Performance

Report

1800 951 822

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Performance report date: |
| Southern Cross Care Miles - Carinya | 5 August 2022 |
| Commission ID: | Activity type: |
| 5180 | Site Audit |
| Approved provider: | Activity date: |
| Southern Cross Care (Qld) Ltd | 29 June 2022 to 1 July 2022 |

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

**This performance report**

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

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

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

# Material relied on

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

|  |  |
| --- | --- |
| 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

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

## Findings

Consumers and representatives confirmed they are treated with dignity and respect, with their identity, culture and diversity valued. Staff spoke of consumers in a manner that indicated respect and an understanding of their personal circumstances and backgrounds.

Staff could describe how the consumer’s culture and backgrounds influenced how they deliver care and services day-to-day. Consumers and representatives felt the care and services provided to consumers are culturally safe.

Consumers were satisfied that they were supported to exercise choice and independence, had the ability to make their own decisions and maintain personal relationships. Staff described how consumers make informed choices about their care and services and how they are supported to maintain relationships and independence.

A review of the service’s dignity of risk guidelines by the Assessment Team evidenced the service enables and empowers consumers to maintain their identity, maintain control, feel safe, and life the life they choose. Staff provided examples of the ways in which they support consumers to take risks.

Consumers and representatives confirmed they receive information that is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice and control. Staff described how information is communicated to consumers for them to make choices about how they want services delivered, including to those who have difficulty communicating verbally.

The service was able to demonstrate that the privacy of consumers’ is respected, and personal information is kept confidential. Staff described the practical ways they respect the privacy of consumers, such as knocking on consumers’ doors prior to entering and keeping doors closed when providing personal care.

# Standard 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | | Compliant |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning 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

The service demonstrated assessment and care planning processes that inform the delivery of safe and effective care and services, based on partnership and with consideration to individual risk. Consumers and representatives expressed satisfaction with the service’s assessment and planning process.

Care planning documentation demonstrated that consumers and representatives are consulted throughout assessment and care planning, and when required, input is sought from external health professionals. Documentation included consumer needs, preferences, and goals of care and included advance care and end of life planning where the consumer wished to include this. Staff described their involvement in the planning and assessment process for consumers, which aligned with consumer feedback.

Consumers and representatives confirmed the outcomes of assessment are communicated to them and that they can access consumer care plans upon request. Management and staff demonstrated the ways they communicated outcomes of care planning and assessment to consumers and their representatives.

Care planning documentation confirmed care plans are reviewed on a regular basis and when the consumer’s circumstances have changed, or incidents occur. The service has guidelines and policies in place to guide staff on how to support consumers through assessment and planning processes, these policies are updated regularly.

# Standard 3

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

## Findings

Consumers and representatives considered that consumers receive safe and effective care that is best practice, tailored to their needs and optimises their health and well-being. A review of the service’s policies by the Assessment Team indicated that policies and procedures are in place to ensure best practice and the care provided to consumers is tailored to their needs and optimise their health and well-being.

The service had processes in place to manage and monitor risks associated with the care of consumers. Management and staff demonstrated that high impact risks such as falls and pain are appropriately managed, mitigated, and approaches are based on best practice.

Staff were able to describe how to provide care to consumers that are palliating or requiring end of life care. The service’s palliative care policy outlines the types of palliative care, assessments, trajectories and pathways, management of symptoms and review and evaluation processes to support staff and consumers.

Deterioration or changes in a consumer’s health is recognised and responded to in a timely manner, as confirmed by care planning documents reviewed by the Assessment Team. Management and staff described their roles and responsibilities of how they identified and reported changes or deteriorations in consumer’s health.

Consumers and representatives indicated the service provides regular communication between consumers, representatives and allied health professionals. The Assessment Team observed progress notes on the electronic care management system, detailing the sharing of information between clinical and care staff.

Care planning documentation evidenced that timely referrals are made to medical officers, allied health therapist and hospitals, and their input is sought to inform the delivery of safe and effective care for consumers. Management described the process for referring consumers to health professionals and medical officers, ensuring that interventions were in line with consumers’ care and services.

The service had processes in place to promote antimicrobial stewardship and to prevent and control infection. Management and staff demonstrated a shared understanding of the need to minimise antibiotics and the precautions to take to prevent and control infection.

# Standard 4

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

## Findings

Consumers felt they received safe and effective services and supports for daily living that meet their needs, goals and preferences and optimise their independence, health, well-being and quality of life. Staff demonstrated an understand of what is important to consumers and what they prefer to do and indicated they align activities to consumers’ enthusiasm, feedback and care planning documents.

Consumers and representatives expressed that the service provides support for daily living to promote the emotional, spiritual and psychological well-being for each consumer. The Assessment Team observed the service provided an environment that supports consumers to do the activities of interest to them, and which optimises their health and well-being, independence, and quality of life.

Care planning documentation included information about the interests of consumers and detailed the supports that assisted consumers to participate in their community, within and outside of the organisation's service environment and maintain social and personal relationships.

Consumers and representatives reported that information about their daily living choices and preferences is effectively communicated throughout the service, and staff understand their needs and preferences. Staff advised that changes in consumers’ preferences, cares and services are communicated through verbal and documented handover processes.

Care planning documentation identified the involvement of other organisations and providers of care and services. Consumers and representatives indicated the service makes suitable referrals to other organisations when required.

Consumers provided positive feedback regarding the quality and quantity of the meals provided by the service and advised the meals aligned with their preferences and dietary requirements. Care planning documentation evidenced the identification of dietary requirements and preferences to inform the delivery of safe eating practices.

The Assessment Team observed equipment which was used for activities of daily living to be suitable, clean and well-maintained. Consumers indicated they felt the service kept the environment clean and tidy.

# Standard 5

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

## Findings

Consumers felt at home within the service, and the service demonstrated the environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging independence, interaction, and function. Staff described they how utilised the outdoor area to assist consumers on walks to the Cockatiel aviary or raised bed vegetable patch.

The service was observed to be safe, clean, well maintained and comfortable, consumers were able to move freely throughout the facility, both indoors and outdoors. Staff described how consumers were supported to move freely around the service, and the process for reporting maintenance needs.

The Assessment Team observed the furniture, fittings and equipment at the service to be safe, clean, well-maintained and suitable for the use of consumers, visitors and staff. A review of the preventative maintenance scheduled evidenced the service of equipment, such as lifting machines, scales and weigh chairs, commodes, and wheelchairs.

**Standard 6**

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

## Findings

Consumers and representatives felt comfortable to raise a concern or provide feedback to management and staff. Management advised they encouraged feedback at resident meetings, through informal discussions, and having an open-door policy. They provide feedback forms at the front entrance, and regularly call families.

Consumers and representatives were aware they had access to advocates, language services and other methods for raising and resolving complaints, however they indicated they are comfortable with raising concerns directly with staff and management. A review of documentation as well as observations by the Assessment Team evidenced that information regarding methods for providing feedback and making a complaint is provided to consumers.

Consumers and representatives indicated that the service takes appropriate action in response to complaints. Management and staff described the actions taken in relation to a received complaint and how open disclosure is utilised and applied.

Documentation review by the Assessment Team evidenced the service adequately records, manages, reviews, and uses feedback and complaints to make service improvements. Consumers felt changes are made at the service as a result of feedback and complaints and were able to provide examples of this occurring.

**Standard 7**

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

## Findings

Consumers and representatives were satisfied the workforce is planned to enable the delivery and management of safe and quality care and services. A review of rosters, shift vacancies, and observations demonstrated the service has sufficient staff to deliver safe and quality care and services.

Consumers and representatives expressed that workforce interactions are kind, caring and respectful of each consumer’s identity, culture and diversity, this feedback was consistent with observations made by the Assessment Team. The service’s diversity and inclusion care policy outlines a commitment to recognising and respecting diversity through inclusive care.

Management advised the service ensures the workforce is competent and has the qualifications and knowledge to effectively perform their roles through a variety of methods, such as a review of staff’s qualifications and training. Consumers and representatives expressed confidence in the competency of staff to perform their duties effectively and meet the care needs of consumers.

A review of staff and training records by the Assessment Team showed the workforce is recruited, trained, equipped and supported to deliver the outcomes required by the Quality Standards. Consumers expressed that staff were capable of performing their roles and did not require further training.

The service demonstrated that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. Staff confirmed that performance appraisals occur every six months and include self-assessments and one-on-one feedback meetings with the clinical coordinator.

**Standard 8**

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

## Findings

Consumers and representatives confirmed they are engaged in the development, delivery and evaluation of care and services. Management advised that feedback from consumers and representatives is sought through participation in the feedback and complaints process, surveys and regular contact with representatives.

The Assessment Team reviewed several policy documents that support and guide the provision of safe, inclusive, and quality care and services as well as Board involvement. The service’s governance framework outlined the organisation’s mission, vision and values, governance structure, scope of care, strategy, quality and performance management, feedback and engagement methods and risk and incident management.

There were organisation wide governance systems to support effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management.

The organisation provided a documented risk management framework, including policies describing how to manage high impact or high prevalence risks, identifying and responding to consumer abuse and neglect, supporting consumers to live the best life they can and how to manage and prevent incidents. The organisation kept various registers, policies and procedures, and carried out mandatory training relating to documenting and managing risks and incidents.

The service was able to demonstrate a clinical governance framework and supporting polices that addressed antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated a shared understanding of these policies and their application in a practical setting.

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)