Performance

Report

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| Name of service: | Southern Cross Care North Turramurra Residential Aged Care |
| Service address: | 402 Bobbin Head Road NORTH TURRAMURRA NSW 2074 |
| Commission ID: | 0173 |
| Approved provider: | Southern Cross Care (NSW & ACT) Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 25 July 2023 to 26 July 2023 |
| Performance report date: | 5 September 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 North Turramurra Residential Aged Care (**the service**) has been prepared by T Solomon, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 17 August 2023.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| 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)(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

Care planning documentation shows a suite of validated clinical risk assessment tools are completed on entry, including skin, continence, pain, mobility, nutrition and hydration, falls, behaviour, medication and if required, wound and diabetes management. Consumers and /or representatives provided positive feedback about the assessment process conducted during their admission and the identification of risk to inform the interim care plan. Policies and procedures are in place to guide staff in providing safe and effective assessment and planning, aligned to best practice.

However, the Assessment Team found some inconsistencies with identifying and assessing risks to the consumer’s health and well-being. The Approved Provider responded with additional information and documentation.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 2(3)(a) is found Compliant.

Requirement 2(3)(b) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The service demonstrated it is planning care and services that centre on the consumer’s current needs and goals and reflect their personal preferences, including end of life planning. Consumers and/or representatives provided positive feedback about how their needs, goals and preferences are met through assessment and planning. Staff were able to describe what is currently important to consumers and how they want their care delivered. Care and service documentation showed inclusion of consumer’s current needs, goals, and preferences across relevant domains.

Requirement 2(3)(e) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The service demonstrated care and services are reviewed regularly for effectiveness, and when there is a clinical deterioration, circumstances change or when incidents impact on the needs of the consumer. Care plans are reviewed every four months and more frequently when changes or incidents occur. Consumers and/or representatives stated staff regularly communicated with them about the care and services they receive and make changes to meet the consumer’s current needs. The organisation has training programs and policies and procedures in place to guide staff in reviewing the effectiveness of care and services.

# Standard 3

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| Personal care and clinical care | |  |
| 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)(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 |

Findings

The service reviewed consumers with a restrictive practice to ensure the documentation is current and aligns with the organisation’s policy, and to reduce the use of restrictive practices. Behaviour support plans were reviewed, and the organisation’s restrictive practices procedure was updated to streamline the authorisation and documentation requirements for medical officers. The service has also engaged a nurse practitioner to support the medical officers with the management of psychotropic medications and chemical restrictive practices. The service has provided ongoing education to staff, including education on restrictive practices policy, documentation, and authorisation.

Pressure injury and wound management education was provided by clinical governance for documentation, identification, and prevention. Consumers were assessed and at-risk consumers were provided with pressure relieving equipment. Education was also provided by an external wound educator in relation to pressure injury classification and staging, skin tear management, wound assessment, and documentation.

However, the Assessment Team found inconsistencies for the effective monitoring of restrictive practices, pressure injury prevention and wound management. Review of care documentation identified inconsistencies in recording of information and management of the electronic documentation system. The Approved Provider responded with additional information and documentation.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 3(3)(a) is found Compliant.

Requirement 3(3)(b) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

A review of care documentation showed effective management of falls and diabetes. Consumers and/or representatives provided positive feedback regarding the care provided in relation to management of falls and diabetes. Staff described how they manage risks at the service through following organisational policies and procedures, including falls management and pain management.

The service monitors high-impact and high-prevalence risks at the service through regular reporting and raising any concerns during daily clinical meetings, as well registered nurse, and quality team meetings. The clinical indicator report provided by the service showed risks such as pressure injuries, restrictive practices, falls, weight loss, infections, and behaviours of concern are monitored.

Requirement 3(3)(d) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

Review of care documents showed that processes for the escalation and response to deterioration had been identified or recognised in a timely manner. Consumers and/or representatives provided positive feedback regarding the service’s effectiveness in responding to deterioration of a consumer’s condition.

Staff stated they received education to assist and guide their practices in relation to identification of clinical deterioration and management of a clinical concern and were able to describe the signs and symptoms of deterioration. Care staff stated they escalate any changes in consumer’s condition to the registered nurse immediately.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Requirement 7(3)(e) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

Staff confirmed they have completed performance appraisals and mandatory training in the past twelve months and were able to articulate specific training they received and how they apply their learnings to support consumers. Documentation confirmed during performance appraisals staff and management are provided with an opportunity to discuss staff performance and management can provide feedback, support staff with additional training, manage areas for development in skills and performance and monitor outcomes.

Consumer and/or representative feedback is incorporated into performance appraisals through data gathered from resident meetings, surveys, and internal and external audits. Staff members provide feedback to management on what of training they want, concerns relating to their role and other staffing matters.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

Requirement 8(3)(d) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The organisation has systems and processes in place to identify and assess risks and mitigate and manage personal and clinical risks to consumers. The board and management team regularly evaluate risk data and use findings to inform continuous improvement strategies to reduce and remove risks affecting consumers.

The board provides oversight and support to the service to mitigate and manage high-impact or high-prevalence risks through weekly and monthly meetings to analyse personal and clinical data to identify trends and inform mitigation strategies such as targeted education and training, updates to systems, policies and processes, and workforce additions and development.

The organisation has systems and processes to safeguard and respond to incidents of abuse and neglect through the board engaging with the management team in providing staff education and awareness of abuse and neglect of consumers. Serious Incident Response Scheme documentation shows incidents are being identified and investigated, recorded, and reported, and strategies and outcomes are being monitored and reviewed for effectiveness.

The board and management team analyse feedback to support consumers to live their best life. Consumers and/or representatives’ feedback is used to understand what they consider important to live their best life and how the service can support consumers requests and preferences while mitigating risks.

The organisation has policies and processes in place to manage incidents. Staff receive training and education on how to identify behaviours of concern, how to report, investigate and analysis incidents, and implement preventative measures and mitigation strategies.

Documentation of incidents demonstrates the board and management team analyse the cause of incidents and review strategies in how to develop preventative measures and manage and reduce incidents.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)