Performance

Report

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| Name of service: | Southern Cross Care Nagle Residential Aged Care |
| Service address: | 144-150 Flora Street SUTHERLAND NSW 2232 |
| Commission ID: | 0473 |
| Approved provider: | Southern Cross Care (NSW & ACT) Limited |
| Activity type: | Site Audit |
| Activity date: | 11 April 2023 to 13 April 2023 |
| Performance report date: | 5 June 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 Nagle 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 conducted from 11 April 2023 to 13 April 2023. 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 staff treated them with dignity, respect and valued their backgrounds and identities. Staff spoke about consumers with respect and understood their personal life experiences. Consumers’ care plans included information about their identities, life preferences, cultural backgrounds, spiritual needs, family relationships and recreation interests. The Assessment Team noted the Charter of Aged Care Rights was visible throughout the service and in consumers’ rooms. Consumers confirmed they received culturally safe care and services. Consumers were supported to make choices about their care, how it was delivered and who should be involved in their care. Consumers maintained relationships with family and friends via phone calls and in-person visits.

Consumers were supported to take risks which enabled them to live their best lives. For consumers wishing to take risks, risk assessments were completed and documented in their care plans. Consumers confirmed they were provided with information that was accurate, clear, easy to understand and enabled them to exercise choice. For example, consumers had easy access to activity schedules, menus, quarterly newsletters, a fortnightly forum and food focus and lifestyle meetings.

Consumers confirmed care and services were delivered in ways which respected their privacy. For example, staff knocked before entering consumers’ rooms and ensured doors were closed before providing care.

# 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.

The service considered risks to consumers’ safety, health and well-being during the needs assessment and care planning process. Consumers confirmed they were involved in the care planning process and subsequently received the care and services needed. A review of care plans showed they were individualised and contained information relevant to each consumers’ needs, goals and preferences, including risks they wished to take and how those risks were to be managed. Consumers confirmed their needs assessments included end-of-life planning where they wished.

The service partnered with consumers, their representatives, medical and allied health professionals when assessing, planning and reviewing care needs. A review of care plans confirmed consumers and other service providers were involved in a coordinated needs assessment and subsequent care planning. Consumers confirmed the outcomes of assessment and planning were explained to them and they were offered a copy of their care plan.

Consumers and representatives confirmed they were notified when circumstances changed or incidents occurred, which led to a review of consumers’ care needs.

# 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, effective, consistent with their needs and supported their health and wellbeing. Staff understood consumers’ individual needs and preferences, which were recorded in their care plans. Staff were guided by policies and procedures which addressed high-impact risks to consumers such as falls and diabetes management. Consumers were satisfied with how the service managed risks associated with their care.

Consumers confirmed staff discussed advanced care planning and end-of-life preferences with them, which were recorded in care plans. Staff who provided palliative care described how care delivery changed during the end-of-life process, such as ensuring consumers were comfortable, and had their dignity preserved, through regular repositioning, pain management, and emotional and spiritual support. Changes in consumers’ conditions were responded to in a timely manner, which was confirmed by consumers, representatives and a review of care plans.

Consumers were satisfied with how changes to their conditions were communicated within the organisation and with others providing care. Staff said information about consumers’ conditions was communicated in the service’s electronic care management system, by accessing care plans and during shift handovers. Consumers confirmed referrals to other providers of care and services were timely, appropriate and occurred when needed, which was consistent with their 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, preferences and optimised their independence and quality of life. The service’s lifestyle staff conducted assessments which addressed consumers’ preferences regarding leisure, personal interests, social and emotional needs, as well as their cultural and spiritual needs and traditions. Consumers’ lifestyle needs and preferences were recorded in their care plans. Consumers were engaged in meaningful activities which supported their emotional and psychological well-being, such as observing cultural and religious practices and maintaining connections with people of importance to them.

Consumers participated in their community, did things of interest to them and were supported to maintain personal relationships. The service had 16 pastoral care volunteers who supported consumers through regular visits; participation in scheduled activities; spending one-on-one time; and joining in outings. Consumers were satisfied with the quality, quantity and variety of food provided by the service. The service encouraged feedback on the quality of food through a monthly food focus meeting. Consumers were offered alternative meal options if the daily menu was not to their liking. A review of consumers’ care plans included information about their dietary needs, preferences and allergies.

Where the service provided equipment, consumers felt safe when using items like mobility aids. The equipment being used by staff was clean, disinfected between uses, well maintained and fit for purpose.

# 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 navigate and promoted a sense of independence and belonging. The service was light-filled and maintained at a comfortable temperature. Consumers felt at home within the service, particularly as they personalised their rooms with possessions of their choosing. The service offered a self-service laundry for consumers who preferred to wash their own clothes. The service environment was clean, well maintained and consumers moved freely within and outside of the building. Consumers were observed using different areas of the service to visit each other, socialise and participate in activities.

Furniture, fittings and equipment were safe, clean, well maintained and suitable for consumer use. Consumers confirmed equipment and furniture was suitable for their needs, clean and well maintained. Furniture, equipment and consumers’ rooms were cleaned and 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 were comfortable raising concerns directly with staff or management. Information about how to make an internal or external complaint, provide feedback and access advocacy and interpreter services was available in the resident handbook, in newsletters and on posters throughout the service. Consumers provided feedback or made complaints at consumer meetings, verbally to staff or via a formal feedback form. Management had an open-door policy whereby consumers and representatives could speak with them about concerns they had.

The service took appropriate action in response to feedback and complaints and used open disclosure when something went wrong, which was confirmed by consumers and representatives. Staff and management understood their responsibilities in relation to complaints management. A review of the service’s complaints register confirmed complaints were investigated, actioned and an apology provided when something went wrong. Complaints and feedback were used to improve the quality of care and services. The Assessment Team reviewed the service’s continuous improvement plan and noted consumers were consulted and actions taken in response to feedback and complaints.

# 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.

The service developed a roster with a number and mix of staff with skills to deliver safe, quality care and services which met consumers’ needs. Consumers said there were enough staff at the service and confirmed they do not wait long for assistance. A review of the master roster showed all shifts were allocated to regular staff and where they took leave, the service had casual staff who filled the shift. The Assessment Team noted staff were kind and respectful of consumers’ identities and cultures when providing care. Staff spoke to consumers with familiarity and understood their care preferences.

The service’s workforce was competent and had the qualifications, skills and knowledge to effectively perform their roles. Consumers said staff were competent in their roles and trained to meet their needs. Staff participated in mandatory training in medication management, manual handling, infection control, restrictive practices, incident management and the Serious Incident Response Scheme. Staff were guided by position descriptions and said they were equipped with knowledge to perform their roles. Management determined staff competencies through performance appraisals, daily incident monitoring, in-person conversations and consumer feedback.

# 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 resident meetings, committee forums, food focus meetings, lifestyle meetings, a feedback process, surveys and case conferences. The organisation’s board of directors (the board) promoted a culture of safe, inclusive and quality care and services, for which it was accountable. The board maintained visibility of the service’s performance through: regular reporting; sub-committees focused on quality and clinical governance, finance, audit and risk, regulatory compliance and people and culture; analysis of clinical data; internal audits and benchmarking against other services within the broader organisation. 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. Risks were identified, reported, escalated and reviewed by management, an executive team and the board. Incidents were recorded in the service’s electronic care management system and data is analysed by the relevant sub-committee of the board, following which the data was used to implement improvements to consumers’ care and services.

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)