Performance

Report

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| Name of service: | Southern Cross Care Tenison Goulburn Residential Aged Care |
| Service address: | 19 Upper Sterne Street GOULBURN NSW 2580 |
| Commission ID: | 0705 |
| Approved provider: | Southern Cross Care (NSW & ACT) Limited |
| Activity type: | Site Audit |
| Activity date: | 7 February 2023 to 9 February 2023 |
| Performance report date: | 7 March 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 Tenison Goulburn Residential Aged Care (**the service**) has been prepared by D. McDonald 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.
* the provider’s response to the assessment team’s report received 3 March 2023.

# 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 said they were treated with dignity, respect and felt valued. Staff were knowledgeable of consumers’ individual preferences, knocked on doors to respect privacy and celebrated cultural and religious events. Staff underwent cultural awareness training and care documentation reflected consumers’ social, emotional, spiritual, and cultural preferences.

Consumers and representatives said staff understood consumers’ individual needs and how to ensure they felt safe. Care documentation supported consumers’ diverse needs and preferences were identified upon entry, with care and services such as activities or religious services, modified in response.

Consumers said they were supported to make decisions affecting their health and well-being. Staff were observed supporting consumers to make choices such as meal and activity selection. Care documentation captured care and service choices made during case conferences and evidenced change of decisions were noted.

Consumers said they were supported to take risks to do what was important to them. Staff were knowledgeable of consumers who wished to undertake activities which presented potential risks, undertook assessments, and ensured informed consent was obtained for risk taking activities. Care documentation evidenced risk assessments and agreements.

Consumers and representatives said they received information verbally, through newsletters, emails, consumer meetings or from noticeboards. Staff confirmed they communicated with consumers regarding service operations or changes to care and described various methods to communicate with consumers with reduced cognition, visual or auditory impairment.

Consumers said their privacy was respected and personal information kept confidential. Staff were observed appropriately accessing consumer information through the password protected electronic care management system and care documentation evidenced consumers’ privacy preferences.

# 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

Staff said they discussed care and assessed risk with consumers, representatives, and allied health professionals during the care planning process. Care documentation evidenced assessments undertaken from entry to identify, discuss and assess risks to consumers, including mitigation strategies.

Consumers and representatives felt supported to discuss consumers’ care needs, including advance care and end of life preferences. Staff were knowledgeable of palliative processes and care documentation reflected end of life preferences had been recorded.

Consumers and representatives confirmed consultation occurs during assessment and care planning processes. Care documentation evidenced case conferences occurred with the consumer, their medical officer and allied health professionals. Staff confirmed case conferences are scheduled and completion is monitored.

Consumers and representatives said they were informed regarding care and services and could obtain copies of care plans. Staff described the care planning process and care documentation evidenced amendments to care and services aligned to changes in consumers’ needs or preferences.

Care documentation evidenced care plans were reviewed every 4 months, or in response to incidents or changes to consumers’ condition. Staff described the scheduled review process including an email alert system to undertake routine reviews. An assessment and care planning policy guided staff practice.

# 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 confirmed they received personal and clinical care tailored to their needs and preferences. Staff were knowledgeable of consumers’ individual care needs and best practice responses. Care documentation evidenced individualised care that was safe and effective, including for restrictive practices and falls management.

Consumers and representatives provided positive feedback regarding management of high-impact and high-prevalence risks. Staff referenced monthly clinical reports highlighting at-risk consumers and undertook further investigation, if required. Care documentation evidenced identification, intervention and monitoring of risks and care responses.

Staff described palliative care provided to consumers and the support given to representatives when consumers approach end of life, with a palliative care nurse available if additional support is required. A palliative care policy guides staff in end of life care. Care documentation was updated to reflect consumer’s current needs upon being considered palliative.

Consumers and representatives confirmed staff recognised deterioration and responded appropriately. Staff described when a consumer’s condition is unstable, monitoring processes include shift to shift handover and weekly care reviews. Care documentation evidenced consumers were monitored for potential infection, when changes were detected.

Consumers provided positive feedback regarding communication of changes. Staff described consumers’ condition were discussed during meetings and they used the electronic care management system to access consumers care plans. Care documentation evidenced consumers’ condition, treatment, appointments, and interventions were recorded.

Consumers and representatives provided positive feedback regarding referrals to other care and service providers. Staff were knowledgeable of referral pathways and appropriate selection of specialists from the service’s established network of allied health professionals. Care documentation reflected timely and appropriate referrals.

Staff said they underwent infection control training and an Infection Control Lead monitored staff practices. Visitors were observed being screened for infection on entry and the service offered vaccinations. Management advised staff observed best practice use of antibiotics and were guided by infection control policies, procedures and management plans.

# 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 said the service supported their daily living through safe and effective services. Staff said they confirmed consumers’ needs and preferences at entry, during regular discussions and tailored activities in response. Meeting minutes reflected consumer involvement in the development of services and supports.

Consumers said they can acknowledge and observe sacred, cultural, and religious practices. Church services were observed to be held each week. Staff offered one to one support when they recognised consumers with low mood.

Consumers said they were supported to undertake activities within the service and community to practice their religion and maintain relationships. Staff supported consumers by respecting their chosen activities and facilitating access to those of importance to the consumer. Documentation evidenced collaboration with consumers to tailor services and supports.

Consumers said their services and supports were effectively coordinated and communicated between the service and other providers. Representatives confirmed the service contacted them to provide updates or discuss consumers’ care changes. Care documentation evidenced updated information and input from other providers to support safe and effective care and services.

Consumers said they were referred to other providers as required. Care documentation reflected timely and appropriate referrals when additional support services were required. Staff understood referral pathways.

Consumers were aware food was available at any time and staff were knowledgeable of consumers’ dietary preferences and needs. Menus were reviewed during consumer meetings and changes made in response to feedback. Care documentation and handover sheets reflected dietary information.

Consumers said they had access to mobility and recreational equipment to support their daily living. Staff said they were trained to safely use specialist equipment and could describe the process to service, repair and maintain equipment. Staff utilised a preventative maintenance schedule and equipment was observed to be safe, clean, and maintained.

# 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, representatives, and visitors said they found the service welcoming and easy to navigate. The service included navigational signage, internal and external seated areas, large televisions, and a café. Consumers said they personalised their rooms with their own items and staff were observed assisting consumers to interact with others and participate in activities.

Consumers provided positive feedback regarding cleanliness of the service and timeliness of maintenance. Consumers were observed moving freely between internal and external areas and staff were guided by policies, procedures and schedules regarding maintenance and cleaning.

Consumers said equipment was well-maintained, safe, and clean. Staff described processes to electronically register maintenance requests and were guided by policies for maintenance, stock management and electrical safety. Furniture and equipment was observed to be clean and suitable for consumer use.

# 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 make complaints and knew how to do so. Staff were knowledgeable of relevant lodgement processes, including forms, an online portal or direct discussion with staff. Meeting minutes reflected consideration of feedback and complaints.

Most consumers were aware of advocacy services they could access to support a complaint. Staff described how they assisted consumers with cognitive impairment and language barriers to provide feedback or make a complaint. Consumer entry packs, feedback forms and brochures detailed advocacy and language services.

Consumers and representatives said appropriate action was taken in response to their complaints and open disclosure was practiced. Consumers gave examples of how complaints were managed and resolved in a timely manner. A Complaint register monitored the resolution of complaints and evidenced open disclosure occurred.

Consumers provided gave examples of improvements made in response to their feedback. Meeting minutes evidenced identification of trends to ensure the service understood key issues requiring attention. The plan for continuous improvement included items derived from consumer feedback.

# 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 provided positive feedback regarding availability of staff and the care provided to consumers. Staff said they were sufficiently resourced to provide the level of care needed and rosters evidenced a full allocation of permanent staff across 24-hour periods and utilisation of casual or agency staff to address planned and unplanned leave.

Consumers and representatives said staff were respectful, kind, and caring. Staff were knowledgeable of consumers’ culture, needs and preferences, and positive interactions between staff and consumers were observed.

Consumers and representatives were confident staff were qualified to meet consumer’s care needs. Recruitment documentation evidenced required qualifications, registrations, and vaccinations. New staff were paired with experienced staff, in order to assess their competency on commencement.

Consumers and representatives were confident staff were trained and equipped to deliver safe and quality care and services. Staff underwent mandatory role-specific training including, but not limited to, infection control, manual handling, and medication use. Training records reflected the completion of training was monitored.

Staff participated in annual performance appraisals and management described further evaluating staff performance through observation, audits, feedback, and complaints. Staff said appraisals included discussion, development feedback and identification of further education. Records demonstrated outstanding performance appraisals scheduled for completion by   
April 2023.

# 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 said they were engaged in the development and delivery of care and services through meetings, surveys, and feedback forms. Staff described engaging consumers in care planning, review meetings and discussions and relayed information to management, as appropriate. Documentation evidenced feedback was sought from consumers regarding delivery of care, activities, meals, and staffing.

Accountability and promotion of a safe culture was demonstrated by the governing body practicing transparency, seeking external advice and actioning recommendations. The service submitted monthly reports to the governing body regarding audits, risks and incidents which evidenced compliance or improvement actions. The service shared information with consumers and representatives regarding legislative updates, policies, and procedures.

Legislatively compliant systems and processes were evidenced to support information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. A continuous improvement plan was monitored to ensure appropriate action in response to feedback and complaints.

High-impact and high-prevalence risks were systematically identified, reported, escalated, and reviewed to improve care delivery. Staff were knowledgeable of consumers susceptible to risks and responsive minimisation strategies. An incident register evidenced appropriate recording and reporting of serious incidents and subsequent actions.

A governance framework, policies and procedures ensured staff understood the processes to enable delivery of safe, quality care. Staff were knowledgeable of antimicrobial stewardship, using restrictive practices as a last resort, and the principles of open disclosure, and had completed relevant training.

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)