Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| 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: | Assessment Contact - Desk |
| Activity date: | 11 January 2023 |
| Performance report date: | 31 January 2023 |

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 J Earnshaw 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 - Desk; the Assessment Contact - Desk report was informed review of documents and interviews with staff, consumers/representatives and others
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

|  |  |
| --- | --- |
| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |

**The Assessment Team did not assess all Requirements, therefore a summary or compliance rating for the Standard is not provided.**

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 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | |  |
| 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

This requirement was found non-compliant following a Site Audit conducted 31 August 2022.

The service demonstrated consumers were satisfied with their care and services which were reviewed when their circumstances changed, or when incidents impacted their needs, goals or preferences.

Staff demonstrated an awareness of incident reporting processes and how incidents trigger a reassessment or review which was line in line with the service’s policies and procedures.

Care documentation evidenced review on a regular basis, when circumstances changed or when incidents impacted on the needs, goals or preferences of the consumer.

The service demonstrated a range of quality improvements to address the previous non-compliance were undertaken including the implementation of tools to track the review of care documentation.

Actions included:

* The service has reviewed and updated all care plans in line with their care plan review schedule. Consumers and representatives have input into the plan and provided a copy of the current care plan.
* Established a ‘resident of the day’ review process ensuring each consumer’s care and services is monitored monthly so any changes for the Consumer are identified and actioned, and if required a care plan review will occur.
* The organisation has policies and procedures that guide staff in assessment and planning. The service has provided training to staff in relation to assessment and care planning. Management has oversite of the care planning process and conducts audits to ensure all aspects of the care plan has been reviewed and evaluated within the designated time frame of 4 months or as required if an adverse event or incident occurs.
* The service demonstrated a Plan for continuous improvement which included areas for improvement in relation to care and services at the service, evidencing the identification of non-compliance from the site audit conducted in August 2022. The plan demonstrates the steps the service has taken to ensure all care plans are up to date and a system for review and monitoring of care plans on a 4 monthly basis is now in effect.

I am satisfied the service has taken improvement actions to address non-compliance identified under requirement 2(3)(e) as identified in the Site Audit conducted on 31 August 2022. It is my decision this requirement is now compliant.

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)