Performance

Report

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| Name of service: | Southern Cross Care Reynolds Court Residential Aged Care |
| Service address: | 7 Bias Avenue BATEAU BAY NSW 2261 |
| Commission ID: | 0016 |
| Approved provider: | Southern Cross Care (NSW & ACT) Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 17 July 2023 |
| Performance report date: | 10 August 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 Reynolds Court Residential Aged Care (**the service**) has been prepared by G Jones, 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 - Site; the Assessment Contact - 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 21 July 2023.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** **Personal care and clinical care** | **Not applicable as not all requirements have been 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 2

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| Ongoing assessment and planning with consumers | |  |
| 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

The Assessment Team found that the actions taken in response to the previous non-compliance have been effective.

For all consumers sampled, care planning documentation indicated evidence of review on both a regular basis and when circumstances changed, such as following consumer deterioration or incidents such as falls. Management and clinical staff could describe how and when consumer care plans are reviewed. Consumers and representatives interviewed indicated that clinical staff regularly discuss changes in consumer care needs with them and that incidents are addressed in a timely manner. Staff demonstrated a knowledge of the need to review consumer care needs following incidents or changes in their health circumstances.

The Approved Provider, in their response to the Assessment Team’s report, indicated their agreement with the findings.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

The Assessment Team found that the actions taken in response to the previous non-compliance have been effective.

Overall, sampled consumers and their representative’s indicated satisfaction with the management of risks associated with the care of consumers. The service demonstrated high impact and high prevalence risks are overall effectively managed through clinical oversight processes. Management indicated they monitor key clinical indicators related to incidents to aid the identification of high impact and high prevalent consumer risk. Risks are updated in the consumer care planning documents, and planned interventions to minimise risks are implemented for most consumers sampled.

The Approved Provider, in their response to the Assessment Team’s report, indicated their agreement with the findings.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)