Performance

Report

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| Name: | Southern Cross Care Ozanam Residential Aged Care |
| Commission ID: | 2901 |
| Address: | 7 Boake Place, GARRAN, Australian Capital Territory, 2605 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 3 July 2024 to 4 July 2024 |
| Performance report date: | 13 August 2024 |
| Service included in this assessment: | Provider: 305 Southern Cross Care (NSW & ACT) Limited  Service: 1188 Southern Cross Care Ozanam Residential Aged Care |

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 Ozanam Residential Aged Care (**the service**) has been prepared by G Cherry, 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 (performance assessment) – 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 30 July 2024
* information given to the Commission, and the assessment team for the Assessment contact (performance assessment) – relating to weight loss management.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements assessed |
| **Standard 5** Organisation’s service environment | Not applicable as not all requirements 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 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)(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

Management advised of leadership changes including an interim facility manager plus regional manager currently overseeing the running of the service while leadership issues are resolved.

Requirement 3(3)(a)

Consumers and representatives expressed positive feedback relating to clinical care, and the assessment team bought forward evidence of appropriate staff knowledge relating to consumer care needs. However, they bought forward evidence the service did not demonstrate safe/effective personal/clinical care tailored to consumer’s needs/preferences or as per best practice. Interviewed staff demonstrate knowledge of most consumers triggers regarding changed behaviours, noting actions to minimise unmet needs include monitoring and engagement in activities of interest.

Via review of consumer files, the assessment team note deficiencies relating to behavioural management, restrictive practices, psychotropic medications, pain & wound management, weight loss and oxygen therapy. For one consumer they note while a Behaviour Support Plan (BSP) exists the service did not demonstrate regular review to ensure guidance is reflective of current needs. While appropriate management occurred post incident of aggressive behaviours (including specialist review/transfer to hospital), specialist directives noted in an updated BSP – interviewed staff did not demonstrate knowledge of changed directives. Although Management advised changed behaviours experienced for this consumer was a one-time event – they note staff discussions/education should have occurred. In their response, while accepting not all interviewed staff had knowledge of an updated BSP, they advised of processes to ensure staff have knowledge of consumer’s current needs.

The team bought forward evidence of deterioration in cognitive condition for another consumer resulting in increased wandering behaviour and insomnia, plus incomplete monitoring documentation/lack of incident analysis to determine cause and develop mitigation/preventative strategies. In their response the provider supplied evidence of visual monitoring noting gaps attributed to attendance at activities, plus evidence of reassessment activities to ensure consumers’ needs are met.

Another consumer requires continuous oxygen therapy (as advised by a registered nurse) however two interviewed care staff did not demonstrate knowledge of changes. In their response the provider evidenced documents contained relevant details (noting registered nurse responsibility) plus updating of care plan directives to ensure change of equipment on a regular basis. Review of documents demonstrate appropriate wound management for one consumer including review, dressings changed as per directives, plus wound photography however, the assessment team note wound photography not conducted in a manner to enable appropriate assessment of healing progression for two consumers. The provider supplied evidence of referral to medical officer for wound review.

While the service demonstrates evidence of dietician and speech pathologist referrals in relation to most unplanned weight loss, the assessment team note subsequent recommendations/directives not documented in two consumers care plans to direct staff practice. Dietitian review for one consumer who experienced episodes of choking and requires medications to treat Parkinsons disease, resulted in directives to adjust timing of medications however documents do not demonstrate this occurred, plus staff interview resulted in conflicting information relating to required fluid consistency. While staff demonstrate knowledge of assistance required relating to meal provision, relevant information was not reflected in documents. Dietician directives for another consumer were not evident as adhered to while awaiting speech pathology review. Management advised immediate adjustment. The service did not demonstrate pain monitoring, use of nonpharmacological pain relief and/or triggers to identify when pain relieving medications are required for another consumer. The provider’s response contained evidence of speech pathology review, subsequent updating of dietary directives, directives for regular pain monitoring (noting nil pain experienced) and alternative pain relief.

Via review of four consumers documents, the assessment team bought forward evidence the service has not ensured informed consent gained in relation to administration of medications deemed as a restrictive practice. In their response, the provider supplied evidence of informed consent by consumer and/or relevant substitute decision maker. In consideration of compliance, while I accept some gaps in documentation (subsequently amended), I am swayed by immediate provider rectification, lack of negative consumer impact, staff knowledge, and positive consumer/representative feedback. I find requirement 3(3)(a) is compliant.

Requirement 3(3)(d)

Most sampled consumers expressed satisfaction with the care provision. However, the assessment team bought forward evidence systems/processes do not consistently identify/respond to deterioration/changes in a timely manner. Documents demonstrate appropriate treatment/management post falls however incident reports for one consumer lack details of management strategies to address changes in consumer’s condition and mitigate/prevent further occurrence. Another consumer’s wound management documents contained inconsistent and conflicting information regarding sequencing of wound staging and lack of information relating to wound photography. Management advised responsive actions included provision of staff education/training relating to identification of deterioration, plus implementation of a ‘stop and watch’ program. In their response, the provider supplied evidence of assessment post incident and review of multiple incidents to determine if subsequent changes/strategies required. In consideration of compliance, I am swayed by immediate provider action and positive consumer/representative feedback. I find requirement 3(3)(d) is compliant.

# Standard 5

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| Organisation’s service environment | |  |
| 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 |

Findings

Maintenance systems for preventative and corrective maintenance exists, plus interviewed consumers/representatives’ express satisfaction regarding cleanliness of rooms and communal areas. However, while the assessment team observed a ‘home like’ setting, they note processes for ensuring a clean, well maintained comfortable environment are not effective. Hallways, communal areas/seating areas were observed to be cluttered with storage of dirty equipment and dining area flooring/chairs/tables to be stained and unclean. Examples include cobwebs on architraves, dust on air conditioning ducts and surrounding ceilings, cracked and stained chair cushions/head and armrests, equipment stored in seating areas, driveway/garden areas containing garden debris, paper waste and two fire extinguishers not regularly maintained.

In their response, the provider supplied a copy of an external provider report relating to air-conditioner review plus two photographs of a communal room however no details in relation to actions taken and/or monitoring processes to ensure issues do not re-occur. In consideration of compliance, while acknowledging minimal evidence supplied by the provider l am however swayed by consumer/representative feedback relating to satisfaction. I find requirement 5(3)(b) is compliant.

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)