Performance

Report

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| Name of service: | Southern Cross Care St Michael's Residential Aged Care |
| Service address: | 62 Centre Street CASINO NSW 2470 |
| Commission ID: | 0038 |
| Approved provider: | Southern Cross Care (NSW & ACT) Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 18 July 2023 |
| Performance report date: | 14 September 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 Michael's Residential Aged Care (**the service**) has been prepared by E Blance, 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 - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives.
* the provider’s response to the assessment team’s report received 8 August 2023.
* other information and intelligence held by the Commission in relation to the service

# Assessment summary

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| Standard 1 Consumer dignity and choice | Non-compliant |
| **Standard 4** Services and supports for daily living | **Non-compliant** |
| **Standard 7** Human resources | **Non-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.

* The Approved Provider ensures each consumer is treated with dignity and respect, with their identity, culture and diversity valued.
* The Approved Provider ensures that meals provided are varied and of suitable quality and quantity.
* The Approved Provider ensures 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.

# 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. | Non-compliant |

Findings

The Assessment Team found the service did not demonstrate consumers were consistently treated with dignity and respect. The Assessment Team Report contained five consumer examples to support the finding the Service did not meet each consumer’s individual needs and preferences in line with the Charter of Aged Care Rights. Some consumers said their dignity was not maintained, due to missed personal care, long waits for personal care or their social- emotional needs not being met. Another consumer outlined impacts to their dignity from being provided foods inconsistent with their dietary requirements. Staff corroborated some of the consumer feedback; additionally, staff said they were not always able to provide care in line with consumer preferences due to insufficient personnel. Observations reflected staff were not introducing themselves, or awaiting permission before entering consumer rooms, though staff did knock beforehand.

The Approved Provider’s written response, dated 8 August 2023, disagreed with the Assessment Team’s findings and included clarifying information about consumer and staff interview evidence. The Approved Provider disputed the accuracy of feedback attributed to consumers and staff, stating that after the Assessment Contact, consumers and staff had disagreed with the accounts attributed to them in the report. The Approved Provider also disagreed with observations and conclusions that staff should introduce themselves before entering consumers’ room. The response contained limited documentary evidence to support the Approved Provider’s position.

I have had regard to the information in the Assessment Team’s report and response. I have placed greater weight on the consumer and staff feedback provided directly to the Assessment Team during the Assessment Contact, as outlined in the report. I was not persuaded by clarifications issued by the Approved Provider on behalf of consumers and staff, and I found that documentary evidence mentioned in the response was not always included or did not clearly support the Approved Provider’s position. On this basis, I am satisfied some consumers’ emotional support and personal care needs and preferences were not met, impacting negatively on their dignity. I find the service non-compliant with Requirement 1(3)(a).

# 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)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Non-compliant |

Findings

The Assessment Team outlined feedback from four consumers, who said they were supported to pursue activities of interest to them and optimise their independence. Lifestyle staff explained how they encourage and support consumers to participate in activities of interest. Staff described what was important to consumers, their interests, and their social, emotional, cultural, and spiritual needs. Consumer care documentation generally aligned with the information provided by staff, however some consumers said they did not receive regular visits in their rooms from the lifestyle team. This information was considered in Requirement 1(3)(a).

In relation to Requirement 4(3)(f), nine of twelve consumers considered meals did not align with their preferences or dietary requirements, were not varied and did not meet expectations for quantity and quality. Consumers stated the food was cold on delivery and portions were small and unpalatable at times. Consumers said meal choices were limited, and some relied on takeaways or food provided by their family or next of kin. Concerns raised at food focus meetings had not been addressed. Observations corroborated some consumer feedback. Documents also corroborated consumer feedback. Staff outlined recent changes to fee structures for ‘off menu’ items, removal of some beverages from serveries and detailed a lack of clear communication about the changes with one consumer’s representative. Management confirmed the service was introducing additional fees to consumers for ‘off menu’ choices, which included some desserts and beverages, finger foods and after-hours food.

The Approved Provider’s response disagreed with the Assessment Team’s findings and included clarifying information to challenge some consumer and staff statements. While I acknowledge the Approved Provider’s response, I have placed greater weight on the feedback provided directly to the Assessment Team, rather than the post-Assessment Contact accounts contained in the response. I accept consumer feedback that meals were not of sufficient quality, quantity or variety. In relation to staff feedback, the Approved Provider noted staff may have misunderstood the recently introduced changes to fees for ‘off menu’ items and outlined steps that would be taken to better communicate the changes. The response also outlined steps to address concerns about food temperature, though the response noted that the service had identified those concerns prior to the Assessment Contact, and actions were already being taken by the service, to address the issues.

I am satisfied the service is not consistently providing meals of sufficient quality, quantity and variety. Consumer feedback was not favourable and whilst the service had commenced taking steps to rectify the matters, the concerns remained at the time of the Assessment Team’s visit. I am persuaded by the ongoing risks to consumers with the ineffective management for provision of meals, and that remedial actions commenced prior to and since this Assessment Contact have not had sufficient time to be reviewed for sustainability and effectiveness. I find the service does non-compliant with Requirement 4(3)(f).

# 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. | Non-compliant |

Findings

The Assessment Team found the service did not demonstrate sufficient number and mix of staff to provide safe and effective care and service delivery. Consumers raised concerns regarding insufficient staff numbers at the service and said this resulted in them missing out on daily cares, assistance with hygiene and toileting, and experiencing lengthy wait times for assistance. Call bell reports indicated 34% of calls were answered outside of target time, however management noted the reports may not be accurate due to staff not consistently wearing sensor tags. Some consumers said staff were ‘very busy’ with no time to ‘chat’ and others reported not wanting to ‘bother’ staff during mealtimes when they were supporting other consumers. Observations during a mealtime showed one staff member on hand, who was not engaging with consumers.

Staff reported being unable to complete their assigned tasks due to high consumer acuity, which also prevented them from socialising as consumers might prefer. Care staff reported they lacked the time to shower all consumers and not at their preferred times. Lastly, the Assessment Team noted that the service did not have an RN on site 24 hours per day, 7 days per week and outlined an unwitnessed fall incident that occurred during a period without an RN on site. The Assessment Team found the consumer’s vital observations and pain management charting was not completed after the fall, although the consumer was later transferred to hospital and received surgery for a fracture. Other management evidence was outlined in the report, however I have not had regard to that in reaching my decision.

The Approved Provider’s response challenged the Assessment Team’s findings and conclusions, and included other information, to support their position. In particular, the Approved Provider disputed the accuracy of consumer and staff feedback outlined in the report, on the basis of conversations the service had with named consumers and staff, after the Assessment Contact. While I acknowledge the response, I have placed greater weight on the accounts provided directly to the Assessment Team by the consumers and the staff.

In relation to the mix of staff deployed at the service, the response noted that the service had not met the RN 24/7 requirements in July of 2023, and this had been reported to the Commission in line with reporting obligations. The Approved Provider disagreed that observations for the consumer who fell were not completed, but the response did not contain documentary evidence to clearly support the Approved Provider’s position. The response acknowledged some deficits in documentation completed following the fall and noted the service had completed training with staff to address the documentation gaps. There is insufficient information to demonstrate the consumer’s fall, or subsequent management of it, was the result of insufficient mix or number of personnel on shift at the time of the fall.

In relation to the call bell response system, the Approved Provider has acknowledged some consumers have experienced call bell delays which aligns with the information brought forward by consumers that responses had impacted the quality of care provided. The Approved Provider acknowledged the system requires some improvement. The Approved Provider states remedial action to improve outcomes for consumers have been initiated.

On balance, while the service was complying with its reporting obligations in relation 24/7 nursing requirements, I have placed greater weight on the accounts provided directly to the Assessment Team by the consumers and the staff. I accept that consumers experienced missed cares, lengthy wait times for personal cares, unsupervised care, which negatively impacted them and increased their risk for unsafe care, including impacts to their dignity, preferences, emotional and physical assessed needs. I accept that staff were unable to complete their assigned tasks due to high consumer acuity and sufficiency of time. The Approved Providers response provided limited documentary evidence to clearly support the Approved Provider’s position in relation to the sufficiency of staff and I find the service non-compliant with Requirement 7(3)(a).

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