Southern Cross Care McCracken Views

Performance Report

31 Adelaide Road   
VICTOR HARBOR SA 5211  
Phone number: 08 8552 7522

**Commission ID:** 6220

**Provider name:** Southern Cross Care (SA, NT & VIC) Incorporated

**Site Audit date:** 19 April 2022 to 22 April 2022

**Date of Performance Report:** 1 June 2022

# Performance report prepared by

Marek Dubovinsky, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

The following information has been taken into account in developing this 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; and
* the provider’s response to the Site Audit report received 16 May 2022.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

The Quality Standard is assessed as Compliant as six of the six specific Requirements have been assessed as Compliant.

The Assessment Team found overall, sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. The following examples were provided by consumers during interviews with the Assessment Team:

* they are treated with dignity and respect by staff and their personal privacy is always respected;
* they are supported to take risks;
* they are supported to exercise choice and independence; and
* staff know their backgrounds and interests.

Consumers are treated with dignity and respect, with their identity, culture and diversity valued. Staff demonstrated cultural awareness for individual consumers and described various Australian celebrations, including ANZAC day, Christmas and Easter. For consumers sampled, care planning documentation reflected their goals, interests, and matters of significance, such as what is important to them and whether they wish to celebrate specific cultural days.

Care and services are culturally safe and consumers are supported through an entry process which identifies consumers’ cultural beliefs and diversity to assist in the delivery of care and services. For the consumers sampled, care staff described how they provide personal care in the morning according to the consumer’s preference.

Consumers are supported to exercise choice and independence about their own care. Staff described certain consumers who had family involved in care decisions and care plans and assessments had documented nominated representatives to support choice and decision making.

Processes support the identification of risks to enable consumers to live the best life they can. Staff provided examples of how they support consumers to take risks to live their best life. Documentation confirmed risk assessments are reviewed every three months as part of the care plan review process.

Information provided is easy to understand, current, accurate and timely and communication is provided to consumers which enables them to exercise choice. Staff could describe ways in which information is provided to consumers to support them to make decisions. Documentation viewed and observations by the Assessment Team demonstrated information provided to consumers was current, accurate and timely.

Staff were observed to be maintaining consumer privacy by securing sensitive information, identifying private information when individual consumers enter the service and disclosing to the consumer how they use this information. Observations included nurse’s stations containing consumer’s private information to be secured with key coded entry.

Based on the evidence documented above, I find Southern Cross Care (SA, NT & VIC) Incorporated, in relation to Southern Cross Care McCracken View, to be Compliant with all Requirements in Standard 1 Consumer dignity and choice.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*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.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*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.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Quality Standard is assessed as Compliant as five of the five specific Requirements has been assessed as Compliant.

The Assessment Team found most consumers sampled considered that they feel like partners in the ongoing assessment and planning of their care and services. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* they confirmed individual risks had been identified and used to inform care services;
* they confirmed consumers’ needs goals and preferences had been recognised by the service and representatives; and
* they were satisfied with the consultation process in developing and reviewing of consumers’ care and services, and felt staff knew their care needs.

A range of clinical and non-clinical assessments are completed on entry and on an ongoing basis. Consumer risks are identified through validated assessment tools, including Malnutrition universal screening tool, Abbey pain scale, Waterlow assessment and Berg balance score. The service has an electronic documentation system to support assessment and care planning. The organisation has policies and procedures to support staff in undertaking relevant assessments to identify consumers’ needs, goals and preferences.

Care planning documents for consumers sampled identify current needs goals and preferences, including advance care planning. Assessments included personalised goals written in the first person. Clinical staff described how they ensure end of life and advance care planning needs, goals and preferences are identified. Staff interviewed described what is important to individual consumers with regard to how their personal and clinical care is provided. The service has a suite of procedures and policies to guide staff through care planning and delivery, including policies on care planning and palliative care.

Assessment and planning is based on ongoing partnership with the consumer and others that the consumer wishes to involve and includes other organisations, and individual providers of care and services that are involved in the care of consumers. Assessments and care plans showed a range of clinical and non-clinical personnel involved in assessment and planning.

Consumers sampled confirmed outcomes of assessment and planning are effectively communicated and documented in a care and service plan. Relevant staff can access care plans via the service’s electronic clinical management system. Management explained consumers and representatives have access to care plans at any time on request. Clinical staff explain the care plan with the consumer or representative to ensure it is fully understood and any questions can be answered.

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. The service has a care plan review schedule, whereby care plans are reviewed every 6 months and more frequently if required. Management described how nursing staff are responsible for reviewing the effectiveness of care and services for individual consumers. For the consumer files sampled, full care plans had been reviewed in line with the 6-month schedule.

Based on the evidence documented above, I find Southern Cross Care (SA, NT & VIC) Incorporated, in relation to Southern Cross Care McCracken View, to be Compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

### Requirement 2(3)(b) Compliant

*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.*

### Requirement 2(3)(c) Compliant

*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.*

### Requirement 2(3)(d) Compliant

*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.*

### Requirement 2(3)(e) Compliant

*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.*

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Quality Standard is assessed as Compliant as seven of the seven specific Requirements have been assessed as Compliant.

The Assessment Team found most consumers sampled considered that they receive personal and clinical care that is safe and right for them. Consumers and representatives interviewed stated overall, they are satisfied with the personal and clinical care provided. The following examples were provided by consumers during interviews with the Assessment Team:

* they receive personal and clinical care that is safe and tailored to them;
* they receive the care they need and were satisfied with how the service was managing their individual risks, such as falls, pain or skin integrity; and
* they have regular input from the multidisciplinary team.

Assessment processes support staff in delivering personal and clinical care that is best practice, tailored to consumers’ needs and optimises their health and well-being. All care and clinical staff interviewed demonstrated knowledge of consumers’ clinical and care needs and preferences and could detail how they ensure care is tailored and optimises health and well-being. All care files sampled contained a number of validated assessments completed on entry and on an ongoing basis to identify each consumers’ personal and/or clinical care needs and preferences.

Care plans included information on high impact high prevalence risks which was identified through the use of validated risk assessment tools, consumer history and incident data. This included in relation to pain, weight loss, and pressure injury risk. Clinical staff described consumers identified high impact or high prevalence risks. Care plans sampled reflected consumers’ end of life needs and wishes. Staff could describe the way care delivery changes for consumers nearing end of life and how comfort is maximised. Clinical staff confirmed they have access to information relating to consumers’ advance care directives and end of life wishes in electronic care files.

Deterioration or changes to a consumer’s health and/or condition had been recognised and responded to in a timely manner. Clinical and care staff were familiar with sampled consumers’ care needs and could describe actions they had taken in response to changes in consumers’ health and well-being. Sampled care files, including progress notes, confirmed appropriate action was undertaken in response to deterioration and changes in condition. Staff were able to describe escalation and monitoring processes following consumer deterioration.

Processes ensure relevant information about the consumer’s condition needs and preferences is documented and referrals occur when required. Staff have access to relevant, up-to-date information to assist them to provide care and services to consumers. Staff described the referral mechanisms to allied health and medical officers.

Infection control practices within the service ensure infection related risks are minimised. Staff interviewed were able to describe infection control and antimicrobial stewardship principles. All infections are documented in progress notes and reflected in monthly reports. Management described their COVID-19 preparedness and outlined proactive strategies for protecting consumers and staff. The Assessment Team observed the service had implemented control measures, such as requesting all visitors complete screening questions, temperature check and undertake rapid antigen testing prior to entry.

Based on the evidence documented above, I find Southern Cross Care (SA, NT & VIC) Incorporated, in relation to Southern Cross Care McCracken View, to be Compliant with all Requirements in Standard 3 Personal care and clinical care.

## Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*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.*

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

### Requirement 3(3)(d) Compliant

*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.*

### Requirement 3(3)(e) Compliant

*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.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*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.*

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

The Quality Standard is assessed as Compliant as seven of the seven specific Requirements have been assessed as Compliant.

The Assessment Team found consumers sampled considered they get the services and supports for daily living that are important for their health and well-being and enable them to do the things they want to do. The following examples were provided by consumers during interviews with the Assessment Team;

* they felt staff supported to do things they enjoyed and optimised their independence and quality of life;
* they are supported to participate in their community and do the things that interest them; and
* their condition, needs and preferences had been identified by the service and were known by staff, such as their religious affiliations, personal and family relationships and emotional needs.

Initial and ongoing assessment processes identify each consumer’s needs and preferences in relation to services and supports for daily living and are used to inform the care and service plan. Care planning documentation for consumers reflected individual choices, goals for daily living and preferences. Care plans included consumers’ life story, giving staff insight into the consumer’s background and providing information which enables staff to get to know each consumer.

The service has a range of activities, such as crafts. Care plans for consumers sampled reflect consumer interests, including activities they enjoy attending and what supports are needed to enable them to participate. Staff described how they support consumers to attend the local community.

Information about the consumer’s condition, needs and preferences is communicated within the organisation and where responsibility for care is shared. Each consumer has a care plan which records sufficient information about consumer likes, dislikes, preferences, and needs to guide consumer care. Staff said information pertaining to the consumer’s condition, needs and preferences are documented in the care plan which is accessible to all staff on the electronic clinical management system.

Processes support the referral to other care and services. This included involvement with volunteers and support. The lifestyle manager could describe how they work with external organisations and use volunteers and social workers to supplement their lifestyle activity program.

Meals provided are varied, of suitable quality and quantity. Consumers said they have input into the menu, can give feedback and are provided with meal options. Staff were able to describe how they accommodate for consumers’ needs and preferences and how they seek feedback regarding menu changes.

Equipment provided to consumers is maintained, cleaned and stored safely. Staff interviewed confirmed they have access to equipment to meet the needs of consumers. Processes support the scheduled cleaning and maintenance of equipment which is provided to consumers.

Based on the evidence documented above, I find Southern Cross Care (SA, NT & VIC) Incorporated, in relation to Southern Cross Care McCracken, to be Compliant with all Requirements in Standard 4 Services and supports for daily living.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*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.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*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.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:`

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

The Quality Standard is assessed as Compliant as three of the three specific Requirements has been assessed as Compliant.

The Assessment Team have recommended Requirement (3)(b) not met. The Assessment Team were not satisfied the service was able to demonstrate how it enables consumers to move freely, both indoors and outdoors. In addition, the service was unable to demonstrate all of the service environment was safe, clean, well maintained and comfortable.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and have come to a different view and find Requirement (3)(b) Compliant. I have provided reasons for my finding in the specific Requirement below.

In relation to all other Requirements within this Standard, the Assessment Team found consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. The following examples were provided by consumers during interviews with the Assessment Team:

* most can move freely throughout the service; and
* their rooms are cleaned daily, the common areas are kept clean and they are happy with the way the service maintains their equipment.

Observation of the service environment reflects the environment is welcoming, easy to navigate and is set out in a manner that optimises each consumer’s sense of belonging, independence, interaction, and function. Rooms were observed to be personalised and consumers said they felt safe in the service environment. Management reported consumers provide feedback on the service environment at consumer meetings, via feedback forms or directly to staff.

Furniture, fittings and equipment was observed to be safe, clean, well maintained and suitable for the consumer. Staff described how shared equipment, such as lifters are wiped by care staff after use and visual checks are carried out before use. Monitoring processes include a range of audits, feedback mechanisms and monthly Work Health and Safety meetings to ensure the environment, furniture and fittings are safe, clean and well maintained.

Based on the evidence documented above, I find Southern Cross Care (SA, NT & VIC) Incorporated, in relation to Southern Cross Care McCracken, to be Compliant with all Requirements in Standard 5 Organisation’s service environment.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

The Assessment Team were not satisfiedthe service was able to demonstrate how it enables consumers to move freely, both indoors and outdoors. In addition, the service was unable to demonstrate all of the service environment was safe, clean, well maintained and comfortable. The following evidence was provided:

* On the upper level, the Assessment Team observed external balconies to be locked on day one of the Site Audit preventing consumers to be able to access the external area freely. The key to open the balcony door was located out of consumers’ sight, specifically, it was behind the curtains approximately 7 feet off the ground.
* On the ground floor the flyscreen door from the Encounter activity room to the external courtyard was locked on day one and 2 of the Site Audit. No other methods to access that courtyard were observed.
* Two consumers and one representative said they cannot access the outdoor areas easily and need to ask staff to open the doors when they want to go outside. Most consumers said they feel safe living at the service and can move freely indoors.
* Management said doors to external gardens, courtyards and balconies should be open during the daytime.
* The Assessment Team observed the upstairs external balcony area to be dusty and untidy and not supportive to consumer use and comfort. The downstairs Encounter wing courtyard area was also observed untidy and had safety hazards posing a risk to consumers.
* The service has a reactive and preventative maintenance documentation process with a range of actions completed.
* Other areas of the environment were maintained with inside furnishings, lounges, cushions and structures in good condition. Communal area furniture, outdoor setting noted to be cobweb free and consumers’ rooms observed were generally clean.

The provider’s response indicates they disagree with the Assessment Team’s recommendation of not met and had addressed the issues whilst the Assessment Team was on site. The following evidence was provided:

* Records confirming a continuous improvement plan has been implemented to ensure doors are unlocked in the morning. In addition, the service is investigating automatic doors.
* Acknowledge minor maintenance issues were outstanding and had been addressed during the Site Audit.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I have come to different view and find the service was able to demonstrate the service environment is safe, clean, well maintained and comfortable; and enables consumers to move freely, both indoors and outdoors. I have considered the feedback from consumers which indicates most consumers said they feel safe living at the service and can move freely indoors. In addition, I have considered the evidence where other areas of the environment were maintained and clean. Finally, I have considered the improvements which were completed at the time of the Site Audit to support my view.

For the reasons outlined above, I find Southern Cross Care (SA, NT & VIC) Incorporated, in relation to Southern Cross Care McCracken View, Compliant with Standard 5 Requirement (3)(b).

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 NON-COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The Quality Standard is assessed as Non-compliant as one of the four specific Requirements has been assessed as Non-compliant.

The Assessment Team have recommended Requirement (3)(c) not met. The Assessment Team were not satisfied the service was able to demonstrate appropriate action is taken for all feedback or complaints raised by consumers.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find Requirement (3)(c) Non-compliant. I have provided reasons for my finding in the specific Requirement below.

In relation to all other Requirements within this Standard, the Assessment Team found overall, consumers considered that they are encouraged and supported to give feedback and make complaints, and appropriate action is taken. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* they can talk to staff about any issues they may have;
* they are aware of the different methods to raise complaints;
* they could describe attending focus groups, interviews and meetings to raise their concerns and the involvement of management staff; and
* they are aware of advocacy services and other methods for resolving issues;

Consumers, their family, friends, and others are encouraged and supported to provide feedback and make complaints. Mechanisms to provide feedback include feedback forms, meetings and the care plan review process. Management ensure consumers are aware of their right to provide feedback or make complaints; information about this is included in the admission process and consumers are reminded at meetings.

Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. Brochures are available in each house of the service with information regarding complaints processes and external advocacy agencies. A Social worker visits the service each week and offers consumers extra support and the ability to provide feedback through a different avenue if they wish

Feedback and complaints are reviewed at a site and organisational level to improve the overall quality of care and services. Feedback is analysed for opportunities for improvement, which is then reported monthly to the executive team and through the organisation’s quarterly feedback log trending report.

Based on the evidence documented above, I find Southern Cross Care (SA, NT & VIC) Incorporated, in relation to Southern Cross Care McCracken View, to be Compliant with Requirements (3)(a), (3)(b) and (3)(d) in Standard 6 Feedback and complaints.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Non-compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

The Assessment Team were not satisfiedthe service was able to demonstrate appropriate action is taken for all feedback or complaints raised by consumers. The following evidence was provided:

* Records confirming feedback from monthly consumer experience reports was not actioned in the 3 months prior to the Site Audit. This included feedback in relation to the quality of meals, meal services and impacts of other consumers’ behaviours of concern on consumers.
* Meeting minutes in the month prior to the Site Audit discussed a range of suggestions by a consumer in relation to activity and meal services which was not actioned.
* Two consumers interviewed were not satisfied their feedback is addressed.
* Staff were able to describe training provided by the service regarding the complaints process and how they are encouraged by management to seek feedback from consumers.
* Management provided documentation demonstrating the organisation has an open disclosure policy and processes in place to ensure staff apply these practices when things go wrong

The provider’s response indicates they disagree with the Assessment Team’s recommendation of not met and were compliant at the time of the Site Audit. The following evidence was provided;

* Acknowledged a communication issue between a change in management contributed to the deficits identified in the Assessment Team’s report.
* Evidence provided which indicated preceding the change in management feedback was being appropriately identified recorded and actioned.
* Implemented a range of improvements which included further training for key staff, reviewed processes and developed a range of action plans for consumers identified in the report.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I find the service was not able to demonstrate appropriate action was taken in response to complaints or an open disclosure process is used when things go wrong.

In coming to my finding, I have considered the evidence from consumers and also documented evidence which indicated for a 3-month period prior to the Site Audit, all feedback was not being appropriately addressed and actioned. In addition, I have considered the improvements undertaken when forming my view and also acknowledge the change in management which was highlighted in the provider’s response as a contributing factor.

For the reasons outlined above, I find Southern Cross Care (SA, NT & VIC) Incorporated, in relation to Southern Cross Care McCracken View, Non-compliant with Standard 6 Requirement (3)(c).

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Quality Standard is assessed as Compliant as five of the five specific Requirements have been assessed as Compliant.

Overall, sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable, and caring. The following examples were provided by consumers during interviews with the Assessment Team:

* there are enough staff to attend to their care needs and staff are kind and treat them with respect;
* staff know what they are doing, and they have confidence in them to perform their role effectively and safely; and
* staff are responsive to their needs and understand their preferences and interests.

The workforce is planned, and the number and mix of members of the workforce deployed enables the delivery and management of safe and quality care and services. Monthly call bell reports for the previous 3 months show no significant trends or extended call bells.

Staff are competent and knowledgeable to effectively perform their roles and provide safe and effective care and services to consumers. Management provide training based on core competencies. Staff said they feel supported in their roles and the organisation will provide additional training or equipment if they request it.

The workforce is competent, and staff are recruited, trained, equipped to deliver the outcomes required by these Standards. Training and recruitment processes ensure staff are competent in their role. Duty statements outline minimum qualification requirements, and work instructions are available to guide staff in performing their roles effectively. Following recruitment, the service provides ongoing training to staff. The training register and planning schedule showed completed and scheduled training which is monitored.

Regular assessment, monitoring, and review of the performance of each member of the workforce is undertaken. The service has a performance appraisal and development process for newly employed and existing staff. Staff said they were supported in the performance review process.

Based on the evidence documented above, I find Southern Cross Care (SA, NT & VIC) Incorporated, in relation to Southern Cross Care McCracken View, to be Compliant with all Requirements in Standard 7 Human resources.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Quality Standard is assessed as Compliant as five of the five specific Requirements has been assessed as compliant.

The Assessment Team found that overall, consumers and representatives sampled considered that the organisation is well run and they can partner in improving the delivery of care and services. The organisation’s governing body promotes a culture of safe, inclusive, and quality care and services and is accountable for their delivery. The organisation has a range of reporting mechanisms to ensure the Board is aware and accountable for the delivery of services. Management prepares monthly reports, including incident data, issues, feedback, and improvement initiatives which are provided to relevant sub-committees and inform the Board.

The organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. The service’s electronic clinical management system can be accessed by staff on their service issued phones, providing them up-to-date information as they attend to consumers without the need to access a computer in a dedicated workstation. Continuous improvements are monitored and reported to the Executive team and the Board. Financial reports highlighted expenditure to improve the service environment which included new carpet, upgrading the call bell system and painting throughout the service. The organisation has a human resources department to support the service to ensure staff are selected, trained, and supported to meet the organisation’s values and job specifications of each role.

Processes support effective risk management systems and practices relating to the management of high impact or high prevalence risks associated with the care of consumers and identifying and responding to abuse and neglect of consumers. The organisation has an incident management reporting system to report against the service’s legislative requirements and inform the organisation of any trends or risks. Consumers are supported by the service to the live the best life they can and ensure they maintain their independence.

The organisation has a clinical governance framework, and associated policies and procedures, relating to antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff interviewed demonstrated an understanding and application of policies and procedures relating to antimicrobial stewardship, restrictive practice and open disclosure.

Based on the evidence documented above, I find Southern Cross Care (SA, NT & VIC) Incorporated, in relation to Southern Cross Care McCracken View, to be Compliant in Standard 8 Organisational governance.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*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.*

### Requirement 8(3)(d) Compliant

*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.*

### Requirement 8(3)(e) Compliant

*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.*

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

**Standard 6 Requirement (3)(c)**

* Review processes to ensure feedback is identified, captured and addressed.
* Ensure staff are aware of processes to support the identification and actioning of feedback.
* Review monitoring processes to ensure improvements are monitored and sustained.