Performance

Report

**1800 951 822**

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| Name of service: | Southern Cross Care (Qld) Ltd - Stretton Gardens |
| Service address: | 209-225 Illaweena Street Drewvale QLD 4116 |
| Commission ID: | 5595 |
| Approved provider: | Southern Cross Care (Qld) Ltd |
| Activity type: | Site Audit |
| Activity date: | 7 November 2022 to 16 November 2022 |
| Performance report date: | 5 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 (Qld) Ltd - Stretton Gardens (**the service**) has been prepared by M. Nassif, 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.

# Assessment summary

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

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 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 and representatives said staff treated them with dignity and respect and they felt valued as an individual. Staff were observed treating consumers with dignity and respect and displayed detailed knowledge of consumers and their individual backgrounds and preferences. Care planning documents outlined consumer's backgrounds and personal preferences and showed consideration was given to consumers’ identity, culture and diversity.

Consumers and representatives confirmed the service valued and respected their cultural backgrounds and structured their care accordingly. Staff identified consumers from a culturally and linguistically diverse background and described how they supported their wellbeing and health. Care planning documents specified details about consumer’s backgrounds and what was important to them.

Consumers and representatives said consumers were supported to exercise choice regarding how their care and services were delivered and to maintain their independence, personal connections and relationships. Staff knew the preferences and choices of specific consumers and described how they supported them to make informed choices and maintain relationships of choice. Care planning documents recorded consumers’ decisions and preferences for maintaining their independence and personal connections.

Management explained how the service supported consumers to make choices and take informed risks. Staff described consumers were supported in their choices to live their best lives. Consumers confirmed they were supported to make choices and undertake activities involving risks, if they wished. Documents evidenced risks are assessed and managed.

Consumers and representatives confirmed they received timely and accurate information they could understand. Management and staff described different ways information was provided to consumers, in line with their personal needs and preferences. Information provided to consumers to support their decision making was observed to be presented in a way or format that was clear and easy to understand.

Consumers and representatives described how their privacy was respected by staff. Staff said they respected consumer's privacy and dignity by always knocking on doors before entering consumer's rooms and announcing themselves. Staff also said they logged out of computers when not in use and arranged for paper-based documentation with any personal details to be disposed of securely. The service’s written privacy policy outlined how the service protected the privacy of personal and sensitive information that is collected, used, disclosed, and accessed.

# 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. | Compliant |

Findings

Management explained how assessment and care planning considered risks to each consumer’s health and well-being and informed the delivery of safe and effective care. Care planning documents demonstrated effective, comprehensive assessment and planning processes which identified the needs, goals and preferences of consumers, including risks to their health and well-being. Staff described the care planning process in detail, and how it informed the delivery of care and services.

Staff described how assessment and care planning identified and addressed consumers' current needs, goals and preferences, including advanced care planning and end-of-life planning, if the consumer wishes. This was reflected in care planning documents and feedback from staff.

Care planning documents evidenced regular care plan evaluations and reviews, and the involvement of a diverse range of external providers. Staff described the importance of consumer-centred care planning and explained how they actively collaborated with consumers, representatives and other providers to ensure quality care. Consumers and representatives explained who was involved in their care assessment and planning.

Consumers and representatives said the service maintained good communication with them, particularly around changes in care and medication, and have access to care planning documents. This was reflected in care planning documents.

Care planning documents evidenced review of care and services occurred on both a regular basis and when circumstances changed. Clinical staff described how and when consumer care plans were reviewed in line with the service’s policies. Consumers and representatives said staff regularly discussed their care needs and any changes requested were addressed in a timely manner. The service had policies and procedures outlining the assessment and planning review process on a 3-monthly basis or following a change in condition or circumstances.

# 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 and representatives said they received safe and effective personal and clinical care that was best practice, tailored to meet the consumer's needs and to optimise their health and well-being. This was also reflected in care planning documents. The service had policies, procedures and work instructions for key areas of care such as; restrictive practices, wound management and pain management, which were in line with best practice. Staff could readily access these procedures.

Management and staff identified the high-impact and high-prevalence risks to consumers and explained how they were effectively managed through regular monitoring of clinical data and implementing of suitable risk mitigation strategies for each consumer. This was consistent with care planning documents. Consumers and representatives said the service was adequately managing risks to consumers' health.

Care planning documents included an advance care plan which aligned with consumers’ wishes. Staff described how they approached conversations around end of life and described how they care for consumers nearing the end of life through supporting regular family visits (including offering overnight stays), regular pressure area care, hygiene and comfort care and pain relief.

Care planning documents showed deterioration was identified, escalated and responded to. Consumers and representatives said the service recognised and responded to changes in condition in a suitable and timely manner. Staff were trained to recognise and respond to various signs of deterioration.

Staff described how the service effectively documented and communicated current information about consumers’ condition, needs and preferences and shared the information with those involved in their care. Consumers and representatives were satisfied with the communication and response to changes a consumers' condition. Care planning documents provided adequate information to support effective and safe sharing of the consumer's information and support care.

Consumers and representatives said they had timely and appropriate access to other relevant health supports. This was evident in care planning documents and staff described the process for referring consumers to other health professionals.

Consumers and representatives were satisfied with the service’s management of COVID-19 precautions and other general infection control practices. The service had a trained infection prevention and control lead. The service had daily protocols in place during infection outbreaks.

# 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 and representatives said they were supported to participate in the activities they liked, and they were provided with the appropriate support to optimise their independence and quality of life. Staff knew consumers personally and could describe what they liked to do and talk about, and this aligned with their care plan. Consumers of varying levels of ability were seen engaged in suitable activities and being assisted when needed.

Consumers and representatives reported consumers’ emotional, spiritual and psychological needs were supported. Staff described how they supported consumers’ emotional, social, and spiritual needs by facilitating important relationships, offering pastoral care, providing lifestyle supports, and weekly church and religious services. Care planning documents aligned with information provided by consumers, representatives and staff.

Consumers and representatives said they were supported to participate in activities within and outside the service environment, maintain social and personal connections and do things that were important to them. Care planning documents identified the people important to consumers and the activities that interested them. Staff provided examples of consumers who were supported to maintain their relationships, both inside and outside of the service.

Consumers and representatives said the consumer's condition, needs and preferences were effectively communicated within the service and with others responsible for care. Staff described how they shared information and were kept informed about changes to consumers’ condition, needs and preferences. Care planning documents provided accurate and up to date information about consumers.

Consumers and representatives said they were supported by other individuals and organisations providing care and services when needed. Care planning documents showed timely and appropriate referrals of consumers to other organisations and services. Staff identified the other organisations providing care and services to specific consumers.

Consumers and representatives said the service provided meals of suitable quantity, quality and variety. Consumers said they were given a choice for each meal daily and they could request alternatives. Staff explained how consumer preferences were incorporated into the seasonal menu and how feedback was used to inform the development of the menu, which was approved by a dietitian.

Consumers and representatives reported having access to safe and suitable equipment to support their daily living and leisure and lifestyle activities. Staff said they had access to equipment when they needed it and described how equipment was kept safe, clean, and well maintained. Staff said they cleaned mobility equipment, and if they noticed something was not working properly, they took it out and reported it to maintenance, and arranged a loan item for the consumer.

# 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 and representatives said the service environment was welcoming and enhanced their sense of belonging and independence with easy accessibility throughout the various parts of the service. Management described features of the service that made consumers feel at home and optimised their sense of belonging and ease of navigation such as, clean, uncluttered halls, handrails and clear directional signage. The outdoor areas included a sensory garden, seating and shaded areas for consumers and their families to enjoy.

Consumers and representatives said the service was clean and well maintained and they could move freely around, both indoors and outdoors. Staff confirmed consumers could move freely both indoors and outdoors and described how they assisted consumers with limited mobility to get around. Staff explained how maintenance and cleaning services were managed effectively and promptly.

The furniture, fittings and equipment were observed to be safe, clean and well maintained. Consumers and representatives said the equipment, furniture and fittings were checked, cleaned and maintained regularly. Maintenance records showed requests were attended to in a timely manner.

# 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 representatives said they felt comfortable to provide feedback or raise concerns with staff and management. Management and staff described the processes in place to encourage and support feedback and complaints. A range of resources available to consumers relating to the feedback and complaints mechanisms were observed throughout the service. Feedback forms and lodgement boxes located throughout the service were checked daily.

Consumers and representatives said they were aware of advocacy and language services and other avenues for raising complaints, if needed. Management described the information and brochures about advocacy and language services available around the service, if required. Documentation and observations confirmed the service was actively promoting advocacy services and the information was easily accessible to consumers and representatives.

Consumers and representatives said the service took appropriate action to address their concerns when they complained, or when an incident occurred. Management provided examples of how action had been taken in response to feedback and complaints, and when things went wrong. Staff demonstrated an understanding of open disclosure and said they would apologise to a consumer in the event something went wrong.

Consumers and representatives reported feedback and complaints were used to improve services. Management described the specific actions taken in response to feedback and complaints and how they were used to inform continuous improvement across the service. Management explained how consumer feedback from consumer meetings was also used to inform improvements and this was confirmed by meeting minutes.

# 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 and representatives said there were enough staff to provide timely and safe care and services. Management described how they ensured there was enough staff to provide safe and quality care by having a base roster which was calculated to cover the care needs and preferences of consumers. Workforce planning documents showed the rostered staffing levels met the needs of consumers. Management described how call bell response times were monitored and any response times over 8 minutes were investigated.

Consumers and representatives said all staff were kind, gentle and caring when providing care. Staff were observed interacting with consumers in a kind, caring and respectful way. Staff showed they were familiar with each consumer's needs, preferences and identity and used their preferred name and engaged in activities of interest to them.

Consumers and representatives said staff performed their duties effectively. Management and staff described how the workforce was supported to build competencies and knowledge to perform their roles. Documentation showed the service had structures and processes in place to ensure the workforce was appropriately qualified and competent to perform their roles. Position descriptions included responsibilities, qualifications and registrations required for each role.

Consumers and representatives said staff had the appropriate skills and knowledge to deliver safe and quality care and services. Management said there was annual mandatory training for all staff. All staff said the service supported them to perform their role effectively and they were provided with mandatory and supplementary training. Training records demonstrated most staff were up-to-date with their training.

Management explained how the service had a schedule for conducting staff performance appraisals. Records showed performance reviews had been undertaken consistently throughout 2022 although some performance appraisals were overdue. Staff outlined how their performance was routinely monitored and they had annual performance appraisals. Records of completed performance appraisals demonstrated a comprehensive performance evaluation process showing input from both the staff member and management.

# 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 and representatives felt they were actively engaged in the development, delivery and evaluation of care and services. Management described a variety of mechanisms in place to ensure consumers and representatives provided input and had a say in decisions about the care and services provided to them. Records from various feedback mechanisms demonstrated suggestions were followed up by staff and the information was used to plan improvements.

Management described an organisational structure which facilitated the oversight and governing of the delivery of quality care and services across the service. Monthly clinical indicators and medication advisory meeting minutes evidenced the occurrence of regular monitoring by the organisations governing body.

Management described how the organisation had effective organisation wide governance systems in relation to; information management, continuous improvement, financial governance, the workforce, regulatory and legislative compliance, and feedback and complaints. For example, in relation to financial governance, there are processes to prepare an annual budget of expenditure organisationally with input from management.

The service had effective risk management systems in place for high impact or high prevalence risks to consumers, identifying and responding to elder abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents. Staff confirmed they could access the policies and had received appropriate training. Risks and incidents were reported, escalated, and reviewed by management at the service and by the Board.

The organisation had a documented clinical governance framework with policies and procedures covering antimicrobial stewardship, minimising the use of restraint, and open disclosure. Staff had been educated about the policies and were able to provide examples of how they applied to their day to day 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)