Performance

Report

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| Name of service: | Southern Cross Care Taroom - Leichhardt Villa |
| Service address: | 1 McCorley Court TAROOM QLD 4420 |
| Commission ID: | 5040 |
| Approved provider: | Southern Cross Care (Qld) Ltd |
| Activity type: | Site Audit |
| Activity date: | 13 June 2023 to 15 June 2023 |
| Performance report date: | 13 July 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 Taroom - Leichhardt Villa (**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

This Quality Standard is compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers said they felt respected, with their identity valued by staff. Staff explained how they supported and respected consumers individuality and background. Care planning documents contained information about consumers life, interests, and preferences to guide the delivery of care and services.

Consumers and representatives said consumers’ cultural and spiritual preferences were embraced and supported by the service. Staff explained ways to support consumers’ cultural and spiritual needs. Consumers were observed to receive culturally safe care and services, consistent with information contained in care planning documents.

Consumers said they were supported to make decisions about care and services, who should be involved, and to maintain relationships. Staff demonstrated knowledge of consumers decisions, consistent with information in care planning documents.

Consumers said they were supported to do the things they enjoyed and add value to their life, and staff discussed any risks associated with these choices. Staff explained risks were discussed with consumers, representatives, and others through assessment and consultation processes. Care planning documents included risk assessments, with risk mitigation strategies in place.

Consumers explained how they supported to make informed decisions about care and services through easy to understand, accessible information, such as daily menus, activity schedules, and direct feedback from staff. Staff outlined how they communicated information in a clear manner for consumers, including for consumers living with cognitive impairment. Information was observed throughout the service environment to support consumers in making decisions.

Consumers and representatives said their privacy and personal space is respected. Staff described practical ways consumer privacy is maintained and respected. Staff were observed respecting consumers privacy and accessing care information with personalised logins and passwords.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Care planning documents demonstrated assessment and planning assessed and contained individualised information about potential risks associated with consumers’ health and well-being, to inform the delivery of safe, effective care and services. Policies and procedures guided staff in the assessment and planning processes, including consideration of risks to consumers.

Management and staff said the service discussed advance care and end of life planning with consumers. Care planning documents reflected consumers and representatives were engaged in assessment and planning processes, and included information about consumers’ needs, goals, preferences and advance care and end of life wishes.

Consumers and representatives said, and documentation confirmed, consumers, representatives and other providers of care and services were involved in the assessment and planning of consumers’ care and services. Management explained how they involved consumers and representatives in the assessment and planning process.

Consumers and representatives said they were able to access a copy of the care and services plan. Management explained how they communicated the outcomes of assessment and planning with consumers, representatives, and others such as through face to face meetings, email or telephone communication.

Management and staff explained consumers care and services were reviewed on a quarterly basis, or at other times when there was a change in consumer’s condition, needs, goals or preferences. Care planning documentation evidenced care and services were regularly reviewed for effectiveness, including when circumstances changed or when incidents occurred.

# 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers said they received safe, effective, personal and clinical care in line with their needs and preferences. Staff explained they followed policies, procedures, guidelines and conducted health and risk assessments to provide best practice, safe, and effective personal and clinical care. Care planning documents evidenced consumers received safe and effective clinical care.

Management explained high-impact, high-prevalence risks were managed through assessment, monitoring, and review processes. Staff demonstrated an understanding of consumers assessed needs and explained how they managed high-impact, high-prevalence risks associated with the care of consumers. Care planning documents demonstrated the service implemented effective processes to manage high-impact, high prevalence risks.

Consumers and representatives said consumers had advance care directives and end of life preferences discussed with them, including consideration of needs, goals, and preferences. Management and staff explained they supported consumers end of life care, to maintain consumers dignity and comfort, and discussed matters with consumers and their family where appropriate. Policies and procedures guided staff practice for end of life care.

Consumers and representatives considered the service identified and responded to deterioration or changes in consumers in an appropriate and timely manner. Management and staff described how the service monitored consumers health and well-being to detect any change, or deterioration. Care planning documents evidenced deterioration and changes in function, capacity or condition were recognised and responded to in an appropriate timeframe.

Documentation, consumer and staff feedback demonstrated information about consumers condition, needs, and preferences were adequately documented and shared, for example during handover process. This was consistent with observations.

Management explained the process and timeframes in place to support timely and appropriate referrals. Documentation demonstrated referrals to health practitioners and other organisations were appropriate and completed in a timely manner.

Management and staff outlined processes in place to minimise infection related risks and promote appropriate antibiotic prescribing, and staff were observed following infection prevention measures.

# 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives said the service provided a range of services and supports which met consumers daily living needs, preferences, and choices. Staff explained how the service supported consumers, and aimed to optimise consumers’ sense of identity, independence, and well-being. Care planning documents contained personalised information about consumers’ needs, goals, and preferences to guide staff in the delivery of care and services.

Consumers said their emotional and spiritual needs were supported. Care planning documents included strategies in place to support consumers emotional, spiritual, and psychological well-being. Staff were observed to provide reassurance and emotional support for consumers.

Consumers and representatives said consumers were able to do things of interest within and outside the service, and keep in touch with people important to them. Care planning documents outlined ways to support consumers to do things of interest and maintain connections.

Consumers and representatives considered information about consumers was effectively communicated between relevant staff and other organisations as appropriate. Management and staff described how they documented and communicated information about consumers. Care planning documents provided adequate information to support effective and safe care.

Consumers said they are referred and had access to other organisations and providers of care and services, as evidenced in care planning documents. Management and staff described how they worked with other organisations and services to meet consumers’ needs.

Consumers considered meals were satisfactory and aligned with their preferences and dietary requirements. Staff explained consumers were provided choices when selecting meals, and encouraged to provide input into the menu by providing feedback directly to staff, through questionnaires, or a meetings. Care planning documents included information about consumers dietary needs and preferences to guide staff in the delivery of suitable, varied meals of appropriate quantity and quality.

Consumers and representatives considered the service kept equipment used for daily living clean and well maintained. Staff confirmed they had access to safe and appropriate equipment to support consumers in daily activities, and described the processes in place to maintain the safety and cleanliness of equipment.

# 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

This Quality Standard is compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers reported they felt at home and were encouraged to personalise their rooms, as observed. Management described various features of the services and how they promoted a sense of belonging, independence, interaction, and function for consumers. The service environment was observed to be well lit with wide hallways to facilitate the safe and easy movement of consumers.

Consumers and representatives reported the service was clean and well maintained, consistent with observations. Management outlined the processes for cleaning and maintaining the service environment, including accommodating consumers individual preferences and needs. Consumers were observed moving indoor and outdoor.

Staff described, and documentation confirmed, appropriate processes and policy were in place to maintain the safety and cleanliness of furniture, fittings, and equipment. Furniture, fittings, and equipment were observed to be safe, suitable, well maintained and clean.

# 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

This Quality Standard is compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers and representatives said they were comfortable in providing feedback and making complaints. Staff described the various ways consumers, representatives, and others were encouraged to provide feedback and complaints, such as through feedback forms, meetings, surveys, or directly to staff and management.

Consumers and representatives said they were aware of other ways to raise feedback and complaints. Management and staff described ways they supported consumers with communication barriers in providing feedback or complaints, such as accessing interpreter services. Information was observed throughout the service environment to support consumers in accessing advocacy services.

Consumers and representatives said the service responded to feedback and complaints in an appropriate and timely manner. Management explained how they responded to complaints or incidents using an open disclosure processes. Documentation demonstrated the service responded to complaints and incidents in an appropriate way, using an open disclosure process.

Consumers and representatives considered feedback and complaints were used to improve the quality of care and services. Management explained, and documentation confirmed, feedback and complaints data were trended and discussed during meetings to make improvements across the service.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives considered there were enough staff to provide care and assistance for consumers when required. Management outlined the strategies in place to plan and enable the workforce to deliver safe, quality care and services. Staff rosters and call bell data response times demonstrated the service had sufficient staff available to provide consistent care for consumers.

Consumers and representatives said staff were kind, caring, and respectful towards consumers, consistent with observations. Staff demonstrated knowledge of consumers’ needs, interests, and preferences.

Management advised position descriptions outlined the minimum requirements required for each role, including qualifications, experience, knowledge, and explained verification systems were in place. Management explained qualifications and skills are checked upon application of employment. Documentation confirmed staff had the required qualifications, knowledge, skills, checks, and registrations required for their respective role.

Staff described the service as being supportive and proactive in providing ongoing training, upskilling, and mentorship. Management said, and documentation demonstrated, the service provided training covering topics relevant to these standards and most staff had completed this training.

Management explained staff performance was formally reviewed during the probation period and on an annual basis, as confirmed by documentation. Outside formal review processes, management advised staff were provided guidance and feedback about their performance during observations and interactions.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives said they were engaged in processes to provide feedback about care and services, such as through meetings, surveys, or speaking directly to management or staff, consistent with documentation.

The organisation’s governing body promoted a culture of safe, inclusive, quality care and services accountable for delivery in various ways such as clear reporting mechanisms and structures, board meetings, advisory boards, sub-committees, performance reports, and face to face meetings with consumers and their families. Documentation demonstrated the governing body was accountable for the delivery of care and services.

The service demonstrated it has effective organisation wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliant and feedback and complaints. For example, feedback and complaints were supported by mechanisms such as forms and surveys, with trends analysis discussed and used to identify areas of improvement.

The organisation’s risk management policy, guideline, and matrix outlined how risks should be identified, assessed, managed, and mitigated. In addition, a governance framework outlined areas of responsibility and accountability when managing and preventing high-impact, high-prevalence risks, abuse and neglect, supporting consumers to live their best life, and incident management. Management and staff provided examples of how they identified and responded to risks to help consumers live the best life they can, managed and prevented incidents.

The clinical governance framework was supported by policies, procedures, and training which included antimicrobial stewardship, minimising the use of restraint, and using open disclosure. Staff provided examples of how they minimised the use of restraint, prevented and managed infection related risks, and used open disclosure to be transparent about incidents.

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)