits and possible harm when they make decisions about taking risks and they were supported to take risks which enables them to live their best lives. Staff demonstrated knowledge of the consumers who wish to partake in risk activities describing examples of how the organisation supports consumers to make choices, including those that present risks. Care planning documents demonstrated risk assessments were completed in consultation with allied health professionals, medical practitioners and consumers or their representative in line with the service’s risk management policies and procedures.

Consumers and representatives said they were provided with timely information that is communicated in a way that is clear and easy to understand. Consumers said they were provided ongoing information which include care plans, meeting minutes, menus, and activity calendars, which enables them to exercise choice. Staff described different ways information is communicated to ensure it is easy to understand and accessible to consumers, including strategies to communicate information to consumers with poor cognition or those who need visual aids or hearing assistance.

Consumers said their privacy was respected and their personal information kept confidential. Staff described how they support consumers to communicate their preferences, to ensure their privacy is maintained and practical ways of respecting consumer privacy such as knocking on doors prior to entry, closing doors prior to care delivery, and conducting consumer discussions with those authorised. The service had a policy describing how the service maintain and respects the privacy of consumers’ personal and health information.

# 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 compliant as 5 of the 5 Requirements have been assessed as compliant.

Care planning documents demonstrated effective, comprehensive assessment and care planning processes to identify the needs, goals and wishes of consumers, including the identification of risks, discussions with consumers and representatives, and strategies in place to manage risks. Staff described how regular care assessments are completed to ensure safe and effective care is delivered.

Consumers and representatives said the service provides the opportunity to discuss consumers’ current care needs, goals, and preferences, including advance care planning and end of life care. Staff said end of life planning is discussed on admission if the consumer is comfortable to do so and during review processes. Care planning documents reflected end of life care wishes and advance care directives were in place for consumers, documents were reviewed and evaluated regularly, ensuring needs, goals, and preferences were current and reflective of consumer wishes.

Consumers and representatives stated they were actively involved in the assessment and planning of care and services. Staff described processes for partnering with consumers and representatives in care planning and care documents confirmed involvement and communication with consumers, representatives, and allied health professionals throughout the assessment, planning and review processes.

Consumers and representatives confirmed they were aware of assessment and planning outcomes and could access copies of consumers care plans. Staff said a copy of the care plan is provided to consumers and representatives at each care plan review. Care planning documentation evidenced regular staff communications with consumers and representatives regarding details of assessments and care planning.

Consumers and representatives said staff regularly discuss care needs with them when circumstances change, or incidents occur which impact consumers’ care needs. Staff confirmed consumer care and services were regularly reviewed, with reviews and reassessment in response to changes. Care planning documents evidenced they were reviewed every 4 months and updated when circumstances change.

# 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 compliant as 7 of the 7 Requirements have been assessed as compliant.

Staff were knowledgeable of consumers individual care needs, including skin integrity, pain management and restrictive practices, and followed care plans and guidance material to ensure safe and effective delivery of care. Consumers and representatives provided positive feedback regarding personal and clinical care that were in line with consumers preferences. Care planning documents reflected individualised care that is safe, effective, and tailored to the specific needs and preferences of the consumer. For consumers subject to restrictive practices, care planning documents included restraint authorisation, informed consent, and a behaviour support plan.

Care planning documents identified that high impact and high prevalence risks were effectively managed, with strategies in place to minimise risks, such as fall prevention strategies to maintain consumers safety and reduce the risk for those consumers who are at risk of falls. Consumers and representatives were satisfied that care provided to consumers is appropriate for them. Staff explained and provided examples of how they identify, assess, and manage risks.

Care planning documents identified consumers’ personal choices and preferences for end of life care, with advance care plans in place. Staff described how they deliver end of life care to consumers, prioritise comfort and dignity and provide support to consumers and representatives. Consumers and representatives said staff were aware of consumers needs and end of life care wishes and have been informed of any change in consumer’s condition.

Care planning documentation demonstrated deterioration in consumers’ health, capacity and function were recognised and responded to. The service had policies and procedures in place to guide staff when a consumer’s condition changes. Consumers and representatives said staff recognise the signs of deterioration in consumers’ health and take prompt actions.

Consumers said their needs and preferences were effectively communicated between staff. Staff described changes in consumers’ care and services were communicated through verbal and documented handover processes, the electronic care planning system, and regular reviews of consumer care planning documentation. Staff were observed discussing changes in individual consumers, including with others where clinical care is shared.

The service had guidelines for staff to refer consumers to internal and external health services. Staff were knowledgeable of referral pathways and care planning documentation included input from other services and health professionals and reflected timely and appropriate referrals made to a range of allied health professionals. Consumers said referrals were appropriate and consumers have access to a range of health professionals.

The service had policies and procedures to guide staff in relation to antimicrobial stewardship, infection control management and for the management of an infectious outbreak. Consumers and representatives were satisfied with the service’s management of infection and control practices. Staff demonstrated an and prevention control practices precautions understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics.

# 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 compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers confirmed they were supported to participate in lifestyle activities they like and were provided with appropriate supports for daily living that meets their needs, goals and preferences and optimises their independence, health, well-being, and quality of life. Staff said they partner with consumers to conduct lifestyle assessments on admission and at reviews to identify consumers’ individual interests and preferences, which aligned with their care plans. Care documentation reflected the lifestyle program is designed to incorporate activities of interest and optimise consumer health and wellbeing.

Consumers said their emotional, spiritual, and psychological needs were supported, and their personal relationships provided comfort and emotional support. Staff described facilitating connections with those important to the consumer, providing individual support, hosting activities, pet therapy and religious support to meet consumer’s needs and preferences. Care planning documents included information on consumers’ emotional, spiritual, and psychological well-being needs, goals, and preferences.

Consumers and representatives said consumers were supported to participate in the community within and outside the service, do things that are of interest to them and maintain social and personal relationships. Care planning documents identified the activities individual consumers enjoy, their specific interests and who they wish to maintain relationships with. Staff described specific interests of consumers and identified who is important to them.

Staff described how communication of consumers’ needs and preferences occurs via care planning documents, the service’s electronic care management system, and shift handover to enable the provision of safe and personalised care to consumers. Consumers said staff were aware of their conditions, needs and preferences. Care planning documents included adequate information to support safe and effective care.

Care planning documents evidenced the service collaborates with external providers of other care and services. Staff described how they work with external organisations and services, including lifestyle activities, to enhance the consumers’ experiences at the service. Consumers said they were supported to attend appointments and referrals to individuals and other organisations were appropriate and timely.

Consumers were satisfied with the quality and quantity of food provided at the service, and there are multiple meal options to choose from. Staff were aware of consumers’ dietary needs and care planning documentation captured consumers dietary needs and preferences. Staff said consumer feedback is used to evaluate consumers’ satisfaction with food and a food focus group seeks consumer input for menu options. Consumers were observed finishing their meals, and those who chose to eat in their rooms had meals delivered in a timely manner.

Consumers and representatives reported having access to equipment to assist them with their daily leisure and lifestyle activities. Staff confirmed there is sufficient supply of safe, suitable, clean and well-maintained equipment for consumer use. Equipment was observed to be safe, clean and well maintained and readily available.

# 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 compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers said they felt at home and the service optimises their sense of belonging and independence, they are encouraged to personalise and decorate their rooms according to their preferences. The service environment was observed to be welcoming and inviting, with dining rooms, communal seating available indoors, with wide corridors and signage for easy navigation. Consumers’ rooms were observed to be personalised, with consumers choice of their own personalised furniture and decorations whilst considering space and movement requirements within the area.

Consumers and representatives said the service environment is safe, clean, well maintained and allows consumers to move freely through the service. Staff described and documentation evidenced the processes for cleaning, documenting, reporting, and attending to maintenance issues promptly. Consumers were observed moving freely in all areas of the service.

Furniture and equipment throughout the service was observed to be clean, suitable for its purpose and mobility aids were accessible to consumers. Consumers confirmed the equipment and furniture was safe clean, and well-maintained. Staff said specific equipment is purchased to meet consumers’ needs, and the service had a preventative maintenance program to ensure equipment is regularly reviewed, serviced, and cleaned. Maintenance documentation demonstrated maintenance checks were up to date and regular equipment checks were completed.

# 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 compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers said they had no concerns speaking with staff or management if they wished to make a complaint or provide feedback and were aware of other avenues to provide feedback that were available to them. Staff were aware of the process to follow when an issue is raised with them directly. Management advised feedback and complaints are gathered through verbal communication to staff or management, written communication, feedback forms, consumer meetings and consumer satisfaction surveys. Feedback forms, brochures and posters for internal and external complaints services were observed displayed on noticeboards and in communal areas.

Consumers and representatives said they were aware of advocacy services and how to access them. Management described the advocacy and language services available to consumers and information brochures were made available to them in the languages spoken at the service. Documentation and observations identified that the service promotes advocacy services with information easily accessible to consumers and representatives.

Consumers and representatives provided examples of when they have provided feedback or complaints through the service’s feedback mechanisms and were satisfied that appropriate action was taken by staff and management with an apology provided. Management confirmed an open disclosure process is applied following an adverse event and the service had policies and procedures to guide staff through the complaints management and open disclosure process.

Consumers and representatives detailed how feedback and complaints has been used to improve care and services. Management described how trends in complaints were analysed monthly and discussed at meetings, added to the continuous improvement plan, and the escalation process to the governing body. Documentation evidenced feedback, complaints, and incidents were recorded, actioned, resolved, and used to improve the quality of care and services.

# 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 compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers said there was an adequate number of staff, they were not rushed, call bells were answered promptly, and they receive the care they need. The roster is developed based on consumers’ needs and contained a mix of staff and the service had systems in place to support roster development and review. Documentation evidenced that staffing levels were adequate, and the service had implemented effective strategies to manage staffing.

Consumers and representatives said staff are kind, caring and gentle when providing care. Staff were observed interacting with consumers in a kind, caring and respectful manner addressing consumers by their preferred name, demonstrating familiarity with each consumer’s individual needs and identity. Staff have completed training in relation to dignity, diversity, and respect, and are supported to deliver care in accordance with the organisation’s cultural diversity and inclusion policy.

Consumers said staff perform their duties effectively and are sufficiently skilled to meet their care needs. The service detailed processes for ensuring the workforce are competent and have the qualifications or knowledge to effectively perform their roles and described ways in which they ensure staff at the service are competent. Documentation demonstrated staff have appropriate qualifications, knowledge, and experience to perform their duties.

Consumers said staff were trained and equipped to deliver their care and services. Staff said they were competent to perform their roles providing care consumers need, well trained and up to date with mandatory training requirements and have additional training available to them. Management described the annual face to face mandatory training and online training resources for staff to complete and how completion of mandatory training is monitored. The service had a documented training program that included mandatory training and demonstrated the workforce is satisfactorily recruited, trained, equipped, and supported.

Management confirmed staff performance was routinely monitored, assessed, and reviewed formal appraisals annually, and an additional probationary appraisal for new staff. Staff explained the performance review process, including discussions of their performance and areas where they would like to develop their skills and knowledge and documents evidenced staff performance appraisals were up to date.

# 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 Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers said they were involved in the development and delivery of care and services through regular meetings, surveys, feedback and discussions with staff and management. Management advised consumer feedback and suggestions were included in the service’s continuous improvement plan register and documentation evidenced consumers and representatives are engaged by the service on an ongoing basis.

Documentation demonstrated that the governing body has engaged an independent body to measure consumer satisfaction and that the service’s governing body promotes a culture of safe and inclusive care. Management articulated how the service drives improvements and innovations using data from internal and external audits, clinical indicator reports, incidents or near misses, consumer, and staff feedback. Consumers said the service is well run and they feel safe. Meeting minutes demonstrated that information from consolidated reports is provided to the governing body and is used to identify the service’s compliance with the Quality Standards, initiate improvement actions to enhance performance, and monitor care and service delivery.

The service had an established suite of systems and processes to support information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. Management explained the organisation’s systems which included policies and procedures, guidelines, and registers to record information such as improvement activities, reportable incidents, staff certification and the continuous improvement plan evidenced actions taken in response to feedback and complaints.

The service had a documented risk management framework, including policies describing how high impact or high prevalence risks associated with the care of consumers are managed and how incidents are managed and prevented, supporting consumers to live the best life they can. Management and staff said risks are reported, escalated, and reviewed by management at the service level and the organisation’s executive management level, including the governing body. Management explained the processes of risk management at the service, including key areas of risk that are identified, responded to, and reported in the incident management system. Staff detailed their responsibilities in identifying and responding to abuse and neglect of consumers.

The service had a clinical governance framework that included policies and procedures on antimicrobial stewardship, minimising use of restraint and open disclosure. Staff demonstrated an understanding of these policies by describing how they applied them in their day-to-day work with specific examples.

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