Performance

Report

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| Name of service: | Southern Plus East Fremantle |
| Service address: | 15 Wolsely Road EAST FREMANTLE WA 6158 |
| Commission ID: | 7465 |
| Approved provider: | Southern Cross Care (WA) Inc |
| Activity type: | Site Audit |
| Activity date: | 22 November 2022 to 24 November 2022 |
| Performance report date: | 16 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 Plus East Fremantle (**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.

# 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 consumers were treated with respect and dignity, and their culture and diversity were valued. Staff were observed treating consumers with dignity and respect and demonstrated an awareness of individual choices and preferences. The organisation has documented processes outlining consumers’ rights to privacy, respect, dignity, and confidentiality.

Consumers and representatives said consumers were provided with care and services in culturally safe ways. Care planning documentation reflected the consumers' cultural needs and preferences. Policies and procedures enshrined dignity and respect for the consumers.

Consumers confirmed they were supported to exercise choice and independence, such as choosing whether they wanted their family involved in their care and the frequency of communication with them. Staff explained, and provided examples of, how they engaged with consumers and assisted them in achieving their goals. Staff were observed assisting consumers to maintain relationships with their friends and families.

Consumers said the staff and service provided them with support to take risks and live the best life they could. Staff described the support provided to consumers who wanted to take risks, including the self-administration of medication, and how the consumer was supported to understand the benefits and possible harm when making decisions about taking risks. The service had assessment processes in place to identify risks and to support consumers to live the best life they can.

Consumers and representatives advised they received up-to-date information about activities, meals, COVID-19, and other events happening in the service. Staff said, and observations confirmed, lifestyle programs and menus were posted around the service in communal areas. Minutes of consumer meetings confirmed information was shared with consumers about issues, feedback and complaints, and continuous improvement activities.

Consumers said they were confident their information is kept confidential. Staff confirmed when providing care, the door and curtains are closed; and they were observed knocking on bedroom doors and awaiting response before entering. Computers were located at the nurses' station, required a password to access, and were always locked when unattended.

# 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

Consumers and representatives stated the service was providing safe and effective care for consumers. Staff described individual consumer risks and interventions; and these reflected the risks and planned strategies contained within the consumers care planning documentation. A suite of validated assessment tools was used by health professionals and staff to identify risks to the consumer.

Staff advised assessments were completed when consumers entered the service to identify the consumer’s needs, goals, preferences, advance health care directives, and information was incorporated into their care planning documentation. Care plans aligned with consumers’ needs, goals and preferences and included end-of-life wishes. The service had palliative pathway guidelines to support staff.

Care planning documentation reflected the involvement of the consumers, representatives, and other health professionals. Consumers and representatives said they were involved in care planning on entry to the service and an ongoing basis. Staff said they and allied health professionals perform assessments on admission, during consumer’s monthly reviews and at 6 monthly care plan reviews.

Consumers and representatives said the consumers’ care needs and preferences were effectively communicated between staff and consumers received the care they needed. Care planning documentation reviewed, contained adequate information to support the consumer's wishes. Staff confirmed they receive relevant and current information about consumers during the handover process.

Care documentation, and meeting minutes demonstrated care planning was regularly reviewed and updated with changes and following incidents. Consumers and representatives confirmed changes to care plans were made when an incident occurred or their preferences or needs altered. Staff said care plans were reviewed after an incident, such as a fall or refusal to eat, and care plans were updated following reassessment or review.

# 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 were happy with the care provided. Staff described consumers’ most significant personal and clinical care needs and staff were observed delivering care in alignment with their care plans. Care planning documentation reviewed was tailored to the specific needs and preferences of the consumers.

Staff were familiar with consumers who were identified to be at high risk of pressure injuries, falls, behaviours, pain, declining oral intake, and weight loss, and were able to explain how they managed and assisted these consumers. Consumers with a restrictive practice applied had been reviewed by specialist support services, had behaviour support plans and consent had been documented.

The representative of a consumer receiving end of life care confirmed the consumer was kept comfortable and the care provided was in line with the consumers preferences. Staff demonstrated knowledge of consumers end-of-life preferences and this was reflected in the consumer’s care plans. A palliative specialist nurse and a social worker were involved in providing palliative care planning and support. Care planning documentation reviewed demonstrated palliative care measures provided were tailored to consumer's preferences and life history and detailed comfort measures.

Consumers and representatives said changes in consumers’ health status was responded to promptly. Staff described how they would respond to a deterioration in a consumer’s health. The service had policies and procedures for deterioration and utilised several avenues to communicate changes and feedback about consumer’s conditions.

Consumers and representatives said consumers’ care needs and preferences were effectively communicated between staff and consumers received the care they needed. Staff reported current consumer information was shared during handover sessions and on the electronic care management system.

Consumers and representatives advised timely and appropriate referrals occurred and they had access to relevant health supports if needed. Staff stated, and care documentation reviewed confirmed, the consumer’s medical officer, other allied health professionals, and representatives were notified if there was a change in a condition, an incident occurred. Policies and procedures supported staff to refer consumers to external health services.

Policies and procedures support staff in the minimisation of infection-related risks through the implementation of infection control principles and the promotion of antimicrobial stewardship. Staff were familiar with these policies and procedures, were able to describe how to prevent infections and were aware of standard precautions. Representatives stated they observed staff performing hand hygiene before attending to consumers.

# 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 described how they were supported to do the things they want to do, be as independent as possible and participate in activities that promoted their well-being and quality of life. Staff described how consumers who chose not to attend activities are provided with individual interactions in their rooms. Care planning documentation reviewed identified consumers’ choices and provided information about the services and supports needed to help them to do what they like to do.

Consumers described services and support available to promote emotional, spiritual, and psychological well-being, and described how staff offered them individual attention depending on their needs. Staff provided examples of supporting consumers for their emotional and psychological well-being. Care planning documentation reviewed recorded consumers' individual emotional support strategies and how these were implemented.

Consumers and representatives said they were offered services and supports enabling consumers to participate in the community, have relationships, and do things of interest to them. Staff described how they supported consumers to do things of interest to them, participate within and outside the service environment and have social relationships. Consumers were observed participating in activities and staff proactively engaged with individuals and promoted participation.

Consumers said their services and supports were consistent and they do not have to repeat their preferences to multiple staff members. Staff advised consumer care and support needs were shared internally at handovers and recorded in progress notes. The service had processes and systems in place for identifying and recording each consumer’s condition, needs, and preferences, including when changes occurred.

Care planning documentation reflected the service's collaboration with external providers to support the diverse needs of consumers. Consumers explained if the service was unable to provide the support they needed, they were confident they would be referred to an appropriate provider. Allied health providers said the service referred consumers to them when the service could not provide specific supports the consumers needed.

Consumers and representatives said the consumers received ample meals and provided positive feedback on the quality and choices available. Staff were observed to be assisting, encouraging, and offering choices with meals. Care planning documents noted consumers’ dietary needs, dislikes, allergies, and preferences which were communicated to the kitchen.

Consumers felt safe when using the service's equipment describing it as easily accessible, clean, and suitable for their needs. Staff described how maintenance requests were logged in the electronic system. Equipment used for activities of daily living was observed to be safe, suitable, clean, and well-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 described the service as easy to navigate and said they felt comfortable. Staff explained how they assisted consumers to mobilise around the service and supported them to go where they would like to go, confirming walkways were kept free of obstructions and hazards and if a hazard was spotted, it was reported and marked immediately. The service had floor plans and signage up to support consumers/representatives in finding their way around.

Consumers said the service environment was safe, clean, well-maintained, and comfortable and they could move around freely both indoors and outdoors. The maintenance officer described the process for reporting safety issues and said this worked effectively. Doors were observed to be kept unlocked and consumers were supported to move as they wished. The service environment was observed to be well-maintained.

Consumers agreed the furniture, fittings, and equipment were safe, clean, and well-maintained. Equipment and furniture were observed to be clean and the call bell system was working effectively, and any issues were resolved promptly. The preventative maintenance schedule and evidenced equipment maintenance was performed monthly and fire safety systems were regularly tested.

# 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 stated they would provide feedback and lodge complaints if needed. Management advised they work closely with consumers and representatives, so they feel confident to share any concerns or provide suggestions for improvement. The feedback register, detailed issues raised, and follow-up actions taken.

Consumers and representatives stated they were aware of the advocacy services and knew they could contact the Commission if they had a complaint. Staff were familiar with how to access language services. Information relating to advocacy and how to provide feedback was displayed and provided to consumers in various written materials including newsletters, publications and the consumer handbook.

Management described how they applied the open disclosure policy and procedure, using a multi-disciplinary approach. Staff demonstrated knowledge of how to report and escalate incidents. Consumers and representatives described instances where the service had responded appropriately and promptly to feedback, apologising and taking actions to resolve the issue.

Consumers and representatives gave examples of feedback provided and the resulting improvements. Documentation evidenced, a consumer survey, prompted increased activity choices and better food quality. Management described several improvements to meal services, furniture selections, lighting, response times, and activities as a result of feedback and complaints.

# 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 described some staff shortages in some roles, due to the impact of COVID-19, though no impact on their care and services were identified. Management advised the service had procedures in place to support the replacement of staff, for planned and unplanned leave. A dedicated staff roster model was implemented; and call bell data supported staff were responding promptly when consumers called for assistance.

Consumers and representatives described staff as respectful, kind, gentle, and helpful. Staff were knowledgeable about consumers and their needs and preferences for how they choose to receive their care. Staff engagement with consumers was observed to be respectful and in a genuinely caring manner.

Consumers and representatives describe the staff as competent and caring. Duty statements, policies, and procedures provided clear guidance for what is expected from each position. Management described induction, onboarding process and ‘buddy shifts’ ensured staff were competent. Staff were observed to follow procedures and applied their training in the delivery of care to consumers.

Management advised staff training needs were identified by analysis of incidents, feedback from consumers and colleagues, and the changing care needs of consumers. Staff confirmed they received training based on outcomes of performance reviews, self-assessment, and feedback from colleagues and consumers. Training records were reviewed and confirmed the service had systems in place to record and monitor ongoing compliance supported by the corporate learning and development team.

Management described staff competency was regularly assessed and a yearly performance appraisal was completed with documentation supporting these were up to date. Staff described how they participated in performance reviews and applied training received based on the appraisal. Policies, procedures and guidelines informed the monitoring and management of staff when performance issues were identified.

# 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 described ways they were involved in designing and improving care and services received. Management stated they worked to engage consumers and representatives through opportunities including through various meetings, committees, forums and surveys. Documentation supported consumers were consulted, provided feedback and made suggestions.

Consumers and representatives described feeling safe at the service. Management provided examples of a range of strategies demonstrating how the governing body promoted a culture of safe, inclusive, and quality care and services, including the discussion of high impact and high prevalence risks regularly with staff and at multi-disciplinary team meetings with minutes displayed in staff rooms. The organisation had published policies, procedures, and guides relevant to the quality standards including a clinical governance framework designed to provide effective systems across all levels of the service to ensure continuous improvement in clinical care and service outcomes.

Documentation evidenced, and staff and management feedback also demonstrated, effective organisation-wide governance systems were in place and processes were in place to ensure information management systems provided staff with the information they needed to perform their role. Opportunities for continuous improvement were identified from monthly clinical data analysis, surveys, gaps in staff knowledge from critical incidents investigated, feedback and complaints and captured in the continuous improvement plan and reported at Board meetings. Changes to legislation and updates from regulatory organisations including the Commission were monitored and shared with the staff.

Management and staff described how they use policies, procedures, and practices to minimise risk to consumers including fall prevention, infection prevention, restrictive practices, and reporting of incidents. The service has a risk management framework, policies, procedures, incident management system, and SIRS register. Incidents were used to identify knowledge gaps in staff training or procedures and used to improve the care and services provided. Risk authorisation forms were completed by consumers and representatives who chose another approach to their care needs that may have not been recommended by health professionals.

The service followed a documented clinical governance framework, ensured the quality and safety of clinical care, promoted antimicrobial stewardship, encouraged the minimisation of restrictive practice, and practiced open disclosure. Consumers and representatives described the service involving them in the delivery of care, including making contact with them when things went wrong. Staff had been educated about policies and procedures relating to antimicrobial stewardship, restrictive practices, and open disclosure and were able to provide examples of their relevance to their work.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)