Performance

Report

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| Name of service: | Southern Cross Care Young Residential Aged Care |
| Service address: | 65 Demondrille St YOUNG NSW 2594 |
| Commission ID: | 0198 |
| Approved provider: | Southern Cross Care (NSW & ACT) Limited |
| Activity type: | Site Audit |
| Activity date: | 16 November 2022 to 18 November 2022 |
| Performance report date: | 22 December 2022 |

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 Young Residential Aged Care (**the service**) has been prepared by Denise 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.

# 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 they were treated with dignity and respect. Staff said they assisted consumers to be as independent as possible while treating them with dignity and respect. A range of documentation including care plans and training materials, reflected the service’s commitment to treating consumers with dignity and respect. Staff were observed treating consumers with respect.

Consumers said care received was culturally safe. Staff described the ways they delivered culturally appropriate services for consumers. Management explained how they ensured a new consumer with a history of neglect and homelessness felt settled at the service upon entry. Consumers were observed participating in activities and interacting with other consumers. Care planning documentation evidenced care and services were culturally safe.

Most consumers said they were given a choice about how and when care was provided, and who is involved in their care which was respected by staff. Staff described how they supported consumers to make decisions. Care plans, policies and procedures confirmed the service supported consumers to exercise choice and maintain their independence.

Most consumers said they were supported to take risks to enable them to live their best life. Staff described how they supported consumers to take informed risks to continue to live as they choose. Care plans demonstrated risk assessments were completed and regularly reviewed for consumers who choose to take risks. Staff were guided by training, policies and procedures for dignity of risk.

Most consumers and representatives said they received information which was regular, timely, clear and easy to understand, and enabled them to exercise choice. Management and staff described multiple avenues used to disseminate information which accommodated consumer’s communication needs and preferences. Meeting minutes, newsletters, menus, activity schedules were displayed, and verbal announcements made throughout the service.

Consumers and representatives said their privacy was respected, and their personal information was kept confidential. Staff described how they kept consumers’ information confidential and maintained their personal privacy. Staff were guided by a privacy policy. Cupboards and computers were locked when left unattended and all staff were knocking before entering a consumer’s room.

# 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

Most representatives confirmed consumer risks were discussed during the assessment and care planning process. Management described how risks to the consumer’s health and well-being were considered. Care planning documentation had validated assessment tools and interventions documented for falls, diabetes, restrictive practice and skin integrity. Staff were guided by policies and procedures.

Most representatives said they were consulted in relation to the needs, goals and preferences of the consumers’ care, including advance care and end of life planning. Management outlined how advanced care and end of life planning was incorporated in case conferences. Staff were guided by palliative care policies and procedures. Care plans reviewed had advance care directives in place.

Most representatives said they were involved in consumer’s assessment and planning of care. Management outlined how they engaged other organisations and allied health professionals in consumer’s care and services. Care planning documentation reflected ongoing partnership with consumers and representatives in relation to ongoing assessment, planning and review of care delivered.

Most representatives said the service communicated consumer assessment outcomes to them. Management explained how medical officers and allied health professionals were able to communicate directly with consumers and representatives to inform them of assessment outcomes. Care plans evidenced regular case conferences with consumers/representatives and changes were communicated when these occurred.

Most representatives said they were regularly informed by the service when changes to consumer’s care occurred, and they have received copies of their care plan. Care plans were reviewed on a 3-monthly basis, with schedule in place for quarterly care plan reviews. Staff were guided by an assessment planning policy. Care planning documentation reflected regular reviews and when consumer’s needs, goals and preference changed in response to a clinical need or an incident.

# 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

Following a previous assessment contact the service was found non-compliant with Requirement 3(3)(a) and Requirement 3(3)(b), evidence within the Site Audit report supports the service has implemented improvements to address the non-compliance and is now compliant with these requirements, having provided staff with additional training, reviewed their policies and processes to increase the frequency of care plan reviews to ensure care plans for consumers were current and implemented a daily progress note review process to ensure outstanding actions were followed up. Additionally, polices relating to high-impact and high-prevalence risks had been reviewed and updated where required, all consumers who experienced recurrent falls underwent a full clinical review, clinical follow up was conducted by management where the consumer experienced an incident or deterioration, and internal audits were completed for restrictive practices and wounds.

Care planning documentation reflected restrictive practices used by staff were in line with legislative requirements, including evidence of non-pharmacological strategies attempted before use of chemical restraints. Consumer interview and observations confirmed restrictive practices were only applied as a last resort. Consumer files evidenced timely identification of consumer’s care needs and care was delivered in accordance with recommendations by a dietician and behaviour specialists.

Representatives said they were generally satisfied with the management of consumer risks. Staff described risks and related management for individual consumers. Care plans evidenced strategies implemented to manage behaviours of concern, falls risk, weight loss, skin integrity and pain management. Monthly clinical indicator reports evidenced trending and analysis of HIHP risks which were used to identify areas for improvement. Pressure-relieving devices were in place were needed and non-pharmacological interventions were observed to be used during care delivery for a consumer with behaviours.

Representatives said they were confident in the end of life care provided by the service.

Staff described practical ways in which consumers’ comfort was maximised and their dignity preserved. Care planning documentation evidenced advance care planning and consumer’s end of life wishes had been recorded. Staff were guided by palliative care policies and procedures.

Most representatives provided positive feedback in relation to how the service responded to a deterioration in the consumer’s condition. Staff explained the process for identifying and reporting changes in a consumer’s condition, including handovers. Care planning documentation reflected steps taken by the service to address deterioration. Staff were guided by policies and procedures about recognising and responding to clinical deterioration.

Most consumers and representatives said their care needs and preferences were effectively communicated between staff. Staff described consumer information in line with their care planning documentation. Care planning documentation was accessible for staff and other provides of care via the service’s electronic care management system and allied health professionals confirming they had access to consumers care plans.

Consumer files evidenced reviews and outcomes were documented by allied health professionals, specialists and medical officers. Staff described how they facilitated a referral for a consumer with behavioural needs. Allied health professionals confirmed requests were escalated for review in a timely manner. Staff were guided by a referral process.

Representatives were satisfied with how a COVID-19 outbreak was managed by the service. Staff were guided by an outbreak management plan and policies in relation to antimicrobial stewardship and infection control. Staff demonstrated an understanding of infection control and how to minimise the use of antibiotics. A sufficient supply of personal protective equipment was observed at the service.

# 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 the services and support provided met their needs, goals, and preferences. Staff described strategies implemented to support consumers achieve their goals and maintain their independence. Care planning documentation reflected how consumers preferred to spend their time and which activities they liked. Consumers were observed actively engaged with multiple group and individual activities.

Consumers said they have been offered emotional, spiritual, and psychological support by the service. Care staff described, and care plans confirmed, how they provided one on one support directly to consumers. Consumers received spiritual support from religious visitors or pastoral care workers. The activity calendar contained activities, such as meditation and religious services, and were scheduled for consumers with varying cognitive abilities throughout the service.

Consumers said they were able to go out into the community independently if they wished to do so and were supported by the service to participate in activities within the service. Staff described how they supported consumers to maintain relationships of choice and be engaged in activities they liked, including bus trips to the community. Care plans reflected consumer’s individualised activities of interest. Consumers were observed leaving the service with their families.

Consumers and representatives said their needs and preferences were well communicated. Staff described how information was shared with them and between other providers through the service’s care management system. Care planning documentation captured information about services and supports consumers needed.

The service has engaged multiple external service providers to supplement the care and services provided, including pet therapy and community visitors. Care plans evidenced collaboration between relevant organisations to support consumers’ diverse needs. Staff were guided by a referral procedure. External providers were observed leading a number of activities with lifestyle staff and consumers were actively engaged.

Most consumers and representatives said they enjoyed the meals which were prepared on-site by an external catering provider. Meals and drinks were served according to the consumer’s dietary needs and preferences including where texture-modifications were required. Care staff said they provided additional snacks or drinks to consumers to help them settle overnight. Kitchenettes were stocked up with snacks and drinks for consumers.

Consumers and representatives said they knew how to report faulty equipment to the service. Staff described how they cleaned shared equipment between use. Maintenance records demonstrated tasks were up to date and completed. Equipment was observed to be suitable, clean and well-maintained, with any damaged equipment stored in the maintenance shed for repair.

# 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 was welcoming and they were greeted by staff when they visited the service. The service environment reflected dementia enabling environment principles, including contrasting colours and identifiable photographs. The service environment was spacious, clean, fitted with handrails, had adequate lighting and signage which optimised consumer’s sense of belonging and independence.

Consumers and representatives said the service environment was clean, safe, and well-maintained, and promoted free movement between indoor and outdoor areas. The service engaged a local external cleaning contractor on an ongoing basis. The cleaning and maintenance schedules included daily room cleaning, and ongoing cleaning of high-touch areas. Consumers moved freely throughout the service, including going outside for walks in the garden.

Consumers and representatives said the equipment used at the service was clean, well-maintained, and suitable for them. Staff demonstrated an understanding of how maintenance requests were raised. The preventative maintenance records showed no outstanding jobs to be completed. The maintenance team was observed to attend to repairs and maintenance requests during the Site Audit.

# 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 were encouraged and supported to provide feedback and complaints. Staff described different avenues available for consumers and representatives to make complaints. Meeting minutes evidenced feedback provided by consumers, with feedback and complaints documented as a standing agenda item. Feedback forms and suggestion boxes were observed throughout the service.

Consumers said they were aware of and had access to advocacy services. Staff demonstrated an understanding of the available internal and external complaints mechanisms for feedback and complaints. Contact details for interpreter services were available for staff in various nurse’s stations. Posters displaying external advocacy, language services and complaints mechanisms were displayed throughout the service.

Consumers and representatives said appropriate action was taken in response to their complaints and it was resolved promptly. Management explained an open disclosure process was implemented when things go wrong. The feedback and complaints register demonstrated actions taken in line with the service’s policies including complaints management and open disclosure.

Consumers and representatives said their feedback was used to improve the quality of care and services. Staff provided practical examples of how trending and analysing feedback and complaints have resulted in care and service improvements for consumers. The Plan for Continuous Improvement recorded improvements made by the service in response to trends identified in the feedback and complaints data.

# 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

Following a previous assessment contact the service was found non-compliant with Requirement 7(3)(a), evidence within the Site Audit report supports the service has implemented improvements to address the non-compliance and is now compliant with these requirements, having consistent agency staff identified to fill gaps in the roster, ensuring hospitality staff were qualified to provide care and could replace care staff if needed, lifestyle staff were rostered to provide coverage across the week, additional registered staff were recruited and providing staff with accommodation nearby, when undertaking overnight or on call shifts.

Most consumers and representatives said there was enough staff at the service, and they did not have to wait long for their care. Staff said there was sufficient staff, and if staff were on leave, their shifts were replaced. Management explained, and review of the fortnightly roster confirmed, unfilled shifts were filled by an expression of interest for overtime or extending the staff hours. Management said due to several registered staff taking extended leave, the service had no permanent registered staff allocated at present and was using agency staff to fill these shifts. Analysis of the call bell response times for October 2022 evidenced the majority of calls for assistance were attended promptly and investigations had occurred when data identified a delay in staff responsiveness.

Consumers and representatives said staff were kind and respectful when providing care. Staff demonstrated an understanding of consumers’ needs and knew how they liked their care to be provided. Staff were guided by a diversity and inclusion policy. Staff were observed interacting with consumers in a kind and caring manner.

Consumers and representatives said they felt staff were effective in their roles and met their care needs. Management described, and the performance appraisal register confirmed, how they ensured staff met the qualification and registration requirements for their role. Staff demonstrated knowledge of mandatory competencies such as incident management and infection control. Rosters showed staff were allocated shifts based on their professional registration and training.

Consumers and representatives said staff had appropriate skills and knowledge to ensure the delivery of safe and quality care and services. Staff confirmed they received orientation, ongoing and mandatory training and felt comfortable requesting additional training if required to perform their role. Management used an electronic training system to monitor completion of training modules by staff.

Management described the performance appraisal process and provided examples of the performance appraisals completed for staff. All staff interviewed said they had completed their annual performance appraisal and felt supported during the process. Records of annual performance appraisals evidenced conversations with staff about their performance.

# 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

Management described multiple avenues used by the service which engaged consumers and representatives in the development and delivery of care and services. Improvements at the service were evaluated in consultation with consumers and representatives through meetings, surveys and feedback forms. Meeting minutes evidenced consumer and representative input was obtained.

Management outlined, and meeting minutes confirmed, the governing body had systems and reporting processes in place which monitored compliance with the Quality Standards. The consumer handbook outlined the responsibilities of the service and the Board to consumers. The service had a suite of policies and procedures endorsed by the organisation’s governing body to guide the delivery of quality care and services.

Management and staff described processes and mechanisms in place for effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service had an effective care management system, continuous improvement framework and action plan, established financial governance arrangements, and processes for workforce governance, feedback and complaints.

The service had risk management systems in place which detected and prevented risks, including those categorised as serious incidents. Staff described how they identified consumers with high impact/high prevalence risks. Management explained falls management strategies used by the service. An internal review process was used to learn from and prevent incidents, particularly those resulting from challenging behaviours.

The service had a clinical governance framework to ensure the quality and safety of clinical care provided to consumers. Consumers and representatives confirmed the service would apologise when things go wrong. Staff demonstrated an understanding of open disclosure, infection control, antimicrobial stewardship and minimising the use of restraints. Meeting minutes reflected antibiotic and infection trending was discussed and analysed.

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)