Performance

Report

**1800 951 822**

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| Name of service: | Southern Cross Care McCracken Views |
| Service address: | 31 Adelaide Road VICTOR HARBOR SA 5211 |
| Commission ID: | 6220 |
| Approved provider: | Southern Cross Care (SA, NT & VIC) Incorporated |
| Activity type: | Assessment Contact - Site |
| Activity date: | 13 September 2022 |
| Performance report date: | 18 October 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 McCracken Views (**the service**) has been prepared by R Beaman, 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 - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 30 September 2022.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **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 6

|  |  |  |
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| Feedback and complaints | |  |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |

Findings

The service was found to be non-compliant in Requirement (3)(c) in this Standard following a site audit undertaken from 19 to 22 April 2022 in relation to consumer feedback not being appropriately captured or actioned. The service has implemented a range or improvement actions to address the deficits identified including undertaking a consumer satisfaction survey during May 2022 with an action plan to address feedback, additional education for staff responsible for minute taking to ensure feedback is captured appropriately during consumer meetings, feedback templates reviewed to ensure feedbacl is captured, evaluated and considered for continuous improvements.

The Assessment Team found in relation to Requirement (3)(c) the serviced demonstrated they action feedback and complaints appropriately and use an open disclosure process when things go wrong.

Sampled consumers confirmed where they have provided feedback in various ways including through a recent survey or directly to staff, they have been responded to and actioned in a timely manner to their satisfaction. Consumers and representatives confirmed where something has gone wrong or they make a complaint staff apologise to them.

Five staff demonstrated they understood the service’s complaints process, the actions they would take and how they use an open disclosure approach with consumers.

Documentation showed feedback and complaints captured through the service’s feedback mechanisms are followed up and actioned in a timely manner, with the outcome and complainants satisfaction recorded.

Accordingly, I find Requirement 6(3)(c) Feedback and complaints are actioned appropriately and an open disclosure process is used when things go wrong is compliant.

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)