Performance

Report

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| Name of service: | Southern Cross Care Moama Residential Aged Care |
| Service address: | 82 Regent Street MOAMA NSW 2731 |
| Commission ID: | 0565 |
| Approved provider: | Southern Cross Care (NSW & ACT) Limited |
| Activity type: | Site Audit |
| Activity date: | 7 June 2023 to 9 June 2023 |
| Performance report date: | 28 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 Moama Residential Aged Care (**the service**) has been prepared by J. Howard, 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 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 Aged Care Quality and Safety Commission in relation to the service.

# 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 | | 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

The Quality Standard is assessed as Compliant, as six of the six specific requirements were assessed as Compliant.

Consumers said they were treated with dignity, respect and staff understood how their identities, cultures and personalities informed the delivery of care and services. Information about consumers’ preferences were recorded in their care plans. Consumers confirmed they received culturally safe care and services. The service celebrated cultural days such as Anzac Day and, for consumers of faith, the service had a chapel and held a weekly religious service. Consumers were supported to communicate decisions about their care and maintain relationships of choice. Consumers’ care plans included information about how care should be delivered, who was involved in their care and how the service supported them to maintain personal relationships.

Consumers were supported to take risks which enabled them to live their best lives. For consumers wishing to take risks, a risk assessment was completed and documented in their care plans. Consumers confirmed they were provided with information that was clear, easy to understand and enabled them to exercise choice. For example, activity schedules, menus, information about advocacy services and upcoming visits from external healthcare providers were displayed on noticeboards throughout the service. Consumers’ personal information was kept confidential in a password-protected electronic care management system.

# Standard 2

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| 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 Quality Standard is assessed as Compliant, as five of the five specific requirements were assessed as Compliant.

Consumers were involved in the assessment and planning process, which identified their goals, needs and preferences. The service considered risks to consumers’ safety, health and well-being during the needs assessment and care planning process, the outcomes of which informed the delivery of care and services. Consumers’ care plans included information about risks to their care, such as pain, falls, pressure injuries, weight loss and changing behaviours. Consumers’ care plans identified and addressed their current needs, goals and preferences, which included end of life planning where they wished. The service partnered with consumers, their representatives and external service providers when assessing, planning and reviewing care needs, which was evident in consumers’ care plans.

The outcomes of assessment and planning were documented in consumers’ care plans which were available to consumers and those involved in their care. Consumers confirmed they had access to their care plans and staff explained matters to them if needed. Consumers and representatives confirmed they were involved in regular care plan reviews and notified when incidents occurred or care needs changed. Consumers’ care and services were reviewed quarterly or following an incident, a change in circumstances or deterioration in their health.

# Standard 3

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| 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

The Quality Standard is assessed as Compliant, as seven of the seven specific requirements were assessed as Compliant.

Consumers received care that was safe and right for them and met their individual needs, preferences and optimised their health and well-being. A review of consumers’ care plans showed they received care which was safe, effective and tailored to their specific needs and preferences. The service managed high-impact and high-prevalence risks to consumers through regular assessment, monitoring and use of mitigation strategies. Staff understood risks to consumers and described applicable management strategies, such as reassessing an individual’s mobility following a fall. Consumers were satisfied with how the service managed risks associated with their care.

Consumers confirmed staff had discussed advanced care planning and end-of-life preferences with them, which were recorded in care plans. Staff who provided palliative care described how consumers nearing the end of life were supported. For example, staff made consumers comfortable by: symptom management; pressure area care; personal care; providing emotional support; and involving people of importance to the consumer. Changes in consumers’ conditions and care needs were responded to in a timely manner, which was confirmed by consumers, representatives and a review of care plans.

Consumers were satisfied with the delivery of care, including how changes to their conditions were communicated within the organisation and with others providing care. Staff said information about consumers’ conditions were communicated at shift handovers through a verbal and documented process. Consumers said referrals to other providers of care and services were timely, appropriate and occurred when needed, which was confirmed by a review of care plans. The service had processes in place to minimise infection-related risks and support the appropriate prescribing of antibiotics.

# Standard 4

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| 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

The Quality Standard is assessed as Compliant, as seven of the seven specific requirements were assessed as Compliant.

Consumers received safe and effective services that met their needs, goals and preferences and optimised their independence, health, well-being and quality of life. Staff understood what was important to consumers and what they liked to do. Consumers’ daily living preferences were captured during the admission process and when changes occurred. Consumers confirmed they were supported to pursue activities of interest to them. Consumers were observed participating in a variety of activities throughout the Site Audit. Consumers confirmed they received the emotional, spiritual, religious and psychological supports needed to maintain their psychological well-being, such as receiving visits from pastoral care volunteers, attending religious services and spending one-on-one time with staff.

Consumers participated in their community, did things of interest to them and were supported to maintain personal relationships. Consumers’ care plans included information about people of importance to them, along with their lifestyle and individual interests. Consumers were satisfied with the quality, quantity and variety of food provided by the service. Consumers influenced the menu through the monthly food focus meeting. Consumers were offered meal options if the daily menu was not to their liking. Staff understood consumers’ dietary needs and preferences, which were recorded in their care plans.

Where the service provided equipment, consumers said it was safe and staff were skilled in using lifters when providing personal care. Staff understood how to raise maintenance requests, both electronically and through speaking with the maintenance team. The Assessment Team viewed the service’s preventative and reactive maintenance systems and noted all assignments were completed or in progress.

# Standard 5

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| 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

The Quality Standard is assessed as Compliant, as three of the three specific requirements were assessed as Compliant.

The service environment was welcoming, easy to understand and promoted a sense of independence and belonging. Consumers felt at home within the service, particularly as they personalised their rooms with possessions of their choosing. Living areas had ample natural light and corridors were sufficiently lit. Consumers accessed different areas of the service to enjoy meals, activities and outdoor gardens. The service environment was clean, well maintained, comfortable and consumers mostly moved freely within and outside of the building. The Assessment Team noted consumers’ rooms and communal areas were clean, comfortable and well maintained.

Furniture, fittings and equipment were safe, clean, well maintained and suitable for consumer use. Consumers confirmed their equipment and furniture was regularly cleaned and maintained. Furniture, equipment and the general service environment was maintained under routine, preventative and corrective schedules.

# Standard 6

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| 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

The Quality Standard is assessed as Compliant, as four of the four specific requirements were assessed as Compliant.

The service encouraged consumers and representatives to make complaints and provide feedback. Consumers and representatives were comfortable raising concerns directly with staff or management. Feedback and complaints could be made via consumer meetings, an electronic register or with a paper-based form. Information about how to make internal or external complaints, provide feedback and access advocacy and interpreter services was available in the consumer handbook, newsletters, brochures and pamphlets throughout the service.

Consumers and representatives confirmed the service took appropriate action in response to feedback and complaints and used open disclosure when something went wrong. Staff and management understood their responsibilities in relation to complaints management. A review of the feedback and complaints register showed staff used open disclosure and complaints were managed in a timely manner. The service used feedback and complaints to improve the quality of care and services. For example, when consumers provided feedback about the consistency and temperature of soups, action was taken to ensure soups were served to consumers’ satisfaction.

# Standard 7

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| 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

The Quality Standard is assessed as Compliant, as five of the five specific requirements were assessed as Compliant.

Consumers and representatives considered there were not enough staff at the service and said it was related to industry staff shortages. However, consumers confirmed staff shortages had not impacted their care or wellbeing. Staff said they were able to complete their duties on time. Management said they were actively recruiting additional staff and described strategies to retain staff. At the time of the site audit, senior and executive management said new admissions to the service were not being accepted to ensure staff could meet current consumers’ care needs. A review of rosters and call bell records showed a generally well-staffed service and timely responses to requests for assistance. Consumers and representatives confirmed staff were kind, caring and respectful when providing care and services.

The service’s workforce was competent and had the qualifications and knowledge to effectively perform their roles, which was reflected in positive consumer feedback. Staff participated in an orientation program, ongoing training and core competency assessments. Staff were equipped with the knowledge to perform their roles and guided by position descriptions which required qualifications relevant to the role. Staff confirmed they were trained, equipped and supported to deliver safe and effective care. The service regularly assessed, monitored and reviewed staff performance, which included informal and formal reviews.

# Standard 8

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| 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

The Quality Standard is assessed as Compliant, as five of the five specific requirements were assessed as Compliant.

Consumers and representatives were engaged in the development, delivery and evaluation of care and services. Input was provided via consumer and representative meetings, a feedback and complaints process, during care plan reviews, surveys and during care planning discussions. The organisation’s governing body promoted a culture of safe, inclusive and quality care and services, for which it was accountable. The board of directors satisfied themselves the Quality Standards were being met via direct reporting from frontline managers who provided information about clinical indicators, quality initiatives, monthly internal audit results and clinical matters.

The service had organisation-wide governance systems that guided information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service had risk management systems, policies and procedures to monitor, assess and manage high-impact or high-prevalence risks associated with the care of consumers. For example, the service continually monitored risks to consumers such as falls, medication incidents, infections, weight loss and behavioural incidents. Incident reports were completed and used to identify root causes and implement changes to manage individual risks to consumers.

The service had systems in place to support clinical governance, the delivery of safe care, promote antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something goes wrong.

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