Performance

Report

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| Name: | Southern Cross Care Mawsons Court Residential Aged Care |
| Commission ID: | 0963 |
| Address: | 80 Caves Beach Road, CAVES BEACH, New South Wales, 2281 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 23 May 2024 |
| Performance report date: | 24 June 2024 |
| Service included in this assessment: | Provider: 305 Southern Cross Care (NSW & ACT) Limited  Service: 5851 Southern Cross Care Mawsons Court 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 Mawsons Court Residential Aged Care (**the service**) has been prepared by M Nicholas, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

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

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

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

# Areas for improvement

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

# Standard 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 |

Findings

Requirement 3(3)(a):

Consumers and representatives were satisfied with the personal and clinical care provided and reported care is safe and aligns with their preferences. Staff confirmed they have access to policies and guidelines to ensure quality and safe care is provided and demonstrated an awareness of individual consumer needs and preferences. The Assessment Team noted care plans were reflective of consumer choices and detailed complex care needs. For consumers who had experienced weight loss, documentation demonstrated consumers were monitored with charting and referrals to medical and allied health professionals completed and recommendations recorded.

All consumers subject to restrictive practices had appropriate documentation in place, including personalised behavioural management plans, risk management assessments and consent forms. The service demonstrated non-pharmacological strategies were used in accordance with consumer behaviour support plans with the effectiveness of strategies documented and referrals completed, where required. The service has a process to review consumers subject to chemical restraint and psychotropic medication use. However, the service’s psychotropic register did not consistently document consumer diagnoses or that behaviour support plans were in place. Following feedback, management advised the service’s psychotropic register will be reviewed and updated where appropriate.

Staff described how they assess and manage consumer pain including non-pharmacological interventions implemented. Consumer documentation demonstrated consent for pain relief is documented, consumers and representatives are consulted regarding risk and consumer pain is managed in accordance with care planning documentation. However, consumer pain was not consistently documented, or the effectiveness of pain relief medication reviewed. Management acknowledged feedback and advised this had previously been identified as an area of improvement and education will be provided to registered nurses.

Staff have received education on pressure injuries, pressure area care and how to minimise skin damage. Management described the process of assessing and managing pressure injuries in consultation with wound specialists, where required. The Assessment Team noted wound management documentation was not always consistent with best practice. Management advised this had been previously identified as an area of improvement and education will be provided to registered staff. An action was also added on the service’s Plan for Continuous Improvement (PCI).

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Requirement 3(3)(a).

Requirement 3(3)(b):

Consumers and representatives were satisfised with how the service manages risks related to consumer care needs and advised they are consulted and informed of strategies implemented to prevent or reduce incidents reoccurring. Management and staff described individualised high impact and high prevalence risks for consumers and how risks are managed including through the implementation of strategies and interventions. Staff confirmed they have received training on first aid and choking.

The service maintains a record of clinical risks which is accessible on the daily handover sheet as well as identifies key clinical indicators through reviewing incidents. Clinical indicator data is regularly discussed during meetings and reported on by management. A review of documentation demonstrated clinical incidents are reviewed and analysed in consultation with health professionals, and consumer documentation is updated accordingly.

The service has a process to monitor consumers who experience regular falls with incidents reviewed, investigated, and discussed during meetings to analyse and identify trends and assess the effectiveness of strategies. The Assessment Team noted all consumers were reviewed by a physiotherapist post fall, with strategies to reduce the risk of falls recorded in care planning documentation. However, consumer documentation showed all post falls observations were not consistently documented in accordance with the service’s post falls policy and clinical pathway.

Management described how the service consults and collaborates with other providers of care to ensure skin and wound management is provided in accordance with consumer needs. A review of consumer documentation demonstrated individualised strategies to reduce risks related to skin integrity and wound management were documented and mostly adhered to by staff. However, the Assessment Team noted documentation was not consistently recorded according to consumer wound care plans.

In response to feedback on falls and wound management, management issued alerts to all clinical staff regarding the gaps in documenting care and the requirement to follow the service’s policy. Management advised further education will be provided to staff during an upcoming clinical education day. The Assessment Team observed these actions were added onto the service’s PCI.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Requirement 3(3)(b).

# 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 |

Findings

Consumers and representatives were satisfied with staffing levels and call bell response times, reporting they receive quality care and services in a timely manner. Staff described how management ensure sufficient staffing levels and skill mix to deliver safe and quality care and services to consumers. The Assessment Team observed staff taking their time to provide care to consumers.

Management described the service’s workforce planning process to ensure sufficient staffing and skill mix with consideration of consumer needs and preferences. The service has recently undertaken recruitment for care staff and is finalising the recruitment process for registered nurses. A review of rostering documentation demonstrated most vacant shifts were filled with no unfilled registered nurse shifts and a manager on call to support staff outside of business hours. The service has a process for managing unplanned leave to ensure continuity of care for consumers which was consistent with staff feedback.

Call bell response times are monitored by registered staff and management with a process in place to advise the registered nurse and management if a call bell is not responded to within the service’s required timeframe. Management regularly reviews call bell response times, investigates the root cause of issues identified and shares this information with senior management. A review of call bell response times indicates most call bells are responded to in accordance with the service’s benchmark.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Requirement 7(3)(a).

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |

Findings

The service’s risk management framework informs how high impact or high prevalence risks associated with consumer care are managed in a timely manner. The service has policies and procedures to guide staff on identifying and assessing risk to the safety and well-being of consumers.

Staff described processes they follow to reduce common high impact risks and confirmed they have received education on abuse and neglect of consumers and incident management. Staff demonstrated an awareness of the importance of supporting consumers to live the best life they can and described their reporting responsibilities in relation to incidents and suspicion of abuse including the process of reporting issues or concerns. A review of the service’s education schedule demonstrated staff have received training on incident management, abuse and neglect and the Serious Incident Response Scheme (SIRS).

Management described processes in place to prevent incidents occurring and organisational systems for identifying and managing risk and incidents. Management confirmed incidents are investigated and resolved once all parties involved are satisfied, with trends and learnings from incidents used to drive continuous improvement activities and staff education. Management advised, and a board member confirmed, a monthly quality report detailing clinical indicator trends, risk and mitigation strategies and management of consumer risk is shared with senior management and the governance board. A review of meeting minutes demonstrated risk and clinical governance reports are discussed during board meetings.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Requirement 8(3)(d).

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