Performance

Report

**1800 951 822**

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| Name of service: | Southern Cross Care St Martha’s Residential Aged Care |
| Service address: | 3-7 Leisure Drive BANORA POINT NSW 2486 |
| Commission ID: | 0446 |
| Approved provider: | Southern Cross Care (NSW & ACT) Limited |
| Activity type: | Site Audit |
| Activity date: | 31 August 2022 to 2 September 2022 |
| Performance report date: | 25 October 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 Martha’s Residential Aged Care (**the service**) has been prepared by Grace Hope-Simpson, 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 and others
* the provider’s response to the assessment team’s report received 29 September 2022.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-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

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 2(3)(e): The service ensures care and services are reviewed and care plans updated on a routine basis and when consumer needs or circumstances change or incidents occur.

# 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 said they were treated with dignity and respect and supported to maintain their identity, culture, and diversity. Staff demonstrated understanding of consumers’ cultural and personal preferences and their day-to-day habits.

Consumers said they were supported to make decisions about their care, how care should be delivered, and who should be involved. Staff and consumer feedback demonstrated the service supported consumers to maintain important relationships within and outside the service and to exercise independent choice.

Consumers described how the service supports them to take risks. Staff described the risks taken by consumers, and said they support consumers’ wishes to live the way they choose. The service maintains risk assessment processes to support consumers to take informed risks.

Consumers said information was provided to them in a timely, easy to understand manner that enabled them to make informed decisions. Observations showed the service provides information through newsletters, activity schedules and monthly menu boards.

Consumers described how their privacy is respected. Staff were observed closing the door during provision of personal care. Consumers’ confidential information is secured and restricted to relevant staff.

# 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. | Non-compliant |

Findings

The Assessment Team recommended the following Requirement Not Met:

* 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.

The Assessment Team brought forward evidence regarding overdue scheduled care plan reviews and re-assessments, as well as 10 overdue resident of the day reviews. The service had identified these as overdue prior to the site audit and related continuous improvement items were in place. Although the service was taking steps to address deficits, the continuous improvement plan identified that care plans were not being reviewed as early as May 2022 and some reviews were still overdue at the time of site audit. The Assessment Team also brought forward evidence concerning a named consumer, whose resident of the day and annual care plan reviews, as well as blood pressure directive and oedema management plan reviews, were all overdue. The Assessment Team brought forward additional evidence in Requirement 3 (3)(d), regarding a second named consumer whose pain assessment was not reviewed following a fall.

Other evidence brought forward by the Assessment Team was either irrelevant to the Requirement or was successfully overturned by the Approved Provider in their response. As a result, I have not considered that evidence in reaching my decision.

The Approved Provider’s response, received 29 September 2022, disagreed with the ‘not met’ recommendation and disputed the Assessment Team’s findings. The response contained clarifying information regarding information in the Assessment Team’s report that the Approved Provider considered was inaccurate or incomplete. I acknowledge that information and have disregarded some of the Assessment Team’s evidence as a result. The remaining evidence which was not overturned is outlined below.

The response acknowledged resident of the day reviews were behind at the time of site audit, but emphasised the service had a plan in place before the audit, to address the issue. The Approved Provider asserted care plans were accurate at the time of audit, as care and services were reviewed on an ongoing basis, outside of scheduled reviews and resident of the day processes. The Approved Provider also highlighted that management brought the issue to the Assessment Team’s attention during the audit and reported that reviews had been brought up to date since the site audit, with evidence provided to confirm this.

Regarding the named consumer’s overdue blood pressure directive, the Approved Provider stated staff made attempts to have the medical officer review the directive and that it had been completed in June 2022, however no evidence was provided to substantiate either point. The response held that the consumer’s oedema management plan had been reviewed, there was no change to care and the assessment details and care plan remained reflective of actual consumer need. The response did not, however, contain any evidence to demonstrate the review of the management plan had occurred or the date which it occurred. Lastly, the response did not address evidence regarding the second named consumer, whose pain assessment was not reviewed following a fall.

I acknowledge the Approved Provider’s response and that the service has completed all outstanding care plan reviews since the site audit. However, actions take after site audit cannot demonstrate compliance at the time of site audit. Having had regard to the Assessment Team’s evidence and the Approved Provider’s response, I am satisfied there were several consumers whose resident of the day reviews had not been carried out and the response did not contain any evidence to support that the service was otherwise reviewing care and services on an ongoing basis during the period these went uncompleted. Regarding the first named consumer, while the Approved Provider disputed findings the consumer’s blood pressure directive and oedema management plan had not been reviewed, the response did not contain any evidence to support that the reviews had occurred and when.

Consequently, on the balance of the evidence before me, I find that during the period of accreditation, the service did not consistently ensure consumer care and services were reviewed according to service policy. Review of care and services on a regular basis is important to ensure care and service plans remain an accurate and current account of consumers’ needs, goals and preferences. Accurate and current care and services plans enable staff to safely and effectively meet consumers’ needs. While evidence shows the service has relevant policies and procedures in place, staff have not consistently followed these in practice. Therefore, I find Requirement 2(3)(e) non-compliant.

Regarding the remaining Requirements in the Standard, consumers and representatives confirmed they were involved in the ongoing assessment and planning of their care and services, to optimise their health and well-being. Care plans demonstrated assessment and planning, including the consideration of risks to consumers’ health and well-being, informs the delivery of care and services.

Most consumers and representatives sampled said the service regularly reviews and updates assessments and care planning to ensure needs and goals are accurately documented and said the service had discussed advanced care planning with them. Care plan review generally showed consumer’s current needs, goals and preferences were identified and recorded, however observations showed some advanced care plans had not been reviewed in line with service policy. Staff described the assessment and planning process at the service, including in relation to advanced care planning.

Consumers and representatives generally confirmed involvement in ongoing assessment and planning of care and services. Care plans mostly reflected partnership with Medical Officers (MOs), allied health specialists and other service providers. Staff described how they involve others in assessment and planning processes, on an ongoing basis.

Care plans demonstrated the service communicates the outcomes of assessment and planning to consumers and representatives and makes these available to staff through the electronic care management system. Seven consumers and representatives sampled said the service shared information in a timely manner.

# 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 confirmed they received personal and clinical care which was safe and right for their needs. Staff and management described consumers’ individual needs, preferences, the most significant personal and clinical care needs and how these were delivered in line with their care plans. Care planning documentation generally demonstrated personal and clinical care was tailored to individual needs, optimising of health and well-being and in line with best practice.

Consumers and representatives said the service effectively managed risks. Care plans for sampled consumers generally showed that high impact high prevalence risks, including pressure injuries, falls, weight loss and behaviour management, were identified and effectively managed by the service. Staff described tailored strategies to manage sampled consumers’ risks and confirmed changes to consumers’ needs or conditions are shared with staff.

Seven consumers and representatives said they had completed advanced care directives, which captured their end of life wishes and preferences. Nine sampled care plans contained advanced care planning and end of life wishes and goals. Staff described how care delivery changes at the end of life, to focus on comfort and dignity.

Consumers and representatives were confident the service would respond promptly to a deterioration or change in condition, health, or function. Care planning documentation generally demonstrated staff identify and respond to these in a timely manner. Interviews demonstrated staff understand the process for identifying and escalating changes and deterioration. Document review showed the service has embedded processes to guide recognition and response to deterioration and change.

Consumers and their representatives were satisfied with communication of information within the service and with others involved in care. Staff described how information is shared through progress notes, handover documents and care plans. Care plans evidenced communication with representatives and medical officers when needed and contained necessary information about consumers’ condition, needs, goals and preferences.

Consumers and representatives said, and care plans confirmed, consumer referrals were completed in a timely and appropriate manner to various allied health professionals and medical specialists.

Consumers and representatives confirmed staff attend to standard and transmission-based precautions to prevent and control infection. Staff understood their roles in an outbreak and described methods used to promote antimicrobial stewardship. Observation showed a COVID-19 screening point on entry to the service and documentation in place to guide staff in the control and management of infections.

# 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 said services and supports for daily living meet their needs and preferences, and they are engaged in meaningful activities. Consumers are supported to maintain independence and do the things they want to do. Care planning documents identify consumers’ interests and the support they need. Staff described how they involve consumers in planning activities. The Assessment Team observed a variety of supported recreational activities during the site audit.

Consumers described services and support for their emotional and spiritual well-being, including religious services. Staff provided examples of how they support consumers’ psychological well-being. Care plans identified emotional support strategies for sampled consumers and listed spiritual orientations.

Consumers said they are supported to participate in activities of their choice within and outside the service, and to maintain social and personal connections. Staff described how they support consumers to engage with the community, in accordance with care plans. Reviewed care plans reflected the supports for daily living for each consumer.

Information about consumers’ services, supports, needs and preferences is communicated between staff and with other relevant providers, through handovers and care documentation.

Consumers said the service engages external services, individuals and providers, such as guest performers, to address their lifestyle and daily support needs. Documentation review showed external services, such specialist dementia services, were involved in consumer care.

Consumers and representatives said they were satisfied with the quality, quantity and variety of meals provided. Consumers’ advised the chef caters to their individual, special dietary needs and preferences. Staff described how consumers choose their meal options in advance and are supported with alternative options if requested. The kitchen was observed to be clean and tidy with staff observing food, work health and safety protocols.

Consumers said the service provides equipment that is safe, clean, and well maintained. The Assessment Team observed preventative equipment maintenance was completed as required and confirmed by the service’s maintenance documentation.

# 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 felt comfortable and welcoming, they feel at home and the service is easy to navigate. The service environment was quiet and light, and the temperature maintained at a comfortable level. Consumers decorate their room with personal belongings, photos and artwork are on display. Consumers were observed moving between different areas of the service to visit other consumers or participate in exercises and activities.

Consumers said they can move freely and independently, both indoors and outdoors, and were complimentary of the cleaning services. The service environment was observed to be generally safe, clean and well maintained, with courtyards and garden areas for consumers to socialise. The external service environment was observed to be free from obstructions and included well maintained walkways and gardens, used by consumers.

Consumers said furniture, fittings, and equipment were safe, clean, and suitable for their needs. Staff advised furniture, fittings, and equipment are assessed for suitability prior to purchase to ensure they meet consumers’ needs. Review of maintenance documents showed reactive and preventative maintenance tasks are attended to.

# 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 their representatives said they understand how to give feedback or make complaints and are comfortable to do so. The service obtains daily feedback through feedback forms, resident meetings, phone calls and direct discussions. Complaints information is available in the resident handbook and through brochures and posters displayed throughout the service.

Consumers and their representatives were aware of advocacy and external complaint services. Information about advocacy and language services is displayed at the service, and staff described how they assist consumers to access services if relevant.

Consumers said the service takes appropriate action when complaints are made, and when an incident occurs. Staff generally demonstrated understanding of open disclosure principals and confirmed apologies are offered and steps taken to prevent recurrence.

Consumers interviewed said that they are happy with actions taken to improve the quality of the care and were satisfied with managements’ response to feedback and complaints. The service’s feedback register showed examples of service-level improvements made in response to consumer feedback and complaints.

# 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 said that call bells are answered promptly and interviewed staff confirmed they are able to attend to consumers’ needs and felt comfortable to raise concerns if they considered additional staff were needed. The service recently trialled a reduction of care worker hours in mornings, however after negative consumer feedback, a care worker shift was reinstated. Call bell records reflected responses are generally prompt.

Consumers confirmed they were treated in a kind and caring manner, with respect to each consumer’s identity, culture and diversity. Staff were observed being kind and gentle with consumers including when care was provided and during activities. Staff are supported with training to provide respectful care in line with the organisation’s expectations.

Staff have position descriptions which set out minimum required qualifications. Staff said they receive comprehensive training to improve their skills and were paid to study for exams. The service has online learning tools and processes to monitor training completion.

Staff performance is measured through annual performance reviews. Performance is also evaluated through supervision, meetings and self-assessment to establish further training.

# 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 confirmed they are invited to contribute towards the development, delivery and evaluation of care and services. Staff detailed the ways consumers are involved in the development, delivery and evaluation of their care and services. Document review showed formal avenues, such as monthly consumer meetings, for consumers to participate in design, delivery and evaluation of care and services.

Interviews with consumers and with management showed high levels of engagement, and oversight on behalf of senior management. The governing body satisfies itself these Quality Standards are met through monitoring and reporting of numerous aspects of care, including, but not limited to, clinical indicators, operational updates and results of routine audits.

Management interview evidence and the review of relevant policies and procedures demonstrated the service has effective organisation wide governance systems relating to continuous improvement, financial governance, workforce governance, regulatory compliance, feedback, and complaints. Governance relating to information management was generally effective, however some delays in review and updating of care and services plans was identified, as previously assessed in Standard 2.

A review of documents showed that risk management is embedded in the service, with effective policies, procedures and risk management systems in place for high impact high prevalence risks, response to abuse and neglect, dignity of risk, and management and prevention of incidents. Staff had been trained and instructed on these policies and procedures and could provide examples of their relevance in practice.

The service’s documented clinical governance framework included policies relating to antimicrobial stewardship, minimising the use of restraint, and open disclosure. Staff gave examples of how they applied the policies in their work.

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