Performance

Report

**1800 951 822**

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| Name: | Southern Cross Care St Michael's Residential Aged Care |
| Commission ID: | 0038 |
| Address: | 62 Centre Street, CASINO, New South Wales, 2470 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 6 February 2024 |
| Performance report date: | 7 March 2024 |
| Service included in this assessment: | Provider: 305 Southern Cross Care (NSW & ACT) Limited  Service: 54 Southern Cross Care St Michael's 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 Michael's Residential Aged Care (**the service**) has been prepared by Kimberley Reed, 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
* the provider’s response to the assessment team’s report received 28 February 2024
* 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 | Not applicable as not all Requirements were assessed |
| **Standard 4** Services and supports for daily living | **Not Compliant** |
| **Standard 7** Human resources | **Not applicable as not all Requirements were assessed** |

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.

* Where meals are provided, they are to be varied and of suitable quality and quantity, including meal temperatures.

# 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 |

Findings

Consumers and representatives confirmed staff treated consumers with dignity and respect and consumers felt valued. Consumers provided positive feedback that staffing numbers were sufficient to be able to respect their choices and preferences. Staff were observed treating consumers with dignity and were able to describe methods they used to respect consumers’ identity, culture, and diversity. Consumer care planning documentation included what was important to consumers to maintain their identity.

Consumers and representatives provided feedback staff were aware of consumers’ care and personal preferences including mealtimes, sleep preferences, personal hygiene routines, and care staff preferences. Consumers confirmed staff used their preferred names, knocked prior to entering their room, explained why they were coming into their room and performed care delivery in private.

Staff interviewed knew their consumers and their backgrounds and that each consumer was different and required a different approach to care delivery. Staff stated they always explained to consumers what care delivery they were about to do, ensuring the consumer was comfortable, and respected consumers’ preference for specific genders of staff providing care.

Consumer care documentation was written in a way that demonstrated respect when referring to consumers in progress notes and identified individual consumers’ backgrounds and significant events in their lives including their culture, diversity and care preferences.

The service was found to be noncompliant in this Requirement following an Assessment contact on 8 July 2023 related to consumers were not consistently treated with dignity and respect as staffing numbers did not support the delivery of care in a timely manner impacting consumers’ dignity.

The service has taken actions to rectify the deficits in this Requirement. Actions included the updating of consumer needs and preference assessments to ensure consumers were receiving care and services in line with their preferences. Review of needs and preferences for consumers evidenced these had been updated, including consumers’ preferences for genders of staff providing care.

Education and training were provided to staff through toolbox talks and meetings to support care and service delivery while providing dignity to the consumer. Topics included dignity and respect in aged care, cultural diversity and privacy and preferences.

Staffing levels were increased to ensure staff could attend to consumers in a timely manner to maintain consumer dignity and respect. Allocation sheets and roster documentation evidenced shifts were filled and staff allocations were adjusted daily to reflect increased consumer needs.

Call bell response times have improved to ensure consumers were attended to in a timely manner. Consumers provided positive feedback regarding call bell response times.

Based on the information recorded above, this Requirement is now Compliant.

# 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. | Not Compliant |

Findings

The service was found to be noncompliant in this Requirement following an Assessment contact on 8 July 2023, as the service was not consistently providing meals of sufficient quality, quantity, and variety. While the service implemented actions to address consumers’ negative feedback regarding meals including food trolley covers, updating the dietary needs and preferences of consumers, monthly food focus meetings, menu review and displaying the menu on televisions, 15 of 21 consumers and representatives provided negative feedback regarding meal provision at the service at the Assessment contact conducted 6 February 2024 (seven months after the initial noncompliance was identified).

Negative feedback from consumers and representatives in relation to meal service included the temperature of meals, a lack of choices in meals, food not supporting consumers’ cultural requirements and the sizes of portions.

The Approved provider in its written response to the Assessment contact report has provided further information and actions taken and planned to address the deficits in this Requirement. The Approved provider states there is an ongoing collaborative commitment between themselves and the catering company who supplies meals to the service. An extraordinary food focus meeting was held at the service 15 February 2024 to address verbal feedback and the Assessment contact report. Meeting minutes were submitted by the service as part of the response, which evidenced 15 consumers attended the meeting. It was noted that feedback derived from the meeting was generally positive about the food service. I also note of the 15 consumers or representative included in the Assessment contact report as providing negative feedback regarding food services, one consumer only was present at the meeting.

The Approved provider committed to enhanced monitoring of meals, including additional temperature checks of meals, records of which are in respective serveries. Temperature records of last meals were provided in the Approved provider’s response for the period of 12 to 24 February 2024. While the records indicate meal temperatures are being monitored and corrective actions taken, such as the use of a microwave oven to heat meals, I also note on six occasions on Level 1 the temperature of the last meal at dinner was prior to 5pm, which is noted by the Approved provider in their response as the mealtime for dinner service. On 16 February 2024, the temperature records for Level 1 at dinner indicated the last meal temperature was taken at 4.36pm. I am unable to determine how meals on Level 1 were kept warm between this time and dinner service.

Staggered times for meal delivery have been introduced to ensure the time between plating of meals to delivery of meals is minimised. There separate timeframes have been determined by the new regime of delivering the meal trolleys. Staff presence during mealtimes have been increased and established, this includes management and the lifestyle and engagement team. I am unable to determine through documents submitted by the Approved provider if this process is for all meals and if it occurs on the weekend.

A food satisfaction survey was conducted (I am unable to determine the exact date of the survey) and 28 consumers or representatives completed the survey. The Approved provider in its written response summarised some of the positive feedback derived from the survey results from 11 consumers or representatives. However, I also noted 30% of respondents to the survey indicated they strongly disagreed or disagreed to the question ‘My hot/warm foods are always a nice temperature’. Other suggestions or improvements for the meal service noted in the survey results included six respondents suggesting an improvement to meal temperatures was required.

For one named consumer who stated they had an allergy to eggs, a case conferenced was held to clarify the allergy and the consumer is now alerted if eggs feature in the menu. The consumer was noted to have lost weight and the Approved provider stated a referral to the Dietitian has occurred. I am unable to determine from the Approved provider’s response when the consumer will be reviewed by the Dietitian.

While I acknowledge the actions taken by the Approved provider to address consumer satisfaction with meal service, I am concerned by the ongoing negative feedback from consumers relating to meal temperatures. It is my decision the Approved provider requires additional time to address consumer concerns regarding meal temperatures and therefore, this Requirement remains Noncompliant.

# 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

Consumers were satisfied with the quality of care and services delivered and with the availability of care and support staff. Policies and procedures were available to guide management and staff in planning and rostering. The service’s base roster was planned to ensure sufficient clinical care and hospitality staff were available to meet the needs of consumers. The base roster was adjusted when the needs of consumers changed. Registered staff were always available and the response of staff to call bells was monitored daily.

Care and services staff confirmed there were enough staff to enable them to perform their duties. Staff stated they rarely experience shifts that were not filled, and management were responsive to staffing needs when raised. Management added extra staff when needed and moved staff around when it was identified workloads had changed. Management monitored call bell data and clinical indicator reports, including feedback from staff and consumers to monitor the effectiveness of staffing levels at the service.

The service was found to be noncompliant in this Requirement following an Assessment contact on 8 July 2023 related to the service did not demonstrate sufficient numbers and mix of staff to provide safe and effective care and service delivery.

The service has taken actions to rectify the deficits in this Requirement. Actions included a recruitment drive was undertaken to secure 13 additional staff, including three registered staff. A daily review of staff allocation sheets occurred to ensure consumers’ care needs could be supported. The service maintained an open and transparent approach to staffing concerns with consumers, and meeting minutes confirmed recruitment processes were discussed with consumers and representatives.

To improve the call bell response times the service implemented an approach which enabled the Facility manager to monitor in real time when a call bell alert was activated, responded to, and how long the staff member assisted the consumer. Call bell response times have decreased over the past 2 months to an average of 12 minutes. Feedback from consumers was positive in relation to call bell response times and staff commented positively that the changes implemented have enabled them to respond to consumer needs. Other changes have included staff carrying a walkie talkie and pager to communicate with other staff and staff wearing a badge to record when they enter and leave a consumer’s room.

To ensure monitoring of staffing levels, consumer and staff feedback was gathered through regular meetings, staff and consumer surveys and comments and complaints processes. Staff meetings during August and September 2023 evidenced discussions on staffing and consumer meeting minutes during August 2023 evidenced staffing was addressed. Review of the staff survey in November 2023 evidenced all categories of staff satisfaction increased from below 50% for the previous period to above 80% reflecting improvements in staff satisfaction.

Based on the information recorded above, 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)