Performance

Report

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| Name of service: | Southern Cross Care Orana Residential Aged Care |
| Service address: | 59 Napier Street DENILIQUIN NSW 2710 |
| Commission ID: | 0054 |
| Approved provider: | Southern Cross Care (NSW & ACT) Limited |
| Activity type: | Site Audit |
| Activity date: | 29 November 2022 to 1 December 2022 |
| Performance report date: | 6 February 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 Orana (**the service**) has been prepared by K. Spurrell, 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 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 so as to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| 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 the service treated them with dignity and respect and said they maintained their identity by sharing stories of things important to them, and by displaying personal items in their rooms, such photos of their family. Consumers said the service supported them to be independent and make decisions about their care. Staff showed respect toward consumers, and demonstrated an understanding of their care preferences.

Consumers from diverse cultures felt the service respected their cultural background, felt they could express their identity and interests and said that staff supported them to meet their cultural needs. Consumers said staff made their visitors feel welcome and gave them privacy when their visitors were on site. Staff had in-depth knowledge of individual consumers’ cultural identities.

Consumers said the service supported them to make decisions about their care and that they could choose who they wanted involved in their care. Consumers said they could discuss their care planning options and decisions with staff and feel comfortable speaking up if they wanted to change an aspect of their care. Representatives said they were happy with the care the service provided and that the service involved them in the care planning process. Consumers said the service helped them connect with others, and participate in activities.

Consumers said they were happy with the service’s risk assessment process, and that they felt they had adequate knowledge to make informed decisions about their care. The service had a set process for staff to explain risks arising from consumers’ choices. Consumers’ care files contained risk acceptance forms, showing the service collaborated with the consumer, their family, allied health professionals and medical practitioners. Risks had been clearly identified and communicated to the consumer. The service’s risk management framework embedded “dignity of risk” – a care philosophy that recognises consumers’ rights to have their decisions respected, even when those decisions increased risk to the consumer.

Consumers said the service gave them timely and accurate information about their care and said staff included them in care discussions and meetings, and encouraged them to raise concerns or ask questions. Representatives said the service communicated to them promptly when incidents occurred. Staff regularly reviewed consumers’ care preferences to ensure their currency and relevance.

Consumers said staff respected their privacy, including when family visited. For example, staff knocked on the door and sought permission before entering, and the service had a password-protected electronic care management system, where staff kept consumer records. The service also had a privacy policy that outlined how service maintained and respected consumers’ privacy.

# 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)(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

Consumer care plans included sufficient information to inform safe and effective care. The service had assessment and planning processes for new admissions and staff knew these well. The service also had policies and procedures to guide staff on how to complete assessments, create care plans and manage consumer risks. Consumers were satisfied with the service’s assessment and planning, including its risk assessment processes.

Consumers said the service considered their needs, goals and preferences during assessment and care planning, including advanced care planning and end-of-life planning, where desired. Staff involved consumers and representatives in assessment and planning, prompting them identify their needs, goals and preferences.

Consumers felt involved in the assessment, planning and review of their care, and as though the service treated them like partners in their care. They said the service included other organisations or providers as appropriate. Care documents showed the service routinely contacted consumers and their representatives when a consumer’s health status changed or if there was an incident. Care documents also showed that the service involved other providers in consumers’ care. The service had policies governing how staff should involve other providers and staff knew these well.

Representatives said the service updated them about the health status of their loved ones through phone calls and face to face interactions. Staff knew when, why and how to inform consumers and representatives about consumers’ care and assessments. The service had policies to guide staff about assessment and planning, including about communicating the outcomes of assessments. Representatives said the service gave them copies of consumers’ care documents if they asked.

The service had processes that governed the timing of care reviews. These required that staff conduct regular reviews, and reviews in response to changes of circumstance, or when incidents impacted on a consumer’s needs, goals or preferences. Staff knew these processes and could cite examples of when they had reviewed a consumer’s care plan following an incident or change. Care files showed that the service had reviewed its care when consumers’ experienced changes.

# 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)(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 said they received safe and effective care that was consistent with best practice, was tailored to meet their needs and that optimised their health and well-being. Representatives were satisfied with the service’s care. Care planning documents showed the service delivered safe care tailored to consumers’ individual needs. The service had policies governing key aspects of care, such as wound management, restrictive practices, skin integrity measures, and pressure injury prevention, which helped to structure safe care delivery. Meeting minutes, incident reports and conversations with management showed that the service’s monitoring and clinical oversight of these areas was effective. Staff understood the personal and clinical needs of consumers.

The service managed risks to consumers effectively, including those concerning falls, weight loss and skin integrity. Consumers were satisfied the service managed high impact, high prevalence risks effectively. Care planning documents showed the service used effective strategies to manage key risks and that it used assessment tools as part of its risk management framework. Care documents for sampled consumers showed their individual risks, and planned interventions. Staff identified high impact, high prevalence risks through ongoing assessment and planning. The service had policies and procedures to help staff manage high impact, high prevalence risks.

Care documents for consumers nearing end-of-life showed the service had considered the needs, goals and preferences of relevant consumers, and that it had maximised their comfort and preserved their dignity. The service maintained dedicated processes about caring for consumers nearing end-of-life, suggesting it was sensitive to consumers’ needs during this phase of care.

Staff knew how to respond to consumer deterioration, including by assessing the consumer, escalating their status to clinical staff, and seeking input from specialists as appropriate. Care documents showed the service had correctly identified and responded to consumers’ deterioration or changes of health status. The service had resources available to guide staff in how to identify and respond to a deteriorating consumer and representatives said they were satisfied the service identified and responded to deterioration promptly.

The service had systems to ensure staff recorded information about consumers’ care, and that staff communicated care information between themselves, and with others involved in consumers’ care. Most consumers were satisfied with the service’s care, including its communication about consumers’ changes in status. Staff communicated about consumers’ care during handovers, meetings and through the service’s electronic care management system. Progress notes and care plans showed staff had captured adequate and accurate information to support effective and safe communication about consumers’ care. The information was specific to each consumer, and included items such as falls risks, presentation of pain, skin changes, and mobility changes.

Consumers were satisfied that the service had made prompt and appropriate referrals to others involved in their care. The service had policies and procedures to guide staff about making referrals, such as when to seek further clinical or specialist assessment. This included policies for weight and nutrition support, complex care support and assessment of the appropriateness of restrictive practices, among other policies. Care documents showed that the service had made timely and appropriate referrals to individuals and other organisations.

The service minimised infection risks by using precautions to prevent airborne virus transmission, such as that related to COVID-19 and Influenza. The service had processes governing when consumers should receive anti-biotics, to reduce the risk that consumers might build antibiotic resistance. Staff used strategies to reduce inappropriate prescriptions, including increasing fluids, completing pathology testing and providing personal hygiene support, to prevent infection. Consumers were satisfied the service managed the impact of COVID-19 effectively.

# Standard 4

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| Services and supports for daily living | |  |
| 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

Care documents showed the service’s care planning processes captured what and who was important to each consumer, to promote their quality of life. Staff knew what was important to consumers and the activities they enjoyed. The service’s lifestyle and leisure staff ran events in communal areas, to help create a sense of community in the service. Service staff regularly updated the service’s lifestyle and leisure program, adapting activities in response to consumer feedback. Consumers were satisfied the service supported their individual needs, goals, and preferences.

Staff used a variety of methods to support consumers’ spiritual, emotional and psychological wellbeing. For example, the service engaged a roman catholic priest and provided religious services in its on-site chapel. In response to emotional changes in consumers, staff deployed care strategies articulated within consumers’ care plans, which included spending one-on-one time with them or supporting them to play the service’s piano, among other activities. Care planning documents included information on consumers’ psychological support preferences.

Consumers said the service supported them to maintain contact with the people they valued and engage in activities inside and outside the service. Care planning documents showed consumers’ activity preferences, and how they wished to maintain relationships important to them. The service supports consumers’ participation in community events and activities, including by helping consumers to leave the service to play mah-jong at the local RSL, visit with family, run errands, or be involved in other activities. Consumers were confident staff knew their care preferences. The information in care planning documents showed that service staff knew how to support consumers to engage safely and effectively in their daily living activities.

The organisation had documented policies and procedures for making referrals to external lifestyle providers. The service worked with these providers to supplement the supports it offered consumers for daily living. For example, the service hosted a volunteer once-per-month, who played saxophone for the consumers, and it had its own hair salon, which a hairdresser attended once-per-week. Representatives from the Older Persons Advocacy Network visited the service regularly to provide information to consumers.

Consumers said the service’s meals were of suitable variety, quality and quantity. Consumers confirmed the service sought their input to plan its menu. They also said they could order items not listed on the menu for a given day, if they wanted. The service contracted an external catering firm to cook its meals on site, which accommodated consumers’ individual needs and preferences. The service had systems for consumers to provide feedback on its food and ensure it met individual consumers’ dietary needs on an ongoing basis. Consumers reported they enjoyed meal times during the site audit.

Consumers said the service made equipment available to them to assist with their daily lives. This included mobility aids, shower chairs, manual handling equipment, and other equipment. Staff said they had access to equipment when they needed it and that equipment was safe, clean, and well maintained.

# Standard 5

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| Organisation’s service environment | |  |
| 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 said the service environment was welcoming and they felt comfortable and safe. They said they felt at home, and the service optimised their sense of belonging and independence. Consumers had access to multiple different garden areas, enhancing the amenity of the service.

The service was clean, well-maintained, and free from obstructions and hazards, both inside and out. Cleaning staff were observed cleaning consumer rooms, communal areas, staff rooms and high-touch-point areas. They cleaned according to the service’s structured cleaning schedule. Cleaning staff stored chemicals and cleaning supplies safely. The service’s fire evacuation plans, emergency exit signs, and fire safety equipment was easy-to-access and displayed in well-illuminated areas.

Consumers said the equipment and furniture at the service was safe, well-maintained, and suitable. Mobility aids, hoists and other shared equipment was clean, in good condition, and stored safely. The furniture, fittings, and equipment at the service were safe, clean, well-maintained, and suitable. The service had a maintenance system that captured and resolved maintenance issues, and ensured equipment and furniture was maintained.

# Standard 6

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| Feedback and complaints | |  |
| 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 said the service encouraged and supported them to give feedback and make complaints, and that they felt safe doing so. Consumers could make a complaint using the service’s feedback forms, by email, or speaking directly with staff or management. They could do so anonymously, or staff could assist them if they wanted. Consumers said the service gave them information relating to its complaints and feedback processes on admission, and during consumers meetings and general discussions. They also said the service typically resolves complaints internally.

The service displayed signage throughout the facility about advocacy groups that routinely visited to discuss aged care matters. The service also displayed brochures about complaints, feedback, translation, and advocacy services on noticeboards and throughout its communal areas and corridors. The service had procedures governing how staff should engage interpreters on behalf of consumers and covered numerous languages, including sign language.

When consumers raised a complaint or things went wrong, management promptly resolved their concerns and apologised. Care staff escalated all complaints to senior staff for investigation and follow-up. Staff had received training on open disclosure and demonstrated a shared understanding of relevant principles, including the need to apologise and implement actions to prevent recurrence.

The service had effective mechanisms for capturing feedback and complaints and using this information to improve the quality of its care. Consumers said the service gathered feedback from resident meetings and other channels. The service had policies governing how staff should use feedback and complaints to inform its continuous improvement process. The policies included guidance for staff to register feedback and complaints, analyse trends within data, and document improvement strategies, among other guidance.

# Standard 7

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| Human resources | |  |
| 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 were generally satisfied with the number of staff at the service, staff said they worked together to ensure the care needs of consumers were met. Staff were generally available when consumers needed them, and consumers said staff answered call bells promptly.

Most consumers said staff were kind, caring and gentle when delivering care. Some consumers said they had experienced a lack of kindness in the past, but that management had addressed this promptly. Interactions between staff and consumers during the site audit were kind, caring and respectful, and consumers said staff respected their cultural backgrounds. Staff said their colleagues were kind and caring and that the service set out the behaviours expected of staff. The Service Manager and senior staff monitored workforce interactions through observation, consumer feedback and other methods. The service had a performance management process to address staff conduct that fell outside the expected standard.

Consumers said staff were sufficiently skilled to meet their care needs. The service had processes for ensuring the workforce was competent and that it had the qualifications and knowledge to effectively perform its role. The service had documented policies and position descriptions setting out key qualifications and knowledge requirements for each role within the service. Documents showed that staff had relevant qualifications to perform their duties.

Consumers said staff were adequately trained and knew what they were doing. The service’s documents showed staff training requirements upon recruitment and on an ongoing basis. This ensured the service’s workforce was trained, equipped, and supported to deliver care and services that met consumers’ needs, and the quality standards. The service’s training records showed high training completion rates.

The service had processes to assess, monitor and review staff performance. Management conducted performance appraisals annually, and considered consumer feedback when completing staff performance reviews.

# Standard 8

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| Organisational governance | |  |
| 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 service engaged consumers to help develop, deliver and evaluate its care. Management had a process for this and consumers confirmed the service partnered with them. The service used various strategies to engage consumers, including consumer-experience surveys, feedback mechanisms, resident meetings and other strategies.

Consumers said the service’s governing body promoted a culture of safe, inclusive care. The organisation’s policies and procedures reflected that its care was safe and inclusive, as did the service’s quality reports and data derived from consumer engagement.

Documents showed the service had effective organisation-wide governance systems relating to continuous improvement, workforce governance, regulatory compliance and feedback and complaints. The service had policies and procedures to guide staff about how to use its systems. Consumers said the service encouraged feedback and complaints and used complaints information to improve its care. Staff were adept in various key aspects of the organisation’s governance systems, including its systems for feedback and complaints, workforce governance and regulatory compliance.

The service had effective systems to manage high impact, high prevalence risks to consumers, including systems to identify and respond to abuse and neglect, and systems to help consumers live their best lives. Staff identified and reported risks, which were then escalated for management review at various levels within the service’s organisational structure, including at the service management and executive management levels. The service used feedback and organisation meetings to communicate about organisational risk, and foster improvements to care. Staff knew the service’s risk management processes, including on which areas to focus risk mitigation efforts.

The service had implemented a clinical governance framework and service staff implemented the framework when providing clinical care. Staff knew the clinical governance framework and how they should dispense their responsibilities under the framework, including their responsibilities to minimise restrictive practices, implement antimicrobial stewardship and apply open disclosure when things went wrong. The service’s monthly reports and meeting minutes showed the service monitored its implementation of the clinical governance framework.

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)