

**Performance Report**

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| Name: | Southern Cross Care St Francis Residential Aged Care |
| Commission ID: | 0382 |
| Address: | 122 Hyatts Road, PLUMPTON, New South Wales, 2761 |
| Activity type: | Site Audit |
| Activity date: | 26 November 2024 to 28 November 2024 |
| Performance report date: | 23 December 2024 |
| Service included in this assessment: | Provider: 305 Southern Cross Care (NSW & ACT) Limited Service: 398 Southern Cross Care St Francis 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 Francis Residential Aged Care (**the service**) has been prepared by Gwyneth Harbrow, 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 was informed by a site assessment, observations at the service, review of documents and interviews with staff, older people/representatives and others.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations, that the service complies with the Requirements and is Compliant with this Standard.

Consumers and representatives confirmed staff treat consumers with respect and provide care and services that are culturally safe, and considerate of consumer cultural preferences and needs. Staff were observed to be respectful in their referrals to, and in their interactions with, consumers and their representatives.

The service demonstrated consumers and representatives are supported to exercise choice and independence and maintain relationships of their choosing. Consumer care documentation confirmed consumers are assisted to live their best life and engage in preferred activities including activities with associated risk.

Consumers and representatives confirmed the service provides up to date information to assist them to make informed decisions about consumer care and services. Staff described ways information is provided to consumers, including to those living with sensory and/or cognitive impairment, and for whom English is their second language.

Consumers were satisfied their privacy is respected. Staff provided practical examples of how consumer privacy is respected and how they keep personal information secure. Staff were observed to be respectful of consumer privacy and confidentiality.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations, that the service complies with the Requirements and is Compliant with this Standard.

The service demonstrated that consumer health risks are assessed and considered to inform planning for effective care delivery. Consumers were satisfied care received is aligned with their needs, goals and preferences. Staff described and care planning documentation confirmed consumer needs, goals, and preferences, are included in planning for their end-of-life care.

Consumers and representatives confirmed they are involved in consumer care planning and assessment. Care planning documentation evidenced consumer case conferences with the participation of representatives and others, consumers wish to involve. Other providers of care and services confirmed their involvement in consumer assessment and care planning.

Representatives confirmed they are informed of consumer assessment and care planning outcomes and are invited to participate in consumer care consultations and review of care planning documentation. Care consultation and discussions were confirmed by staff and evidenced in care planning documentation.

Staff advised that any changes in the condition of a consumer will prompt a care review. The service demonstrated a planned schedule for regular review of consumer care needs and care plans. Care documentation confirmed assessment and review of consumer care needs following a change in consumer condition.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations, that the service complies with the Requirements and is Compliant with this Standard.

Consumers and representatives were satisfied with the care and services provided to consumers. Care documentation and the Assessment Team’s observations, evidenced staff’s provision of safe and effective care.

Consumers confirmed satisfaction with the management and administration of medications. Medication documentation indicated management of high risk and time sensitive medications was aligned with best practice.

Consumer documentation, the Assessment Team’s observations, and interviews with staff, consumers, and representatives indicated satisfactory management of consumer skin integrity. Wound care reflected best practice principles, with care tailored to consumer needs. The service employs strategies to promote skin integrity and prevent pressure injuries.

Staff were able to describe person centred interventions for the management of consumer changed behaviours, with these interventions confirmed in consumer care planning documentation. Specialist input is sought when risks associated with consumer changed behaviour are identified.

While management of consumer falls evidenced consumers being assessed and strategies implemented to minimise reoccurrence, post fall observations were not consistent or aligned with best practice. In response to this feedback, the service advised of the planned provision of staff education to address the identified deficit.

In coming to my decision, I have considered the proportionality of the potential consumer impacts associated with inconsistent post falls observations, along with the commitment of the service to address these deficits. I have also given weight to the Assessment Team’s observations and recommendations regarding other identified high impact and high prevalence consumer risks. I encourage the service to continue to implement and evaluate actions taken to address the deficit.

The service demonstrated consumer risk is identified through a process of consumer assessment, with strategies documented and implemented on risk identification. Data associated with high impact and high prevalence risk is regularly reviewed to drive improvements in management and identify potential activities for improvement and/or deficits requiring action.

The service has a committee dedicated to the management of consumer falls with input from an allied health specialist. The committee determines and reviews consumers identified most at risk with strategies implemented to prevent falls and minimise the risk of associated injury.

The service demonstrated consumer needs, goals and preferences are considered when consumers approach the end of their life. Consumer files showed advance care plans were completed.

Consumers and representatives were satisfied with the service’s response to changes identified in a consumer’s condition. Staff described a process of escalation and care documentation evidenced staff recognition and timely response to consumer deterioration.

Representatives were satisfied with communication received from the service regarding consumer care and needs. The service demonstrated processes in place to document and communicate information within the organisation and with others where responsibility for care is shared. Staff advised, and consumer care documentation confirmed, information is effectively documented and shared between service staff and others involved in consumer care. Consumers described and care documentation confirmed timely and appropriate referrals made to other providers of health services as required.

Consumers were satisfied with the service’s strategies for infection prevention and control (IPC) and steps taken to minimise infection related risks, including during outbreaks. Staff understood practices to minimise the spread of infection, and the service demonstrated processes in place to monitor infections and the use of antimicrobial medication. The service promotes antimicrobial stewardship (AMS), with policies available to guide staff practice in IPC and AMS. The service provided 2 vaccination clinics in the first half of this year.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations, that the service complies with the Requirements and is Compliant with this Standard.

Consumers and representatives confirmed consumers receive supports for daily living to optimise independence. Staff demonstrated an understanding of consumer needs, goals and preferences and the support required to enable consumer participation in activities of interest. Consumer care documentation reflected person centred supports for daily living reflective of the diverse needs and characteristics of consumers.

Consumers and representatives were satisfied with supports available to promote consumer emotional, spiritual, and psychological well-being. Staff provided examples of how they support consumers’ emotional and psychological well-being with care documentation detailing emotional support strategies for individual consumers.

Consumers and representatives confirmed the service supports consumers to maintain social connections and personal relationships of importance, both within and outside the service. Consumer care documentation identified people important to, and activities of interest to, each consumer.

Consumers and representatives were satisfied with how consumer information is shared with others involved in consumer care. Staff could describe the care needs of individual consumers and how these are documented and communicated to all staff sharing responsibility for consumer care.

Consumers and representatives confirmed consumers are provided access to external organisations and providers of other care and services, to support their daily living needs. Staff described, and care documentation confirmed collaboration between the service and external care providers to meet consumer daily living requirements.

Consumers and representatives were satisfied with the service’s provision of meals, confirming choice with the availability of meal options. Staff described meals prepared according to individual preferences and dietary requirements. Consumer care documentation reflected consumer dietary needs and preferences.

Consumers were satisfied with equipment provided by the service. Staff confirmed sufficient equipment is available to support consumer lifestyle activities and explained a process to ensure the safety of service vehicles used for consumer transport. The Assessment Team observed equipment to be safe, suitable, clean, and well 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

I am satisfied based on the Assessment Team’s observations and recommendations, that the service complies with the Requirements and is Compliant with this Standard.

Consumers and representatives described the service environment as welcoming and homely with numerous communal spaces for dining and socialising. The doors to consumer rooms are decorated in ways to help consumers with wayfinding.

Consumers and representatives were satisfied the service environment is safe, well maintained, and comfortable. Staff advised of a 7 day cleaning schedule and the Assessment Team observed indoor and outdoor areas were clean and well maintained.

Consumers were able to move freely indoors and outdoors with access to outdoor courtyards, however the front door to the service was locked with the access code in a location remote to the door. While some consumers and representatives could explain how to exit the building, a code to re-enter the service had not been provided with consumers requiring staff assistance. Consumers unable to identify the code to exit, required staff assistance for both exit and entry to the service.

The service advised they are currently conducting an organisational review of environmental restrictive practice and are seeking advice from The Commission about the use of restrictive practices.

From the information available to me, I am unable to determine if any consumers were identified by the service as subject to environmental restrictive practice. The Assessment Team Report indicated no related concerns were expressed by consumers or their representatives. In making my decision, I have considered the absence of recognised consumer impact and the commitment of the service to engage with The Commission to seek advice. I am satisfied with the Assessment Team’s recommendation.

Consumers and representatives were satisfied with the safety, cleanliness, and maintenance of the service’s equipment. The Assessment Team observed furniture and fittings to be safe and clean. Staff demonstrated the service has effective systems for preventative and responsive maintenance.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations, that the service complies with the Requirements and is Compliant with this Standard.

Consumers and their representatives are encouraged and supported by the service to provide feedback or make a complaint. The service demonstrated several mechanisms in place providing opportunity for consumers to make a complaint or provide feedback.

Consumers were aware of advocacy and language services, and other supports available for raising and resolving complaints. Information regarding consumer advocacy services and external complaints processes were displayed throughout the service in several languages. Complaints documentation confirmed consumer access to external complaint services.

Consumers and representatives advised the service is responsive to complaints and that they receive an apology when concerns are raised with staff. Staff advised consumer complaints and feedback are regularly discussed, and open disclosure forms part of the complaints process. Complaints documentation showed a record of complaints, action taken in response, and feedback provided to consumers and confirmed the practice of open disclosure.

The service demonstrated a process of complaints review and consumers and representatives provided examples of feedback used to improve the 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

I am satisfied based on the Assessment Team’s observations and recommendations, that the service complies with the Requirements and is Compliant with this Standard.

Consumers and representatives confirmed consumer care needs are met in a timely manner, without consumers feeling rushed. Staff advised they can complete their workloads during their allocated shift. Service rostering demonstrated sufficient staff with a range of skills rostered across shifts and a planned process for management of unplanned leave.

Service staff were kind and respectful in their interactions with consumers, and staff demonstrated an understanding of consumer cultural needs.

Consumers and representatives were satisfied staff are trained and competent to deliver the care and services consumers require. The service demonstrated processes to determine the workforce has the necessary qualifications and skills to effectively perform their roles, with a program in place to facilitate staff professional development and education.

There is a centralised recruitment process that supports recruitment of suitably qualified applicants with the required knowledge, skills, and attributes. The service has an online education platform for provision of mandatory education, including education relating to the Serious Incident Response Scheme (SIRS), use of open disclosure, AMS, and the Quality Standards.

The service has a planned process for the assessment, monitoring, and review of staff performance; however, the completion rate indicated these were not up to date. In response to this being identified, the service advised of a plan for continuous improvement (PCI) activity generated to review and update the policy and process to ensure staff appraisals are completed in a timely manner. I encourage the service to continue to implement and monitor these actions as outlined in the service’s PCI.

# 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**

I am satisfied based on the Assessment Team’s observations and recommendations, that the service complies with the Requirements and is Compliant with this Standard.

Consumers confirmed the service provides opportunities for consumers and representatives to have input into care and service delivery. The service seeks consumer input through various mechanisms and is active in the recruitment of a consumer representative for the organisation’s consumer advisory body (CAB). The service has a policy to guide staff in effective consumer engagement.

The organisation’s governance framework identifies the hierarchy of leadership and associated accountabilities. The Board reviews relevant information to monitor the delivery of safe and effective care and services, and executive level support is available to the service.

The organisation demonstrated effective governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

Consumer information is managed using a secure electronic consumer information management system. The system is accessible to staff, providing the information required to deliver safe and effective consumer care and services.

The service has a current PCI informed by a variety of information, systems, and processes.

The service described flexible budgeting according to reporting lines and delegation. Budgeting is considerate of timely escalation and approval for additional funding required to manage changed consumer needs.

The organisation has a workforce governance framework to ensure service staff are skilled and qualified to provide safe, respectful, and quality care and services to consumers.

A compliance team monitors regulatory compliance to ensure regulatory change is communicated organisation wide including at service level.

The service has an effective system for the management of feedback and complaints with a risk matrix to guide appropriate escalation.

The service demonstrated a risk management system in place to assess, identify and monitor consumer risk, including high impact and/or high prevalence risks. A process of escalation ensures the appropriate provision of care and services.

Staff described and documentation confirmed, appropriate identification, reporting, and response to SIRS incidents.

The service demonstrated consumers are supported to live their best lives through identification of what is important to them, and supporting consumers in these areas including those with an element of risk. The service has a dignity of risk policy to guide staff practice.

The organisation has a clinical governance framework to guide the delivery of clinical care. This is supported by a range of policies, including policies relating to AMS, restrictive practice, and open disclosure. While the Assessment Team identified the restriction of consumer access through the front door, with the evidence available to me, I am unable to determine if any consumers were identified as subject to environmental restrictive practice and/or if this practice is aligned or not aligned with legislative requirements. I acknowledge that no concerns were expressed by consumers or their representatives.

The service advised they are currently conducting an organisational review of environmental restraint and are seeking advice regarding restrictive practices from The Commission. I encourage the service’s continued engagement with The Commission and consider the implementation of any advised actions and improvements to be undertaken as a priority.

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)