Performance

Report

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| Name of service: | Southern Cross Care Thornton Park |
| Service address: | 72-78 Empire Circuit PENRITH NSW 2750 |
| Commission ID: | 0495 |
| Approved provider: | Southern Cross Care (NSW & ACT) Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 11 May 2023 |
| Performance report date: | 9 June 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 Thornton Park (**the service**) has been prepared by M.Wyborn, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |

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 3

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| Personal care and clinical care | |  |
| 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 |

Findings

The service demonstrated that consumers who have experienced a deterioration or change in their physical health, cognition or mental health appropriately have their needs recognised and responded to in a timely manner. The Assessment Team reported that the service effectively notifies relevant parties who need to be informed, and the service demonstrated that registered nurses have completed appropriate education relating to consumers who are experiencing clinical deterioration, effective incident management processes, and effective management of unexpected consumer deterioration. In addition, toolbox talks have been introduced at the service for all staff to ensure that appropriate education is delivered at the right time.

The service demonstrated that management review daily handover reports in the consumer electronic care management system, and monitor progress note entries. Registered nursing staff complete daily progress notes for all consumers who are receiving palliative care and are unwell or are deteriorating.

The Assessment Team reported that the organisation’s emergency decision-making guidelines are available at each nurses station and in the staff training room.

With these considerations, I find the service compliant in Requirement 3(3)(d).

The service demonstrated effective processes to ensure relevant information about each consumer’s condition, needs and preferences is documented and communicated within the organisation and with others responsible for their care. Consumer care plans provide sufficient detail to enable staff to deliver effective care and the service demonstrated that consistent and current information is shared. Care planning policies and procedures appropriately describe processes for staff to communicate information relevant to each consumer’s care needs both within the organisation and with other relevant parties, such as general practitioners, dietitians, dentists and podiatrists.

The Assessment Team observed consumer documentation that highlights consumer’s condition, needs and preferences, and which demonstrates that changes in consumer condition and needs are communicated with staff and other providers. Consumers and representatives advised the Assessment Team that staff are aware of individual personal and clinical care needs of consumers, and reiterated that staff provide effective care and services.

Staff demonstrated effective processes for routinely recording and communicating interactions with consumers and representatives, general practitioners and medical specialists and providers. Newer staff and agency staff undergo a three-day orientation program and are provided two buddy shifts to ensure they are familiar with the service’s policies and processes. This also provides the opportunity for these staff to become familiar with individual consumers condition, needs and preferences and how it relates to their duties and responsibilities.

The Assessment Team reported on the service’s plan for continuous improvement, and reiterated that the service has updated their Wound Care Measurement policy, provided education to registered nurses on wound measurement and documentation, and improved handover reporting to ensure consumer details are current and care needs are understood by staff, including new and agency staff.

With these considerations, I find the service compliant in Requirement 3(3)(e).

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