Performance

Report

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| Name of service: | Southern Cross Care Ozanam Residential Aged Care |
| Service address: | 7 Boake Place GARRAN ACT 2605 |
| Commission ID: | 2901 |
| Approved provider: | Southern Cross Care (NSW & ACT) Limited |
| Activity type: | Site Audit |
| Activity date: | 28 September 2022 to 30 September 2022 |
| Performance report date: | 1 December 2025 |

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 James 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 28 September 2022 to 30 September 2022; 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 | |  |
| 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 and representatives confirmed they were treated with dignity and respect, and their identities, cultures and diversity were appreciated and valued. Staff described practical examples of how they treated consumers with dignity and respect.

Consumers and representatives indicated the service recognised and respected their cultural backgrounds and provided care that was consistent with their cultural preferences. Staff described how they delivered care to consumers to ensure they received culturally safe care.

Care planning documentation showed consumers were supported to exercise choice and independence, could make their own decisions and maintain personal relationships. Management and staff described how they supported consumers to make choices, maintain independence and relationships of choice.

Staff demonstrated they were aware of risks taken by consumers, and indicated they supported consumers’ choices to engage in activities that contained an element of risk. Consumers provided examples of how the service supported them to take risks, as well as the risk mitigation strategies in place.

The service demonstrated information provided to consumers and representatives concerning care and services was current, accurate and timely, and was provided in a manner that was clear, easy to understand and enabled them to exercise choice. The Assessment Team observed information regarding activity schedules and menu options displayed throughout the service.

Staff described the practical ways they respected the personal privacy of consumers, such as knocking on consumers’ doors prior to entering and ensuring the door to the nurse’s station was kept locked. Consumers confirmed the service was considerate of their privacy preferences.

# 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

Consumers and representatives were satisfied with the service’s management of identified risks and indicated they were involved in the assessment and planning process. Management and staff outlined the service’s assessment and planning process and how it informed the delivery of care and services.

Care planning documentation outlined consumers’ end-of-life care needs, goals and preferences. Staff described how they approached conversations regarding end-of-life care with consumers and their representatives.

Care planning documentation demonstrated consumers and representatives were consulted throughout the assessment and care planning process and, when required, staff sought input from health professionals. Consumers and representatives indicated they were actively involved in the assessment, planning and review of their care and services.

Consumers and representatives confirmed the outcomes of assessment and planning were communicated to them and they could access consumer care plans upon request. Management described how they effectively communicated outcomes of assessments and planning to consumers and their representatives, through in-person meetings, over the telephone, and via email.

Care planning documentation confirmed care plans were reviewed on a regular basis, when consumers’ circumstances changed, or incidents occurred. The service had policies and procedures in place which guided the review of care and services for consumers on a regular basis or following a change in the needs and preferences of consumers.

# 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 were confident they received safe and effective care that was best practice, tailored to their needs and which optimised their health and well-being. Care planning documentation showed the care provided was safe, effective and tailored to the specific needs and preferences of consumers.

The service demonstrated high impact and high prevalence risks were effectively managed through regular clinical data monitoring, trending and implementation of suitable risk mitigation strategies for consumers. Consumers and representatives felt the service appropriately managed risks to consumers’ health.

The service demonstrated the needs, goals and preferences of consumers nearing the end-of-life were recognised and addressed, their comfort maximised and their dignity preserved. Consumers and representatives expressed satisfaction with the service’s provision of end-of-life care.

Deterioration or changes to consumers’ health were recognised and responded to in a timely manner, as confirmed by care planning documents reviewed by the Assessment Team. Staff advised they were required to report all changes and signs of deterioration to the clinical care coordinator.

Consumers and representatives stated consumers’ care needs and preferences were effectively communicated between staff and they received the care they needed. Care planning documentation showed the effective and appropriate sharing of consumer information to support their care needs.

Care planning documentation demonstrated collaboration and timely referrals to other individuals, organisations or providers to support the needs of consumers. Consumers and representatives indicated referrals were timely and appropriate, and confirmed they had access to the required health care supports.

The service demonstrated preparedness in the event of an infectious outbreak, including for a COVID-19 outbreak, and best practice antibiotic practices. Consumers and representatives were satisfied with the cleanliness of the service, management of COVID-19 and other infection control practices.

# 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

Consumers and representatives confirmed the service supported them to engage in activities that met their needs, goals and preferences, and enabled them to maintain their independence and quality of life. Staff outlined how they partnered with consumers and their representatives to conduct a lifestyle assessment and capture information regarding their needs and preferences.

The Assessment Team observed consumers participating in religious activities held within the service. Consumers advised the service provided supports for daily living which promoted their emotional, spiritual and psychological well-being.

Consumers and representatives felt the service assisted them to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and do things of interest to them. Staff provided examples of how they supported consumers to participate within the community and engage in activities of interest.

Staff advised information about consumers’ conditions, needs and preferences was shared via the handover process and recorded on the electronic care management system. Consumers and representatives advised information regarding their daily living needs and preferences were well communicated.

Care planning documentation showed the service collaborated with external providers to support the needs of consumers. Staff described how they engaged external individuals, organisations and other providers of care to enhance the quality of care provided to consumers.

Consumers indicated the service provided meals which were varied and of suitable quality and quantity. Staff described how consumers’ preferences and feedback were incorporated into the development of the seasonal menu.

Consumers and representatives stated the equipment provided was safe, suitable, clean and well maintained. Staff had access to equipment when needed, and equipment was always kept clean and 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

The Assessment Team observed the service was welcoming and easy to understand. Staff described the aspects of the service which assisted consumers to feel welcome and optimised their sense of belonging and ease of navigation.

Consumers and representatives indicated the service environment was safe, clean and well maintained, and allowed them to move freely, both indoors and outdoors. Staff described the processes in place which ensured the service environment was kept clean and well maintained.

The Assessment Team observed furniture, fittings and equipment were safe, clean and well maintained. Staff provided records which showed all preventative maintenance had been appropriately conducted.

# 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 and representatives felt comfortable and understood how to provide feedback or make complaints. Management and staff described the processes in place to encourage consumers and representatives to provide feedback and complaints.

Consumers and representatives were aware they had access to advocates, language services and other methods of raising and resolving complaints. The Assessment Team observed information regarding advocacy services and other methods of raising and resolving complaints on display throughout the service.

A review of complaints data showed appropriate action was taken and open disclosure principles were applied in response to complaints. The service had a feedback and complaints policy and open disclosure policies in place to guide staff in documenting, investigating, resolving and evaluating feedback and complaints made by consumers and representatives.

The service demonstrated a system and procedure for receiving, monitoring, and actioning feedback from consumers and their representatives. Consumers and representatives confirmed the service used feedback and complaints to improve care and services.

# 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 and representatives felt the service had sufficient staff to meet their care needs. Management and staff described how they ensured there were enough staff to provide safe and effective care to consumers.

The Assessment Team observed staff were attentive and respectful of consumers’ needs and preferences. Consumers and representatives advised staff were kind, caring and gentle when providing care.

Consumers and representatives felt staff were competent, and were confident staff were skilled to meet their care needs. Position descriptions included key competencies and qualifications that were either desired or essential for each role, and staff were required to have these relevant qualifications.

Consumers and representatives confirmed staff had the appropriate skills and knowledge to ensure the delivery of safe and quality care and services. The service's training matrix showed that all active staff were up to date with their mandatory education.

The Assessment Team reviewed the service’s annual performance appraisal policy which outlined the service's commitment to foster a culture where employees were valued and supported to continuously improve and noted all performance appraisals were conducted in line with this policy. Staff outlined how their performance was monitored through annual performance appraisals.

# 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

Consumers and representatives considered the organisation was well run and felt the service sought their input on a range of topics. Management described the ways in which consumers and representatives were encouraged to be engaged and involved in decisions concerning the delivery of care and services.

The service demonstrated the organisation’s governing body promoted a culture of safe and inclusive care and was accountable for their delivery. Management described the role the governing body played in ensuring the service delivered quality care to consumers.

There were organisation-wide governance systems which supported effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management.

The service had risk management systems in place which enabled it to monitor and assess high impact or high prevalence risks associated with the care of consumers and supported consumers to live the best lives possible. Staff advised they received annual training on the Serious Incident Response Scheme and they were required to immediately report all instances of abuse or neglect.

The service demonstrated it had a clinical governance framework and supporting polices in place which addressed antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated a shared understanding of these policies and their application in a practical setting.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)