Performance

Report

**1800 951 822**

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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: | Assessment contact (performance assessment) – site |
| Activity date: | on 21 February 2024 |
| Performance report date: | 21 March 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 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.

# Assessment summary

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| Standard 4 Services and supports for daily living | Not applicable as not all requirements have been assessed |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

The service demonstrated where meals are provided, they are varied and of suitable quality and quantity. Consumers and/or representatives spoke highly of their dining experience at the service, and consumers indicated they are satisfied with the quality and quantity of the meals provided.

The service has systems in place to ensure at risk consumers, including consumers experiencing unplanned weight loss, swallowing, or chewing difficulties, are monitored, and appropriately referred to allied health professionals for specialist input.

The service changes menus every six months in line with dietician recommendations, the menu is discussed with consumers and/or representatives at monthly resident meetings and at food focus meetings. The menu is finalised with input from consumers and changed if required due to feedback received from consumers. All meals are cooked fresh at the service and thickened fluids are prepared during meal service. The menu includes the main option, vegetarian option and alternatives like salads, fruit, and sandwiches. The service will serve food from different cultures on theme days in line with consumer preferences.

The chef goes around the service daily during the lunch service to check with consumers if they have feedback on meals. Catering staff have copies of individual consumers’ dietary assessments completed by clinical staff that reflect consumers’ dietary needs including food allergies, special diets, preferences, meal size and hydration needs. Staff monitor the eating habits of consumers using the resident plate wastage record tool and changes to consumer appetite and hydration are identified early and escalated to clinical staff. Consumers can request alternative meals and drinks of their choice at any time.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and/or representatives confirmed that feedback and complaints are reviewed and used to improve the quality of care and services in a timely manner. Staff stated feedback and complaints received from consumers and/or representatives, staff members, resident meetings, and food committee meetings, are reviewed to improve the quality of care and services.

The Assessment Team observed staff addressing an issue raised by a consumer and representative during the assessment contact. Actions taken in response to feedback and complaints are recorded as quality improvement activities registered in the electronic quality improvement information system.

Management provided several examples of improvement actions taken in relation to feedback received from consumers and/or representatives. Refurbishment activities were undertaken at the service, including installing a new dining room and lounge furniture. New outdoor furniture including tables and chairs were installed in the main courtyard, and currently there is an improvement activity being implemented after consumers and representatives identified the dining room floor was worn and needed replacing. The facility manager explained they consulted with consumers who chose the colour for the floor covering which will be installed in March or April 2024.

# 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 |

Findings

The service demonstrated it has sufficient staffing numbers to provide safe and quality care and services. The facility manager plans and monitors staffing numbers in consultation with the board and regional manager based on consumer needs, audit and survey results, complaint and feedback information and clinical data.

Rosters are managed directly by the facility manager and adjusted as consumer needs change, including an increase in care requirements in the memory support unit. The facility manager, care manager and registered nurses work together to ensure there are appropriate staffing levels daily, and agency staff are sourced by the facility manager when required.

Consumers, representatives, and staff members confirmed the service has sufficient staffing numbers, with consumers and/or representatives stated staff are readily available to meet their needs with only occasional short delays.

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)