Performance

Report

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| Name of service: | Southern Cross Care Parkes Residential Aged Care |
| Service address: | 2-10 Middleton Street PARKES NSW 2870 |
| Commission ID: | 0267 |
| Approved provider: | Southern Cross Care (NSW & ACT) Limited |
| Activity type: | Site Audit |
| Activity date: | 18 April 2023 to 20 April 2023 |
| Performance report date: | 2 June 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 Parkes Residential Aged Care (**the service**) has been prepared by G. Hope-Simpson, 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.
* 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 said they were treated with dignity and respect by staff, and their identity and culture were valued. Care planning documentation showed that individual cultural and diversity needs were identified for each consumer. Staff were observed being respectful towards consumers during all interactions.

Consumers said they felt respected, their individual identity and diversity were valued, and they were living with dignity. Staff were observed to provide care and services with respect for the dignity and diversity of consumers. The activities program included activities, events and celebrations that acknowledge cultural diversity and enabled participation by all consumers and the hospitality menu included food and events reflective of different cultures.

Consumers and representatives said consumers are supported to exercise choice and independence regarding how their care and services are delivered and to maintain connections and relationships. Care planning documentation identified individualised consumer choices for care and services and supports for maintaining independence. The service has a documented policy on dignity, choice and independence to guide staff on providing choices for consumers and promoting their independence.

Staff described providing information to consumers to support risk-taking decisions and how assessment of risk-taking activity occurs in consultation with the consumer, representative and health professionals. Care planning documentation described areas in which consumers are supported to take risks to live the life they wish. The service had documented policies for staff on managing risk for consumers and guidelines on supporting consumers to take risks.

Consumers said information was provided to assist them in making choices about their lifestyle and care including for activities occurring inside the service, meal options and activities of daily living. Staff described how consumers are provided with a menu so they can make meal choices, including those consumers who remain in their bedroom at mealtimes. Lifestyle staff described how consumers are provided with the monthly activity planner, a whiteboard is updated daily, and reminders are voiced over the public address system throughout the service.

Consumers confirmed their privacy is respected, staff were observed knocking on doors before entering rooms and closing doors when care was being provided. The service has documented policies and procedures regarding privacy and the protection of personal information to guide staff practice for maintaining consumer privacy, and the collection, disclosure, security, storage, and use of information relating to consumers.

# 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 said assessment and care planning was adequate, included the consideration of risks and informs the delivery of safe and effective care by the service. Care planning documentation reflected information to inform the delivery of safe and effective care and services and included the consideration of risks to consumers’ health and well-being. The service has documented policies and procedures to guide staff practice in relation to the completion of assessments and care plans and the assessment and management of risk.

Consumer assessment and planning identified and addressed the needs, goals and preferences of consumers, including advance care planning and end of life planning. Consumers said the service takes into consideration their needs, goals and preferences when undertaking assessment and planning with consumers and confirmed having discussions in relation to advance care planning and end of life planning. The service had policies and procedures in relation to assessment and planning and the identification of needs, goals and preferences for individual consumers.

Consumers and representatives said they feel involved, and partner with the service in the assessment, planning and review of the consumer’s care and services, this includes other organisations or providers as required. Care planning documentation demonstrated other organisations and individuals are involved in the assessment and planning process. Staff detailed processes whereby other providers are involved, and consumers and representatives included in assessment and planning processes.

Representatives said the service regularly provides updates via phone calls in relation to the outcomes of assessment and planning and they were kept up to date with the health status of their loved ones. Staff detailed how care plans are offered to consumers and representatives during the care consultation and care plan reviews including via email. Policies and procedures guide staff practice in relation to communicating the outcomes of assessments to consumers and representatives.

Staff described regular review of care and services for effectiveness and when circumstances change or when incidents occur. The service has a routine 3-monthly review schedule for each consumer’s care and services review, management described how a change in a consumer’s circumstances or incidents prompt review of the care and services for effectiveness. Care planning documentation evidenced regularly reviews of care and services were conducted according to the service’s review schedule.

# 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 receive safe and effective personal and clinical care that is best practice, tailored to meet their individual needs and optimises their health and well-being. Representatives said they were satisfied with the care and services provided to consumers. Staff demonstrated an understanding of individualised personal and clinical needs of consumers. Care planning documentation evidenced that assessments and relevant charting were completed for consumers experiencing pain or other complex risks.

Consumers and representatives were satisfied that high impact or high prevalence risks for consumers are effectively managed. Care planning documentation identified effective strategies to manage key risks and were recorded in assessment tools such as the falls risk assessment tool or skin assessments. Care planning documentation identified risks and interventions relevant for each consumer. The service has policies and procedures available to guide staff practice in relation to high impact or high prevalence risk management.

Care planning documentation for consumers nearing end of life, reflected their needs, goals and preferences were recognised and addressed with their comfort maximised and their dignity preserved. Staff explained how they support consumers nearing end of life, such as referring them to registered nursing staff for further assessment and involving external medical and palliative care services to ensure consumer comfort is maximised. Policies and procedures were in place to guide staff practice in relation to palliative care assessment, advance care planning, end-of-life care and the involvement of specialists for interventions and support.

Representatives of consumers who had experienced deterioration indicated they were satisfied the service identified the deterioration and responded to it in a timely manner. Staff described how changes in consumers’ care and services are communicated through verbal handover, meetings and by accessing care plans. Care planning documentation identified adequate and accurate information to support effective and safe sharing of consumer care including for falls risks, pain, skin care and mobility changes.

Consumers and representatives felt satisfied with timely and appropriate referrals to individuals, other organisations and allied health care providers. Staff were familiar with referrals processes to specialists for behaviour management review, weight and nutrition support, complex care support and assessment and authorisation of restrictive practices. Care planning documentation reflected timely and appropriate referrals to individuals and other organisations.

Staff detailed strategies to reduce the inappropriate prescription of antibiotics such as increasing fluids, completing pathology testing and providing personal hygiene to prevent infection. Consumers and representatives were satisfied with the management of COVID-19 and potential risks of transmission within the service. The service has documented policies and procedures to support the minimisation of infection-related risks through the implementation of infection prevention and control principles and the promotion of antimicrobial stewardship.

# 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 said they get services and support for daily living that meet their needs, goals, and preferences and their independence and quality of life are optimised. Care planning documentation captured the consumers’ life story and identified consumers’ choices, lifestyle likes, and dislikes, social affiliations, and spiritual and religious needs. Staff described how they document relevant information to develop the lifestyle care plan for each consumer which is updated every 4 months or as required.

Consumers said services and supports for daily living promote their emotional and spiritual well-being. Staff described services and supports in place to promote consumers’ emotional, spiritual, and psychological well-being such as spending one-on-one time with consumers who don’t wish to participate in group activities. Care planning documentation outlined consumers’ emotional and spiritual needs with strategies in place to support and promote these needs being met.

Consumers and representatives said they are supported by the service to participate in their community within and outside the service environment as they choose. Care planning documentation identified activities of interest for the consumers, and initial assessments reflected consumers’ interests prior to entering the facility. Artwork such as hand painted cards, and knitted goods were observed being prepared by consumers for an upcoming fete. The monthly activity program was observed on display in communal areas, and consumers had a copy in their rooms.

Consumers said staff from all areas of the service are aware of their conditions, needs, and preferences. Staff said they are guided by care planning documentation, task lists, and clinical handover sheets to provide safe and personalised care including being alerted to changes in a consumer's care or condition. Care planning documentation provided adequate information to support safe and effective care as it related to services and supports for daily living.

Care planning documentation showed the service collaborates with other individuals, organisations, or providers to support the diverse needs of consumers. Consumers said that where the service had not been able to provide a suitable service or support, they had been referred to appropriate individuals, organisations, or providers. Management said the service documents each referral, these are followed up to ensure the referral is accepted and responded to in a timely manner.

Consumers said food is good quality, varied and with sufficient quantity provided at mealtimes and in between meals if required. The consumer dining experience was observed to be comfortable, not rushed and consumers needing assistance were receiving appropriate assistance in a dignified and timely manner. Staff demonstrated they were aware of consumers’ nutrition and hydration needs and preferences including meal size, dietary needs, and any support they needed.

Consumers and representatives reported that consumers felt safe using the provided equipment and it is suitable for their needs; equipment is clean, well-maintained, and suitable for use. Staff demonstrated awareness of how to report any maintenance issues. Maintenance documentation demonstrated all aspects of preventative and reactive maintenance and demonstrated regular maintenance of general equipment provided by the service.

# 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 and representatives said the service environment is welcoming and easy to understand and optimises the consumer’s sense of belonging, independence, interaction, and function. Consumers were observed moving about the service indoors and outdoors, pathways were wide and easy to navigate. The environment was observed to be welcoming, with plenty of space for consumers, free of clutter, and with clear signage in each area.

Consumers and representatives said the service environment is clean, well maintained, and comfortable. The service has documented policies in place on the maintenance of equipment, stock management and cleaning services. Consumers were observed utilising the outdoor areas, and the service environment appeared safe, clean, and well maintained.

Consumers and representatives said the furniture and equipment is safe, clean, well maintained, and suitable for the consumer. Staff described the process for logging a maintenance request in the maintenance book and management detailed the logging system. The service has documented policies in place for maintenance of equipment and stock management, and electrical safety that includes testing and tagging for the service and consumer electrical items and equipment. Furniture and equipment appeared to be clean and well maintained throughout the service.

# 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 said they are comfortable providing feedback or making a complaint if necessary. Staff said they support consumers to raise concerns or make a complaint, by speaking directly to clinical management or by completing a feedback form available in multiple locations around the service. Consumer meetings are held regularly, and meeting minutes showed these are well attended, consumer feedback is documented, and requests had been actioned or were in progress.

Consumers and representatives said they were aware of various methods for raising and resolving complaints. Staff described how they provide information to consumers and representatives in relation to advocacy services and external complaints services. Information promoting external advocacy services is provided to consumers in various formats including in the consumer handbook, this is available in other languages upon request. Policies on feedback and the use of interpreter services in relation to advocacy support were in place to guide staff practice.

Consumers said appropriate action was taken by the staff and management in response to complaints lodged. Staff detailed responding to complaints received by consumers including completing a feedback form and submitting this to management or logging it in the electronic care management system for feedback. Staff demonstrated an understanding of using an open disclosure process.

Management detailed processes by which feedback provided is used to improve services such as improved laundry services which were documented in the continuous improvement plan. Consumers and representatives said feedback and complaints provided at resident meetings and through other mechanisms were used to improve the quality of care and services. The service had documented policies in relation to using feedback and complaints information to identify areas for continuous improvement, including guidance in registering feedback and complaints, trending the data, and documenting improvement strategies.

# 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 said they are satisfied with the quality of staff and care provided and consumers feel safe, call bells are answered promptly. Staff said they are short staffed on occasion however management are doing everything they can to recruit new staff, staff work cohesively as a team to ensure consumer care needs are met. Rostering documentation showed there were no unfilled shifts in the past weeks.

Consumers and representatives said the staff are kind, caring, and gentle when delivering care and services and are respectful of their identity and diversity. Staff were observed to be kind, caring, and respectful of each consumer’s identity, culture, and diversity when engaging with consumers. Staff said the service has documented behaviours expected of staff in the code of conduct and in the staff handbook.

Consumers and representatives said staff are sufficiently skilled to meet their care needs. Staff said they were competent to provide the care the consumers needed and outlined mandatory training and assessments they are required to undertake. The service has policies in relation to key qualifications and knowledge requirements of each role, staff records demonstrated staff have relevant qualifications to perform duties outlined in their position descriptions.

Consumers and representatives said staff know what they are doing. Training records showed staff are trained to ensure outcomes required by these Standards, including for key areas such as restrictive practices, incident reporting, including for elder abuse, and infection control such as hand washing, manual handling, medication competencies and open disclosure.

Management described how the appraisal system is tracked using appraisal dates and management and staff are alerted when a staff member’s appraisal is due. Management described how new employees go through a review prior to the 6-month mark of their probationary period, thereafter, staff performance appraisals are undertaken at the individual staff anniversary dates. Staff were familiar with the appraisal system and knew when their next appraisal fell due.

# 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 said they are involved in the development and delivery of care provided; the service has strategies to involve consumers such as consumer experience surveys, feedback mechanisms, and consumer forum meetings. Survey results evidenced lifestyle activities and quality activity initiatives are now planned based on information generated from consumers.

The organisation’s governing body promotes, and is accountable for, the delivery of quality care and services and a culture of safe and inclusive care for consumers at the service. The organisation’s policies and procedures include information as to how the governing body promotes a culture of safe, inclusive, and quality care and services, which is evident throughout the documentation detailed in committee reports and consumer engagement information. Consumers and representatives said the organisation promotes a culture of safe, inclusive, and quality care and is accountable for its delivery.

The service demonstrated through documentation and staff feedback that effective organisation-wide governance systems are in place in relation to areas for continuous improvement, workforce governance, regulatory compliance, and feedback and complaints are in place. Staff described key principles of organisation-wide governance systems such as feedback and complaints, and regulatory compliance. The service has policies and procedures detailing processes around each governance system to guide staff practice.

The organisation has a documented risk management framework and a clinical governance framework in place to cover consumer safety, risk management, person-centered care, clinical safety, interviews, and the escalation of critical incidents; these guide staff in supporting consumers to live the best life they can. High impact and high prevalence risks are monitored closely by the service’s head office and are benchmarked across all the services. The governing body actively participates in the review of incidents and other reports and, where required, directs change at the service level to minimise risk to support consumer safety.

A documented clinical governance framework is in place at the service and management and staff apply the principles of the framework when providing clinical care. Policies include clinical governance, infection control management and antimicrobial stewardship, restrictive practices and freedom of movement, and open disclosure. Staff described processes such as minimising restrictive practices, implementing antimicrobial stewardship strategies, and providing open disclosure to consumers and representatives when things go wrong.

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)