Performance

Report

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| Name of service: | Performance report date: |
| Southern Cross Care St Catherine's Residential Aged Care | 10 June 2022 |
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| Southern Cross Care | 26 April 2022 to 29 April 2022 |

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 St Catherine's Residential Aged Care (**the service**) has been considered by Therese Solomon, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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, dated 11 May 2022; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 25 May 2022

# 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 | | Compliant |
| 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

Overall, sampled consumers considered they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services, and live the life they choose. Consumers/representatives interviewed confirmed their culture and diversity is valued and they are treated with respect.

Newsletters are circulated monthly and contain information about upcoming events, such as birthday celebrations for consumers. It also includes activities such as Italian Culture Day or live streamed church services, national events such as Australia Day, Sydney Gay and Lesbian Mardi Gras, or International Women’s Day.

Respectful language was used throughout sampled care documentation. The documentation included information about the consumer’s life history; leisure, lifestyle and cultural/spiritual preferences; and guidance regarding people who are important to the consumer.

Consumers/representatives described how they exercise choice and independence and communicate decisions about their care to staff.

For example, consumers stated they can choose;

* to attend the religious services or have clergy visit them in their room for conversation and encouragement;
* which the activities they attend
* and what meals they would like.

Consumers/representatives described how they are supported to take risks. For example, some consumers like to have alcoholic beverages with their meals or travel to the local shopping centre.

Consumers/representatives said information is provided in an accurate and timely manner. They receive their information via newsletters, activity calendars, and staff will verbally remind consumers about activities that are being conducted.

Consumers/representatives said they felt the Service kept their private information confidential and described how the staff respect their privacy while providing care and services. For example, care staff knock before entering rooms or close the door while providing care.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

The management team advised that care planning commences on admission by the registered nurse, including advance care planning and end of life wishes and is reviewed every three months or following a change in consumer’s condition.

Staff described the process of assessment in conjunction with consumers and or representatives, the Medical Officer and allied health professionals when they enter the service and how this informs the development of an individualised care plan.

Consumers/representatives interviewed confirmed they are involved in care planning, including when there are changes to consumers’ care needs. Consumers/representatives interviewed confirmed they are informed about the outcomes of assessment and planning and have access to the consumer’s care and service plan if they wish.

Staff are guided by a suite of organisational policies and procedures to support consumer assessment and care planning ensuring a holistic approach is taken. Documentation confirms representatives are contacted following incidents and there is evidence of referrals to, and consultation by the Medical Officer, allied health professionals and medical and clinical staff from the local hospital.

During the Site audit, the Assessment Team was unable to locate care plans for high risk activities including smoking and consumption of alcohol. The Assessment Team felt that the Risk Assessments were ineffective in identifying all risks to consumers.

Upon reviewing the response from the Approved Provider, I felt that the high-risk activities did have suitable care plans generated, although finding the information was onerous. I reviewed the completed Risk Assessments and felt that they demonstrated adequate assessment of the potential risks and strategies to mitigate the risks were implemented in consideration with consumer choice and preference.

I would encourage the AP to review their documentation process to ensure documentation is labelled correctly to ensure the information is readily available to facilitate the delivery of safe and quality care to consumers. I am satisfied with the Approved Provider’s response and do not consider this example as evidence of non-compliance with Requirement 2(3)(a).

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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

Overall, sampled consumers considered that they receive personal care and clinical care that is safe and right for themand in accordance to their needs and preferences. Care provided is in line with best practice guidelines and is tailored to the needs of the consumer.

Consumers/representatives reported that they have access to a medical officer or other allied health professionals when they need it. Consumers/representatives sampled confirmed that they receive care and services in line with their preferences for end of life care and with dignity and comfort.

Deterioration or changes to a consumer’s health is recognised and responded to and timely and appropriate referrals are made to medical officers and allied health professionals, and the sharing and communication of information to support the consumers health and well-being.

The minimisation of infection related risks is achieved through a documented infection control process, including an outbreak management plan, education and training for staff and two dedicated infection prevention and control leads at the service, along with practices to promote appropriate antibiotic prescribing and use.

The Assessment Team reviewed the care planning documentation for three consumers which demonstrated ineffective risk management of high impact high prevalence risks associated with care of consumers in relation to the documentation of incidents and re-assessment following those incidents.

Upon reviewing the response received from the Approved Provider, I felt that the high-risk activities did have suitable care plans generated, although finding the information was onerous. I reviewed the completed Risk Assessments and felt that they demonstrated adequate assessment of the potential risks and strategies to mitigate the risks were implemented in consideration with consumer choice and preference.

I reviewed the documented incidents and feel that the Approved Provider acted in an appropriate manner and completed the required documentation. I am satisfied with the Approved Provider’s response and do not consider this example as evidence of non-compliance with Requirement 3(3)(b) and Requirement 3(3)(e).

The Site Audit Report reflected consumers receive safe and effective personal and clinical care. However, the Assessment Team stated the service did not have documented consent for environmental restrain related to four consumers who are living in the secure unit.

The Approved Provider responded stating that they do not agree with the Assessment Teams interpretation of the regulation. The Approved Provider also stated that the Service has updated their policy to reflect the feedback received from the Assessment Team and that the relevant consumers now have consent forms in place.

The Site Audit Report did not bring forward any negative impact to the identified consumers, nor did it provide any evidence related to exit-seeking behaviour demonstrated by the relevant consumers. I am satisfied with the Approved Provider’s response and do not consider this example as evidence of non-compliance with Requirement 3(3)(a).

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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

Overall sampled consumers considered they receive the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. Consumers/representatives reported that consumers have choices when it comes to meals, sleeping and rising times, and whether they wish to take part in social and other activities they are interested in, including community life with family and friends.

Consumers/representatives interviewed confirmed that they are supported to keep in touch with people who are important to them by means of receiving visitors at the service, going out on social leave, accessing the service’s portable electronical communication device and through contact by telephone.

Consumers reported their emotional, spiritual and psychological needs are supported by the service through volunteers, religious services and through the care staff.

Staff reported that the service has equipment to support consumers remain as independent as they wish including a consumer laundry where consumers can continue to undertake their own washing if they so choose. Staff advised, and observations confirmed equipment provided by the service is safe and suitable.

The Assessment Team reviewed documentation in relation to services and supports for daily living. The Assessment Team identified consumer’s care planning information includes information to guide staff such as the lifestyle care plan which details information about consumer’s past life, preferences, interests and significant cultural events. This information is accessible to staff to inform care delivery.

The Assessment team observed the activities schedule, newsletters, menus, resident meeting minutes and a consumer handbook is available for consumer access and assist consumers to make decisions about services and supports for daily living.

Staff reported that the service’s menu is changed seasonally and is on a four-week rotation. Staff reported they monitor feedback from consumers about the quality and quantity of the meals and where concerns are raised the service will discuss the concerns individually with consumers as well as within a food focus meeting held each three months or more frequently if required.

Meal preferences and dietary requirements are monitored within the catering department of the service to ensure the service provides meals of a suitable quality and quantity as per consumer’s care planning documents. Information changes to consumer diets are communicated directly to the catering staff by the registered nurse and/or allied health professionals as required.

Staff described where a consumer was referred to Dementia Services Australia and suggestions for craft activities were implemented by the lifestyle team. Staff described several consumers who prefer to undertake their own activities within the service including gaming, knitting and receiving support through National Disability Insurance Scheme supports and this is supported by lifestyle and other staff where required.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 interviewed confirmed they feel at home within the service and that their visitors feel welcome. Consumers/representatives reported the service has outside garden areas to enjoy and consumers can freely move around the service both inside and outside when they want.

Consumers/representatives interviewed confirmed consumers feel safe living at the service. Consumers reported they can find their way around the service and staff are available if they need assistance.

Consumers interviewed confirmed that the service is clean and well maintained as rooms are cleaned regularly by cleaning staff.

Observations demonstrated the service has recently undergone renovations and the Assessment Team observed the service’s equipment, furniture and fittings to be brand new, safe, clean and well-maintained. The service is undergoing further extensive renovations which is not impacting on the care and service needs of the consumer and their environment.

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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

Overall, consumers considered that they are encouraged and supported to give feedback and make complaints, and appropriate action is taken. Consumers reported they use feedback forms, attend resident meetings, and speak with management to raise feedback/complaints with the service.

Management advised that they seek feedback from consumers/representatives via resident committee meetings, feedback and complaints forms, and resident satisfaction surveys.

The Assessment Team reviewed the service’s feedback/complaints register and resident meeting minutes and identified that consumers/representatives’ feedback/complaints were recorded and resolved in a timely manner.

Management provided examples of actions they have taken in response to complaints/feedback and how the feedback and complaints have been used improve the quality of care and services. The Assessment Team reviewed a complaint currently being managed by the service for a consumer. The Assessment Team was satisfied that the service is managing the complaint in line with the service’s policies and procedures and are adopting an open and transparent approach to the ongoing issues raised by the consumer/representative.

The service has policies and procedures in place to address consumers’ feedback and complaints, use open disclosure when things go wrong, and conduct continuous improvement activities. Consumers/representatives described times when they provided feedback/complaints and how the information was used to improve care and services.

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

**Standard 7**

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| Human resources | | Compliant |
| 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

Overall, sampled consumers considered that they receive quality care and services when they need them and from people who are knowledgeable, capable and caring. Consumers/representatives said there were adequate clinical staff, care staff and service staff rostered. Consumers/representatives said they were generally satisfied with the response of care staff to call bells.

Staff reported that although busy, there is enough staff and time allocated to meet consumers’ care and service needs. Some consumers reported that staff are busy.

Staff interviewed reported that there is enough training at the service for them to feel confident in performing their duties. Registered and care staff confirmed they have received training in the Serious Incident Response Scheme (SIRS) and Incident Management System requirements, antimicrobial stewardship and open disclosure. Staff interviewed described the performance review process and their participation in their last review.

Management track the completion of staff competencies through their human resource system. Management advised each staff member has a position description, employment contract, code of conduct, and privacy agreement. Personnel files reviewed by the Assessment Team included these documents.

Management advised staff training needs are identified through staff appraisals, complaints and incidents reporting, monthly audit results and staff feedback at meetings and one to one conversation with staff.

The Assessment Team sighted a spreadsheet of competencies completed by staff for the last year. Compulsory annual training includes infection control, fire, SIRS, open disclosure, elder abuse, bullying and harassment, Aged Care Quality Standards, antimicrobial stewardship, privacy and dignity and food safety.

The Quality Standard is assessed as Compliant as five of the five specific Requirements have been assessed as Compliant.

**Standard 8**

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| Organisational governance | | Compliant |
| 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

Overall, sampled consumers/representatives considered that the organisation is well managed and that they partner in improving the delivery of care and services. The service demonstrated that management and the board are engaged with and support consumers to be involved in the development, delivery and evaluation of care and services.

Management has an open-door policy and invites engagement in the development, delivery and evaluation of care and services from consumers and their representatives. Consumers are invited to be involved in the consumer meetings and food focus groups and can be involved in these meetings as consumer committee members.

Committee members provide regular feedback to management regarding any concerns and suggested improvements on behalf of other consumers. A review of meeting minutes evidenced consumers take the opportunity to contribute and make suggestions.

The organisation’s board is engaged to promote a culture of safe, inclusive and quality care. The Assessment Team reviewed evidence of the Board’s engagement with regular emails to consumers and their representatives, open letters in the service’s monthly newsletter and regular updates regarding the organisation’s response to COVID-19 which included adding additional regional support staff.

Continuous improvement is discussed at consumer, staff and board meetings as a standing agenda item. Opportunities for improvement from the monthly audits and management reports are entered into an electronic plan for continuous improvement.

During the Site Audit, the Assessment Team found the organisation has ineffective governance systems as demonstrated in standard 2 and standard 3 including;

* Information management:
  + Information about the consumer risks have not been documented to ensure all stakeholders have the relevant information they need.
  + smoking risk assessments are ineffective in identifying all risks to consumers and smoking care plans have not been generated to guide staff in effectively managing the risk.
  + The service was unable to demonstrate that an effective assessment tool based on contemporary practice has been used to ensure a consistent level of assessment occurs for each consumer.
  + The service was unable to demonstrate incidents are documented within the ECMS.

Upon reviewing the response from the Approved Provider, I felt that the Approved Provider has effective governance systems in place, although navigating the system was onerous. I reviewed the documentation and felt that they demonstrated adequate assessment of the potential risks and strategies to mitigate the risks were implemented in consideration with consumer choice and preference. The Approved Provider provided evidence supporting that incidents are documented within their Electronic Care Management System.

I am satisfied with the Approved Provider’s response and do not consider this example as evidence of non-compliance with Requirement 8(3)(c) and Requirement 8(3)(d).

The Quality Standard is assessed as Compliant as five of the five specific Requirements have been assessed as Compliant.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)