Performance

Report

**1800 951 822**

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| Name: | Southern Cross Care Raceview - St Mary's |
| Commission ID: | 5225 |
| Address: | 129 Wildey Street, RACEVIEW, Queensland, 4305 |
| Activity type: | Site Audit |
| Activity date: | 20 February 2024 to 22 February 2024 |
| Performance report date: | 8 March 2024 |
| Service included in this assessment: | Provider: 1102 Southern Cross Care (QLD) Ltd  Service: 3582 Southern Cross Care Raceview - St Mary's |

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 Raceview - St Mary's (**the service**) has been prepared by Denise McDonald, 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 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 4 March 2024.

# 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

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been found Compliant, as:

Consumers said they felt valued and gave practical examples of how staff treated them with dignity and respect, such as taking time to understand their cultural needs. Staff said they were trained in providing person-centred care and consumers’ identities, cultural backgrounds and diversity were valued. Care documentation evidenced consumers’ backgrounds, identities, cultural preferences and strategies to guide staff in care delivery.

Consumers gave practical examples of how their cultural backgrounds were valued, such as staff assisted them to attend religious services which formed part of their cultural beliefs. Staff said they were trained in cultural awareness and understood consumers cultural preferences. Care documentation evidenced consumers’ cultural needs and the supports required so their cultural needs could be met.

Consumers said they had choice in how their care was delivered, who was involved in their care and how they wanted to maintain relationships with people of importance to them. Staff gave practical examples of supporting consumers to exercise choice, such as ensuring preferred staff assisted with their personal care. Care documentation evidenced consumers’ care preferences, who was involved in their decision making and the support needed to maintain personal relationships.

Consumers gave practical examples of how they were supported to take risks which enabled them to live life as they chose, such as doing their own shopping. Staff explained they met with consumers to discuss risks involved with their choices, conducted a risk assessment and developed strategies to manage identified risks. Care documentation evidenced risk had been assessed and strategies were in place to promote consumer safety.

Consumers gave practical examples of how they received timely and clear information which enabled them to make informed choices, such as through lifestyle calendars, menus and noticeboards which promoted special events. Staff described means of communication with consumers, such as letters and using cue cards for consumers with communication challenges. Care documentation evidenced consumers were received information which enabled them to make choices.

Consumers gave practical examples of how their privacy was respected, such as staff closed doors when providing care. Staff explained consumers’ privacy was respected by keeping their personal information in a secured electronic care management system (ECMS) and only sharing information with people involved in their care. Staff were observed awaiting consent prior to entering consumers’ rooms and accessing care documentation via a password protected computer.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Staff described the assessment and planning process and said risks to consumers were identified using tools within the ECMS, with assessment outcomes used to develop consumers’ care plans. Staff understood risks to consumers and explained how those risks were managed. Care documentation evidenced consumers were assessed for risks such as medication management and complex health conditions, with responsive strategies planned.

Consumers said they were involved in the assessment and planning of care and had discussed their advance care and end of life wishes. Staff confirmed discussing end of life wishes with consumers during entry, when their needs changed and during scheduled care plan reviews. Care documentation evidenced consumers’ daily care needs, goals and preferences, as well as advance care directives.

Consumers and representatives said they were involved in the assessment, planning and review of consumers’ care. Staff explained input from consumers, representatives and health care providers informed the assessment and planning of consumers’ care. Care documentation evidenced regular review of consumers’ care and medical officers and allied health professionals were involved in assessment and planning processes.

Consumers and representatives said they received regular updates about the assessment and planning of consumers’ care and they were offered a copy of the consumer’s care plan. Staff explained the outcomes of assessment and planning were shared with consumers and representatives in person, by phone and by offering a copy of the consumer’s care plan. Staff confirmed they have ready access to care plans through the ECMS.

Consumers and representatives said when consumers’ needs changed, input was sought to ensure their evolving needs, goals and preferences were identified. Staff explained consumers’ care documentation was reviewed biannually, as well as when their conditions changed or following a clinical incident. Care documentation evidenced consumers’ needs were reviewed as scheduled and following a change in circumstances.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers and representatives said consumers received personal and clinical care which was effective and tailored to their individual needs. Staff were knowledgeable about consumers’ individual personal and clinical care needs and understood pain management, restrictive practices and how to maintain consumers’ skin integrity. Care documentation evidenced consumers received individualised care in line with their care plan.

Consumers and representatives said risks to consumers’ wellbeing were identified, explained and strategies were implemented to manage those risks. Staff understood the risks to individual consumers and said management strategies were monitored to ensure consistency with planned care. Policies and procedures guided staff practice to ensure high impact and high prevalence risks were effectively managed.

Care documentation, for a consumer who had recently passed away, evidenced they were kept comfortable through provision of regular comfort cares, pain management medications and received pastoral support in line with their wishes. Staff understood how to care for consumers nearing end of life to ensure their comfort, and a palliative care nurse provided additional support. Policies and procedures guided staff in the provision of end of life care.

Consumers said staff promptly responded to deterioration or changes in consumers’ conditions and a registered nurse (RN) reassessed their needs following clinical incidents. Staff explained when consumers’ conditions deteriorated, their concerns were escalated to a RN for further investigation. Care documentation evidenced consumers’ baseline cognitive and physical functioning was monitored and when deterioration was identified, responses were timely.

Consumers and representatives gave positive feedback about how information was shared relating to their conditions, particularly as staff knew how to provide the care they needed. Staff explained changes in consumers’ care and services were communicated during shift handovers and they accessed care documentation in the ECMS. Care documentation evidenced sufficient information about consumers’ conditions which could be shared with others who had responsibility for their care.

Consumers said they received timely and appropriate referrals to allied health professionals when required. Staff explained the referral process and said the organisation worked with allied health professionals to ensure consumers’ assessments were prioritised. Care documentation evidenced consumers were promptly referred to other health care providers, as required.

Consumers and representatives gave positive feedback about the service’s infection-control measures, including the management of COVID-19 infections. Staff understood infection prevention and control and described how they minimised consumers’ need for antibiotics. Policies and procedures guided staff in antimicrobial stewardship and infection control management, including the management of a COVID-19 outbreak.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers confirmed they had access to safe and effective supports for daily living and said activities and pastoral care enhanced their independence, health, well-being and quality of life. Staff knowledge of consumers’ needs, and preferred activities was consistent with their lifestyle plans. Care documentation evidenced consumers’ lifestyle preferences and the supports needed to participate in activities which interested them.

Consumers gave practical examples of how their emotional, spiritual and psychological needs were supported, such as attending church services in the community and spending time with pastoral care volunteers. Staff were familiar with consumers’ needs and explained they spent one-on-one time with consumers who preferred solo activities. Care documentation evidenced consumers received emotional and spiritual supports which enhanced their well-being.

Consumers gave positive feedback about their social lives and said staff supported their access to the community by ensuring risk management strategies were in place, should assistance be required when independent of the service environment. Staff gave practical examples of how consumers were supported to have social relationships, such as matching them with volunteers who shared their interests and could spend meaningful time with them. Care documentation evidenced consumers’ activities of interest and their relationships of importance.

Consumers said information about their daily living needs were effectively communicated and staff understood their preferences. Staff explained changes in consumers’ care and services were communicated during shift handovers and they accessed care documentation in the ECMS. Care documentation evidenced information about consumers’ needs and wellbeing needs was available for reciprocal sharing with medical officers and allied health professionals.

Consumers said when additional support was needed, they were promptly referred to other services. Staff explained how consumers were involved in the referral process and said their consent was obtained before a referral was made. Care documentation evidenced collaboration with other organisations and individuals to meet consumers’ diverse needs.

Consumers and representatives said meals were enjoyable and portions served were sufficient. Staff were aware of consumers’ dietary needs and preferences, such as cultural needs and any support required at mealtimes. Meal services were observed and consumers appeared engaged and enjoying the food served.

Consumers said they felt safe when using equipment and they were comfortable raising any concerns with maintenance staff who were prompt in resolving issues. Staff explained equipment was assessed for safety and according to the needs of individual consumers. Staff were observed cleaning equipment after each use and mobility aids were observed to be clean and functioning appropriately.

# 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

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been found Compliant, as:

Consumers and representatives said the environment was welcoming, easy to navigate and consumers had a sense of belonging and independence. Staff explained consumers’ rooms were personalised with memorabilia and their own furniture, so as their sense of belonging was optimised. Directional signage was observed to be in place, which made indoors and outdoors easy to navigate and there were common areas where consumers were socialising with each other.

Consumers and representatives said the service was clean, well maintained and consumers could move freely between the indoors and outdoors. Staff described the cleaning and maintenance schedules, which evidenced tasks were completed routinely. Consumers were observed to have free access to both indoors and outdoors areas, including communal lounges, gardens and courtyards.

Consumers said fittings and equipment was safe, clean, well maintained and furniture was suitable for their use. Staff were observed sanitising consumers’ personal equipment while repairs were being made. Furniture and equipment were observed to be safe, well maintained and suitable for consumers’ use.

# 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

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been found Compliant, as:

Consumers said they were supported to provide feedback and make complaints. Staff gave practical examples of how consumers provided feedback and complaints, such as in meetings, speaking directly with management, completing a feedback form and satisfaction survey. The consumer handbook evidenced guidance on how to provide feedback and make complaints.

Consumers said they were aware of how to access external complaints mechanisms, though they were comfortable raising concerns directly with staff. Staff understood the advocacy and language services available to consumers and assisted them to access these, if required. The consumer handbook, brochures and posters promoted access to the Commission, advocacy services and language services.

Consumers said when they provided feedback, staff were prompt to address concerns and offered an apology when complaints were made. Complaints documentation evidenced the use of open disclosure and the timely management of complaints. Policies and procedures guided staff in feedback and complaints management.

Consumers gave practical examples of how feedback and complaints were used to improve consumers’ care and services, such as to the quality of some food items. Staff explained opportunities for improvement were identified and included in the plan for continuous improvement (PCI), with staff involved in addressing consumers’ feedback. Complaints documentation evidenced feedback was evaluated and opportunities for improvement were included in the PCI.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers gave positive feedback about staffing levels and said their needs were promptly met. The roster was developed based on clinical indicators and consumer feedback, to ensure staffing levels were sufficient. Rostering documentation evidenced all shifts were filled by internal staff and a RN was always available.

Consumers and representatives said staff were kind, caring, gentle, considerate and respectful when providing care. Staff were familiar with consumers’ individual identities and said a culture of being kind, caring and positive towards consumers was promoted within the organisation. Staff were observed interacting with consumers respectfully and addressing them by their preferred names.

Consumers and representatives said staff were suitably skilled and competent to meet their care needs. Management explained staff competency was determined through observations, consumer and representative feedback, in-house educator competency assessments and surveys. Personnel records evidenced staff had position descriptions and held qualifications relevant to their roles.

Consumers said staff understood their roles and gave positive feedback about staff training. Staff said they attended mandatory training and were supported to undertake professional development which enhanced their careers and leadership skills. Training records evidenced all staff completed mandatory training in the Quality Standards, the Serious Incident Response Scheme (SIRS), restrictive practices, infection control, incident management, cultural safety and the Code of Conduct for Aged Care.

Management advised and staff confirmed their performance was assessed and monitored during probation and annually thereafter. Management advised staff performance was continuously evaluated through team meetings, peer feedback and consumer feedback, with concerns addressed at the time rather than waiting for the annual performance appraisal. Personnel records evidenced 97% of staff had completed their annual performance appraisal for 2023.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers gave positive feedback about how the service was managed and said their input was sought on topics such as the menu and lifestyle activities. Management advised consumers evaluated their care and services during care planning meetings, consumer and representative meetings and all had been invited to nominate for the organisation’s Quality Care Advisory Body, which provided support to the board of directors (the board). Consumer and representative meeting minutes evidenced consumers’ involvement in evaluation of their care and services.

The organisation’s board had oversight of policy development, were accountable for service delivery and promoted safety and inclusivity in all aspects of service delivery. The board members satisfied themselves the Quality Standards were being met through reporting on operational matters, clinical care, complaints and feedback, quality of care, incidents and audit results. Service documentation evidenced the board received reports which focused on clinical data and analysis, feedback and complaints, identified risks and incidents.

The organisation had effective governance systems which supported information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. Management explained the governance systems, which were underpinned by policies, processes and systems to support compliance with the Quality Standards.

The organisation had effective risk management systems and practices related to managing high-impact or high-prevalence risks to consumers, identifying and responding to abuse and neglect, supporting consumers to live their best lives and managing and preventing incidents. Staff understood risks to consumers and described reporting responsibilities under the SIRS, should they identify a consumer who was subject to abuse or neglect. Staff were guided by polices and processes in risk management which included incident reporting through the SIRS.

A clinical governance framework promoted antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something goes wrong. Management and staff understood antimicrobial stewardship, restrictive practices and open disclosure and described how these were applied in care delivery. Documentation evidenced a clinical governance framework was in place and followed by management and staff.

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)