Performance

Report

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| Name of service: | Performance report date: |
| Southern Cross Care Nanango - Karinya | 2 September 2022 |
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| 5417 | Site audit |
| Approved provider: | Activity date: |
| Southern Cross Care (Qld) Ltd | 26 July 2022 to 28 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 Nanango - Karinya (**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

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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

Consumers said staff treated them with respect and made them feel valued as individuals. Staff were seen to be treating consumers respectfully and displayed an understanding and awareness of consumers’ backgrounds and cultural diversity. Care planning documentation included information regarding consumers’ background, identity, and cultural practices. The service’s diversity and inclusive policy was reviewed and incorporated the delivery of safe, high-quality care.

Consumers described ways in which the service supports them to exercise choiceand independence and maintain relationships of choice, which were observed to be recorded in care plans and progress notes. Staff encourage and support consumers through decision-making and are guided by internal policies.

Consumers said they are supported by staff to undertake risks, with staff assisting them to understand the risks involved including problem solving solutions to minimise the risk where possible. Care planning documents evidenced examples of consumers being supported in this area.

Consumers and representatives said they receive information to help them make decisions about the things they would like to do and how their care is provided. Staff described the different ways in which information is provided to consumers, to match their communication needs and preferences.

All consumers sampled said staff respected their privacy, staff described the practical ways they respect the personal privacy of the consumers, were observed delivering care and services respectful of consumer privacy. Privacy Information Policy and Privacy Guidelines of the service showed how the service stores and discloses personal information.

# 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 identify 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

Consumers confirmed their involvement and consultation in the care planning and assessment process regularly as well as other medical professionals’ involvement as required to meet their needs. Care documentation reflected the individual's current needs and including consideration of any risks. Care assessments and plans are used by staff to guide and inform their delivery of care, with the support of the service’s policies and procedures.

Consumers and representatives were given access to care documents when requested. Staff consulted and updated consumers and their representatives as care needs changed and demonstrated a shared understanding of the importance of keeping consumers and representatives involved in the process.

Care planning documents evidenced regular reviews occur or as a result of change of circumstances or condition of the consumer. Representatives confirmed they are kept informed of changes by the service and a review of care documents further evidence regular reviews.

# 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

Consumers stated they are receiving care that is safe and right for them and meets their individual needs and preferences. Staff described individual consumer’s needs and preferences and discussed the policies, procedures and work instructions used to guide their practice and work. Assessments and care plans are linked to best practice methodology and incorporated risk-based assessments. Care planning documentation and progress notes include referrals to specialist services and appropriate care in line with their directives and advice.

Care plans included risks to consumers and associated needs for safe delivery of care and services. Staff showed familiarity with consumers risks and mitigation strategies and these were consistent with consumers documented care plans.

The service records advance care planning and end of life care preferences within care and assessment documentation. Staff are guided by the service’s policies and procedures regarding the management of end-of-life care, including pain management and comfort, consumers advance care planning reflected their wishes and preferences accurately.

Deterioration and changes in a consumer’s health were identified quickly and responded to in a timely manner, this was evident in care planning documents reviewed by the Assessment Team.

Consumers and representatives said the staff communicate between each other effectively resulting in their needs and preferences being known and addressed. Changes in the care and services of consumers are communicated within the service through various ways including progress notes and handover processes, as well as the electronic documentation system.

The minimisation of infection related risks was supported and actively pursued by the service through the implementation of infection control principles and the promotion of antimicrobial stewardship. Infection control training has been provided to staff and contingencies are in place for critical roles should the need arise. Staff were observed to wear correct Personal Protective Equipment and were observed to practice good infection control techniques.

# 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 service supports consumers to engage in thing they want to do, including participating in activities within the service’s programs and in the community to promote their emotional and spiritual wellbeing. Consumers reported being encouraged to maintain their independence, and care plans evidenced how the service aligned activities with consumers’ needs and preferences ensuring their wellbeing was maximised. Staff understanding of consumers wants and preferences matched the care planning documents and the consumers stated interests.

Consumers their needs and preferences are communicated effectively within the organisation in a timely manner. Staff said they receive accurate and timely updates on changes to consumers conditions and they tailor services provided accordingly. The service has policies and procedures in place to support staff in this area, including documentation and, assessment and planning guidelines

Consumers confirmed the service supports them to access other services, both within and outside the facility, as needed to support their daily living. The service has a network of service providers who are engaged to ensure consumer’s individual needs are met. These include medical officers, allied health providers, equipment providers, and behaviour management experts.

Consumers and representatives were happy with the quality and quantity of meals. Kitchen staff explained specific dietary needs and preferences and described how these are accommodated. The Assessment Team observed that the kitchen was clean and tidy, and staff were adhering to food and safety protocols.

The Assessment Team observed equipment used was safe, suitable, clean, and well maintained. Staff and consumers confirmed they can access the necessary equipment as required.

**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

Consumers considered the service environment to be welcoming, easily navigated and comfortable. Consumers’ rooms were observed to be personalised with photographs, artwork, and personal belongings. The service has several shared areas for consumers to interact as well as private areas for consumers and visitors to use.

The Assessment Team observed the facility to be clean, tidy, and uncluttered with outdoor areas and bright dining areas. The maintenance staff and other staff described procedures for maintenance scheduling, routine checks, and logs to ensure the service is safe and well-maintained.

Furniture, fittings, and equipment within the service were safe, clean, and well maintained. The service ensured preventative and reactive maintenance is conducted regularly, by maintenance staff. The service’s furniture, fittings, and equipment are safe, and suitable for the needs of the consumer and cleaning staff were observed to clean the facility during the day in a planned manner.

**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

Consumers and representatives said they were encouraged and supported to provide feedback and were aware of their options to do so, such as consumer meetings, feedback forms, or speaking directly with staff. Staff were able to describe how they respond including how they would support someone to provide feedback or make a complaint, and the process they follow should a consumer and representative raise an issue with them directly. Information regarding internal and external complaints and feedback processes and advocacy services are displayed on noticeboards and brochures in communal areas throughout the service.

Consumers and representatives said follow up actions occurred in response to complaints and feedback and were satisfied the feedback will result in service improvements.

Staff demonstrated an understanding of the open disclosure process and described how the organisation records, reviews and acted on feedback and complaints to address concerns raised and improve care and services.

The organisation’s continuous quality improvement plan shows the service uses feedback and complaints from consumers and representatives to resolve issues and inform the process of continuous improvement.

**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

Consumers and representatives said they receive quality care and services from staff who are knowledgeable, capable, and caring and said there were enough staff to available to maintain the high standard. Staff said they have time to complete their duties and when staff are away from work their shifts are replaced.

Consumers and representatives indicated that staff are confident staff are trained appropriately and are sufficiently skilled to meet their care needs. The service has position descriptions for all staff roles. Care and registered staff descriptions identify required qualifications and experience, a summary of the position, and an outline of the responsibilities and duties.

The service has a recruitment process for employee selection to ensure the right people in the right roles, this includes, screening and onboarding included regulatory compliance checking, pre-employment health screening, work rights, qualifications, and reference checking.

The service had an effective performance and development system included regular assessment, monitoring, and review of staff performance. Staff confirmed they received training, support, professional development, and supervision during orientation and on an ongoing basis. The service has a comprehensive online learning centre and training modules to ensure staff remain up to date with legislative changes.

**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

Consumers and representatives advised the service is run well, and they feel like partners in the development, delivery and evaluation of care and services.

The governing body promotes a culture that is safe, inclusive with quality care and is accountable for its delivery.

The service’s performance is monitored and reviewed through a review of key performance data including incident data, review of consumer and representative feedback and satisfaction surveys with results provided to key personnel and management.

There are governance systems to support effective information management, compliance and regulation, complaints management and open disclosure and clinical care. Any updates to practice or legislative, are disseminated to staff through staff meetings, memoranda, staff education and training sessions, and amendments to policies and procedures.

The service’s risk management framework, includes 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 prevention and management of incidents.

The clinical governance framework addresses anti-microbial stewardship, best practice and minimising the use of restrictive practices, and open disclosure. Staff were aware of these concepts and could explain how they used them in practice.

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-2)