Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Southern Cross Care St Catherine's Residential Aged Care |
| Commission ID: | 0078 |
| Address: | 126 North Street, GRAFTON, New South Wales, 2460 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 13 March 2024 |
| Performance report date: | 12 April 2024 |
| Service included in this assessment: | Provider: 305 Southern Cross Care (NSW & ACT) Limited  Service: 94 Southern Cross Care St Catherine's Residential Aged Care |

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 prepared by Therese Solomon, 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 (performance assessment) – 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 28 March 2024.

# Assessment summary

|  |  |
| --- | --- |
| Standard 3 Personal care and clinical care | Not Compliant |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

Requirement 3(3)(d)

* Ensure the 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, specifically in relation to wound management, diabetic management, and chronic condition management.
* Ensure all staff, including agency staff is familiar with organisational processes related to recognising and responding to deterioration of consumers.

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | |  |
| 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. | Not Compliant |

Findings

Through a review of consumer care and service documents, and interviews with consumers and/or representatives, it was identified that deterioration or changes to a consumer’s condition was not consistently recognised and responded to in a timely manner.

Consumers and/or representatives provided positive feedback in relation to staff attitude and staff practices, including treating consumers with dignity and respect and ensuring effective communication occurs between staff and consumer representatives. However, the Assessment Team identified deficits in relation to effective diabetic management, wound management and chronic condition management for consumers resulting in negative outcomes for consumers.

* A consumer living with diabetes, staff did not follow diabetic directives as documented by the medical officer, and her deterioration was not recognised and responded to in a timely manner, resulting in the consumer being transferred to hospital.
* A consumer did not have the deterioration of her wounds recognised and responded to in a timely manner, resulting in a deterioration in the wounds that required debridement and surgical assessment.

Although consumers and/or representatives provided positive feedback in relation to care and services provide, the service did not demonstrate the consistent recognition and response to deterioration or change in a consumer condition, relating to wound management, diabetes management, chronic condition management.

The Approved Provider responded with additional documentation and a comprehensive plan for continuous improvement containing actions to address the identified non-compliance, including but not limited to ongoing education for staff in relation to deteriorating consumers, limit short-term agency use, improve communication processes, review of diabetic management plans, education provided for staff on pressure injury staging and management.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 3(3)(d) is found Non-compliant.

Additional Information regarding Requirement 3(3)(a)

This Requirement was not assessed during this Assessment Contact on 13 March 2024.

However, during the assessment of other Requirements the Assessment Team observed several deficits in the delivery of safe and effective personal care and/or clinical care that is best practice, tailored to consumer needs and optimises consumer health and well-being specifically related to medication management, wound management, and diabetes management.

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