Performance

Report

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| Name of service: | Southern Cross Care South Coogee Residential Aged Care |
| Service address: | 39 Gregory Street SOUTH COOGEE NSW 2034 |
| Commission ID: | 0447 |
| Approved provider: | Southern Cross Care (NSW & ACT) Limited |
| Activity type: | Site Audit |
| Activity date: | 1 March 2023 to 3 March 2023 |
| Performance report date: | 3 April 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 South Coogee Residential Aged Care (**the service**) has been prepared by K. Spurrell, 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 described staff as kind and respectful, and consumers are supported to exercise choice about their daily routine, care and individual preferences. Management advised the service has consumers of diverse backgrounds, and staff have completed cultural awareness training. Staff explained how they get to know consumer’s preferences and cultural background. Care planning documentation reflected information about the consumer’s individual identity such as their cultural background, preferred language, religious or spiritual beliefs, and life story and interests.

Consumers and representatives said the service identified and valued their culture and diversity. Consumers from diverse cultural backgrounds indicated that consumers’ cultural needs and preferences are accommodated and promoted within the service. Staff were familiar with specific cultural needs and preferences of consumers and how they assist to accommodate those. Care planning and assessment documentation identified cultural needs, preferences and consideration of consumers.

Consumers and representatives said consumers can exercise choice and independence with their care and service delivery and who they choose to be involved in decisions about their care. Consumers described personal choice for choosing foods, personal care times, amount of personal care received and participation in lifestyle activities. Staff described how they support consumers to make decisions through care plan review processes, consumer meeting forums and general conversations on a day-to-day basis. Care planning documentation identified consumers had appointed various representatives to participate in their choice and decision making when care planning and review occur.

Consumers and representatives said they are supported and encouraged to maintain their independence, including to exercise choice to engage in activities that may present a risk to their health, safety and wellbeing. Consumers’ right to take risks and strategies to support these were observed in progress notes and care planning documentation. The service has relevant risk management processes and procedures in place to support consumers to exercise choice and decisions about participating in risk related activities.

Consumers and representatives confirmed they were satisfied with communication from the service. Staff described strategies for communicating with consumers with communication difficulties due to cognitive impairments such as visual gesturing with hands, facial expressions, touch and simplified language. Information on lifestyle activities, food choices and events were observed displayed throughout the service and care planning documentation confirmed communication of critical information is made to representatives of cognitively impaired consumers to facilitate choice and decision making for those consumers.

Consumers and representatives confirmed that consumers’ personal privacy is respected, such as staff knocking and announcing themselves prior to entering their rooms and allowing them privacy to spend time with significant others. Staff described how they maintain consumers’ privacy, including storing consumer information securely in the electronic care management system which is password protected. Staff were observed communicating discretely and sensitively with consumers and addressing consumers by their preferred name.

# 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 confirmed they feel safe at the service, and they are consulted in relation to risks. Staff described individualised assessment and planning including for risks with consumers to identify needs and preferences in relation to physical function, falls risk, pressure injuries and personal care and specialised or complex care needs. Care planning documentation reflected risks had been identified including for falls, nutrition, swallowing, pain and skin integrity and challenging behaviours.

Consumers said staff involve them and representatives in the assessment and planning of their care through case conferences, care plan reviews and informal communication. Staff described their approach to discussing end of life an advance care planning with consumers and their families. Care planning documentation reflected advanced care health directives were in place.

Consumers and representatives reported being involved in assessment and planning on an ongoing basis. Staff said the assessment and care planning process involved a partnership with the consumer and the process included gathering information about the consumer’s life history, needs, goals and preferences. Staff described referral processes to medical specialists or allied health professionals. Care planning documentation included contact information for consumers representatives, friends, and family.

Consumers and representatives were aware they could have a copy of their care plan and a copy is located in their room. Staff knew how to access care planning information and when to inform next of kin in the event of an incident or change in health status. Care planning documentation was readily available to staff delivering care and visiting allied health professionals.

Representatives said they receive information on updated care strategies following a medical officer review or consumer incidents. Care planning documentation evidenced review on a regular basis and when circumstances change and/or incidents occur. Staff demonstrated an awareness of the service’s 4-monthly reassessment and review process or more frequently if care needs change.

# 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 and representatives said personal and clinical care is meeting the consumer’s individual needs and preferences. Care planning documentation including assessments, progress notes, medication charts and monitoring records, identified individualised care delivery that is safe, effective and tailored to the specific needs and preferences of the consumer. Staff described how care provided to consumers reflected best practice, was tailored to the consumers’ needs and provided good outcomes for the consumer’s health and well-being.

Consumers and representatives confirmed they were satisfied with how the service manages the risks associated with consumer health conditions. Staff described the high impact and high prevalence risks for consumers within the service and were familiar with specific risks relative to individual consumers. Care planning documentation identified the service has implemented effective processes to manage the high impact and high prevalence risk associated with the care of each consumer.

Consumer and representative said they have had discussions with staff on end-of-life care. Care planning documents identified the service has had discussions with the consumer and representative and documented the agreed end of life wishes for the consumer. Staff described how care delivery changes for consumers nearing end of life. The service has a palliative care policy and procedure to guide staff practice for end-of-life care.

Consumers and representative advised they were satisfied with the responsiveness of the organisation when there is a deterioration in condition, health or ability of the consumer. Care planning documentation and progress notes reflected the identification of, and response to, deterioration or changes in function/capacity/condition. Staff confirmed they have access to guidelines to assist in responding to deterioration or changes in consumers’ condition, including after-hours support involving medical officers and the local hospital for assistance.

Consumers and representatives said their needs and preferences are effectively communicated between staff and they receive the care they need. Staff described how information is shared when changes occur, including when consumers move between hospital as handover processes and care planning documentation is updated. Care planning documentation including progress notes and handover documents provided adequate information to support effective and safe sharing of the consumer’s care.

Consumers and representatives said consumers have access to doctors and other relevant health professionals when they need it. Care planning documentation evidenced the input of others including the medical officer, physiotherapist, podiatrist, optometrist, dentist and audiologist. Management advised the service regularly refers consumers to specialist services including an aged care medical team, a dementia specialist organisation and the older person’s mental health team.

Consumers and representatives were satisfied with the service’s practices to minimise and manage infections and COVID-19 outbreaks. Management and the infection prevention and control lead provided information relating to minimising the risk of infections and appropriate antimicrobial stewardship. The service has policies and procedures in place to minimise infection risks and the over-use of antibiotics such as for antimicrobial stewardship, infection prevention and control and outbreak management.

# 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 said consumers get supports for daily living to meet their needs, goals and preferences while optimising their independence and quality of life. Care planning documentation showed a range of lifestyle information is recorded in care plans, including consumer’s preferences and needs. The activity calendar identified a range of activities were available for consumers, including exercise groups, bus outings, board games, songs of praise, happy hour and church services amongst others.

Consumers and representatives said they like the service and the service supports consumers’ emotional, spiritual and psychological wellbeing such as providing one on one attention and care when a consumer is upset or sad. Care planning documentation identified consumers’ spiritual and emotional needs and preferences such as engaging in private prayer or current friendships of support. Staff were observed participating with consumers during activity sessions, mealtimes and conversing with consumer representatives when visiting the service.

Consumers and representatives explained how they keep in touch with family and friends and how they are supported to do the things of interest to them. Care planning documentation reflected who is important to consumers and what activities they enjoy participating in. Consumers were observed enjoying each other’s company while participating in activities and events at the service, families were observed visiting consumers.

Consumers and representatives said their care needs are effectively communicated between the service and organisations when the responsibility for their care is shared. Staff said changes with consumers are communicated to them through, as well as through updated care plans or registered staff inform them directly. Care planning documentation noted when consumers were in contact with other organisations, involved in lifestyles activities and when support was required.

Consumers and representatives said they received support from outside individuals, such as volunteers and government support services. Staff explained how they work with outside groups and individuals to enhance consumer’s lifestyle experiences. Care planning documentation evidenced how consumers are supported with appropriate referrals to external services.

Consumers and representatives said consumers like the food at the service and which is of good variety, quality and quantity. Staff described how the service ensures a variety of meals is on offer to suit consumer preferences. Care planning documentation included information such as allergies, dietary requirements, and personal preferences.

Consumers and representatives said equipment at the service is suitable, safe, clean, and well maintained. Staff said equipment was available to them when they needed, and maintenance staff explained maintenance processes. Maintenance documentation demonstrated support equipment is appropriately 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

Consumers said the service environment was welcoming and easy to understand, and that the service felt like home. Staff explained how they ensure consumers are comfortable and their visitors feel welcome. Consumers’ bedrooms were observed to be personalised with photographs and other decorative items to suit their taste. The service environment was observed to be easy to understand and promoted a sense of independence and interaction for the consumers.

Consumers said the service is clean and well maintained and they can move freely around the service environment. Staff explained maintenance processes, including the use of maintenance logs, as well as the recent transition to an electronic maintenance log system. Staff described the regular cleaning schedule and cleaners were observed undertaking these duties. Consumers were observed to be moving freely within the service environment and could access indoor and outdoor areas.

Consumers said equipment and furniture within the service is always clean and well maintained and is suitable for their needs. Staff described the process of logging maintenance requests and maintenance documentation demonstrated an effective reactive and preventative maintenance process was in place.

# 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 supported to provide feedback regarding their care and encouraged to make complaints if they are not satisfied with their care. Staff described how they respond if a consumer raises an issue or concern such as by asking them to complete a form, assisting them to do so, and bringing the concern to the management’s attention. The service has written material informing about how to make complaints such as through feedback forms. Feedback boxes were located around the service and information in multiple languages was on display.

Consumers and representatives described how they can make complaints or raise concerns with the service through alternative methods such as through their family, friends or advocacy services. Staff described information provided and available to consumers, including advocacy, translation services and internal and external complaints avenues and explained they can access language and translator services if needed.

Consumers and representatives said the service listens to them and responds when they raise a complaint. Staff described their responsibilities in relation to complaints management which included open disclosure principles, such as apologising when things have gone wrong. The service has a complaints policy and procedure on the open disclosure approach in managing complaints and feedback.

Consumers and representatives confirmed feedback and complaints is used to make changes at the service. Management described complaints trending data and actions taken to ensure all complaints are followed through and resolved within a timely manner. Feedback and complaints data was observed in the electronic information system and demonstrated feedback is used to improve quality of 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 said there was adequate staffing at the service and call bells were answered promptly. Management reported that shift vacancies are adequately filled. Rosters and staffing documentation demonstrated the service has access to a sufficient pool of staff, including agencies to fill shifts to deliver safe and quality care and services.

Consumers and representatives said the workforce interacted with the consumers in a kind, caring and respectful way regardless of cultural background. Staff were observed addressing consumers by their preferred name, knocking on consumer’s bedroom doors prior to entry and using respectful body language and conversation when assisting consumers. Interactions between staff and consumers were observed to be kind, caring and respectful.

Consumers and representatives said staff are well trained and knowledgeable about their work. Management described how they determine whether staff are competent and capable in their roles and explained the process to ensure that staff are suitable for, and competent in their role. Staff records demonstrated that staff are appropriately qualified, and the service carries out the necessary checks required for their roles, including national police checks, professional registration, certification, and mandatory trainings.

Consumers and representatives said staff are adequately trained and equipped to do their jobs. Management said they train and equip the workforce as per their human resource management policy through online learning and face-to-face training. New employees participate in an orientation program and are rostered on buddy shifts and staff confirmed they receive adequate training to perform their assigned duties.

Staff said they are notified when they are due for an annual performance appraisal and additional appraisals occur during the first year of employment. Management said they monitor staff performance through consumer feedback, observations during day-to-day work, toolbox sessions and staff appraisals every 12 months as per the service’s policies and procedures for human resource management. Completed appraisal documentation evidenced the service has an effective system for analysing, monitoring and reviewing staff performance.

# 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 reported they are engaged in the development, delivery and evaluation of care and services. Staff described various ways used to engage consumers such as consumer/representative meetings, surveys and feedback from consumers and representatives. Minutes of consumer/representative meetings demonstrated that consumers are engaged and supported in providing input on service delivery and the service is actively working to improve care and services.

Consumers and representatives said consumers feel safe and receive the care they need. Management described how the governing body are involved in the delivery of care and services outlined in its organisational governance framework. Organisational documentation described the organisation’s governing body which promotes a culture of safe, inclusive, and quality care and services and is accountable for their delivery. Meeting minutes of the clinical governance and risk committee evidenced attendance by key staff and reflected clinical indicators, board reports, reportable incidents, upcoming events, accreditation, feedback and future meetings.

The service demonstrated that appropriate governance systems are in place including a governance and reporting structure, electronic information management, workforce management, continuous improvement, policies and procedures, management meetings, reports including information for the governing body to satisfy itself the Quality Standards are met. The executive team provide direction and support to staff and management. Management described new ways they are continually trying to improve their services which has seen a significant changes in the way they deliver care services.

The service’s risk management plan ensures that current and emerging risks are identified, and potential consequences understood so that appropriate and effective steps are taken to mitigate identified risks. Management and staff described processes in identifying and managing high impact and high prevalence risks, prevention of abuse and neglect, and incident management. Risks were escalated to management and further to the governing body, who have the overall responsibility for the oversight of risk, and the systems and processes of risk management.

The organisation has a clinical governance framework in place that includes policies, procedures, service delivery practices, and staff training requirements across areas such as antimicrobial stewardship, restrictive practices, and open disclosure. Management said antibiotics are not the first line of defence and they work closely with the pharmacy team to try other strategies first. Staff were familiar with all types of restrictive and said restraint is used only as a last resort after all non-pharmacological strategies are exhausted.

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)