Performance

Report

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| Name: | Southern Cross Care Tara - Tarcoola |
| Commission ID: | 5288 |
| Address: | Lot 205, 1 Sara Street, TARA, Queensland, 4421 |
| Activity type: | Site Audit |
| Activity date: | 13 February 2024 to 15 February 2024 |
| Performance report date: | 15 March 2024 |
| Service included in this assessment: | Provider: 1102 Southern Cross Care (QLD) Ltd  Service: 3645 Southern Cross Care Tara - Tarcoola |

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 Tara - Tarcoola (**the service**) has been prepared by P. Sherin, 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 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 23 February 2024, acknowledging the assessment team’s findings.

# 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 are treated with dignity and respect and feel accepted and valued at the service. Staff demonstrated sound knowledge of individual consumers’ background and preferences. Staff were observed interacting with consumers in a kind and caring manner, and engaging in conversations that reflected consumers’ backgrounds and interests consistent with information outlined in care plans.

Consumers and representatives confirmed staff know and respect consumers’ cultural needs and preferences and provided examples of how this is supported. Staff attend annual cultural safety training and described various ways they support consumers’ cultural needs. Care documentation evidenced cultural needs and lifestyle assessments are completed upon entry to the service and reviewed 6-monthly or earlier as required.

Consumers and representatives said they are recognised as the experts in their own experiences, and confirmed staff support them to make decisions about care and services, including who they wish to involve. Staff demonstrated knowledge of consumers’ preferences and relationships of importance to them; this aligned with information under care planning documentation.

Consumers and representatives explained how the service supports them to take risks. Policies and procedures are in place to guide staff practice in supporting dignity of risk. Staff complete risk assessments to support consumer choice and document strategies to manage and mitigate these risks.

The service demonstrated information is provided to consumers in various ways and is clear, easy to understand, and supports them to exercise choice. Consumers and representatives confirmed they are satisfied with the information provided by the service.

Consumers and representatives said consumers’ personal privacy is respected by staff and expressed confidence in the service ensuring confidentiality of consumer information. Staff described how they maintain privacy when providing care and were observed respecting consumer privacy and keeping information confidential. The service has an organisational privacy and confidentiality policy available to guide staff practice.

# 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 said assessment and care planning includes the consideration of consumers’ needs, preferences, and any risks. Clinical management and registered staff described how assessments are conducted and the various sources of information used to inform care planning. Review of care documentation evidenced individual risks to consumers are identified, assessed, and nursing and personal care interventions planned to promote safe care.

Consumers and representatives said care is planned in a way to promote the consumer’s health and well-being. Staff were aware of consumers’ individual care needs and preferences as documented under assessments and care plans. Most consumers had documented advanced care plans, including information on their preferences for end-of-life arrangements.

The service demonstrated the involvement of consumers, representatives, and other stakeholders in the assessment process, formation of care plans, and reviews. Consumers confirmed they are involved in care planning and staff consult with them regarding their needs. Clinical staff demonstrated knowledge of consumers’ complex healthcare needs, the importance of consumer inclusion in care planning, and when referrals should be made. Care plans and paper-based records demonstrated necessary referrals to other healthcare services and professionals, as required.

Consumers and representatives have access to care plans which can be provided to them via hard copy or a digital application. Staff said they keep consumers and representatives up to date with any changes in care plans by speaking with them in person, by phone, or via electronic correspondence. Care documentation and progress notes identified input from consumers and their representatives. Staff refer to consumers’ care plans via the electronic care management system and attend regular shift handover to discuss consumers’ ongoing health needs.

Consumers confirmed they are regularly asked by staff for feedback on care and whether any changes are required to meet their preferences. The service ensures annual care plan reviews are conducted by registered staff. Review of electronic records identifies consumer care plans are updated, some more sporadically if there was nursing staff turnover and during recruitment and induction of new nurses. Any gaps in update of care documentation identified during the Site audit were immediately addressed by management.

# 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 receive safe and effective personal and clinical care. The service ensures that consumers’ clinical needs such as in relation to wound management, falls prevention, pain, changed behaviours, and restrictive practices are met. Best practice guidance, clinical policies, and procedures are available to guide staff practice. Staff demonstrated knowledge of individual consumers’ personal and clinical care needs and described how they ensure care provided maximises consumer health and wellbeing.

Consumers are satisfied the service is effectively managing high impact and high prevalence risks. Review of charts, progress notes, and care documentation identified risks such as wounds, unplanned weight loss, and time-sensitive medication are managed appropriately. The service conducts monthly clinical trending and analysis to identify trends and implement improvements.

At the time of the Site audit, there were no consumers receiving palliative care. The service demonstrated consumers’ end-of-life preferences, advanced health directives, and statement of choices are sought by staff on entry to the service, shortly thereafter, or as part of care plan reviews. Staff demonstrated an understanding of processes to support the needs, goals and preferences of consumers nearing the end of their life. Policies and procedures on end-of-life care are available for staff to refer to.

Clinical and care staff demonstrated knowledge of identifying, reporting, and responding to deterioration or changes in a consumer’s condition based on their roles. Review of care documentation identified deterioration and changes in consumers’ condition are responded to in a timely manner. Staff have access to clinical information for guidance on recognising and responding to deterioration. Registered staff are available 24 hours a day, 7 days a week and the service’s Clinical manager is also available on call after hours. The service has access to the organisation’s Nurse practitioners for advice and support.

Documentation review identified effective communication between staff regarding consumers’ needs and conditions, including any changes across shifts. Changes in consumers’ health and wellbeing are satisfactorily recorded in the service’s electronic care management system. Information from allied healthcare practitioners is available on file and accessible to staff. Whilst effective communication and shared care limitations were identified as an ongoing issue with the service’s local medical officer, the service has implemented strategies to manage and mitigate the risks. Shift handover sheets include information on changes in the needs and condition of consumers, and any outstanding tasks or actions required.

The service has access to a range of allied health professionals and specialists. Care documentation demonstrated input from other health services in line with each consumers’ needs. Staff are aware of the referrals process and described how the input of other health professionals helps inform decision-making on care and service delivery. The service has purchased a telehealth system to offer increased access to medical specialists and external support services for consumers.

The service has infection prevention and control policies and an outbreak management plan in place. Registered staff demonstrated a shared understanding of antimicrobial stewardship. Management described how the service effectively managed during a recent COVID-19 outbreak at the service in December 2023. Staff are knowledgeable about how to prevent and control infections and were observed practicing hand hygiene and using personal protective equipment. Consumers are offered and administered vaccinations for influenza and COVID-19.

# 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 staff assist them to optimise their independence and to engage in activities of interest in line with their needs, goals, and preferences. Staff were aware of individual consumers’ lifestyle needs and described how they assist the consumer to safely continue doing the things they wish to do. Lifestyle staff described how feedback is sought to develop an activity calendar with a diverse range of activities catering to the needs of the consumer cohort. Consumers were observed engaging with activity staff and participating in activities throughout the Site audit.

Consumers and representatives provided examples of how the service assists them to access activities and support networks to meet their individual emotional, spiritual, and psychological needs, and how staff support their emotional well-being. Staff described how they support consumers when they are feeling low and how referrals to external services are made, as required. A Pastoral carer attends the service twice weekly.

Consumers and representatives said they are supported to participate in the community and engage in activities of their choice. Staff could describe the external activities consumers participate in and relationships of importance to them, consistent with information documented in care plans. Lifestyle staff described how they coordinate external service visits, including a piano player, a hairdresser, visits with school students, and weekly shopping trips. A community volunteer group visits the service and monthly visits from the local library occur.

Consumers and representatives said staff know them well. Staff described how information about consumers is shared within the service including through accessing electronic care documentation, attending shift handovers, and referring to handover sheets.

The service demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services. Despite the service’s rural location limiting referral resources, referrals are completed to a variety of external services such as for cultural support and a Catholic priest to provide last rites when required.

Overall, consumers expressed positive satisfaction with the meals provided. Staff demonstrated knowledge of individual consumers’ dietary needs and preferences and described how they are informed of any changes. A 4-week menu is offered where consumers can choose their daily meals, and have access to a variety of additional food, drinks, and snacks throughout the day. Food is a standing agenda item at 3-monthly consumer meetings. The current menu is being updated to include more traditional country dishes in response to consumer feedback. Consumers were observed enjoying lunch service during the Site audit in a relaxed environment, and being offered more food, drinks, and alternative options by staff.

Consumers and representatives said equipment provided is safe, fit for purpose and well-maintained. Staff said they have access to adequate equipment and supplies for consumer needs. Lifestyle staff said when equipment is shared, it is cleaned between use. Equipment for activities such as board games, whiteboards, and televisions were observed to be kept clean and in working order.

# 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

The service was observed to be welcoming with a floorplan that is easy to navigate with wide corridors, signage, and natural light. There are several open plan common areas and smaller lounge rooms for consumer use. Consumers can personalise and decorate their rooms to reflect individual tastes and styles. The service has various facilities including but not limited to a chapel area, hairdressing equipment, a piano, a pool table, a barbeque area with outdoor seating, bookshelves stocked with books, raised garden beds with herbs, and a designated smoking area. The service’s reception area incorporates dementia-friendly design items following specialist provider recommendations. A palliative care room is available for the use of consumers nearing end-of-life and their representatives.

The service’s indoor and outdoor environments were observed to be kept safe, comfortable, and well-maintained. Consumers were satisfied with the cleanliness and maintenance at the service and said they can move freely around the service and access outdoor garden and seating areas. Maintenance staff described the preventative and reactive maintenance schedules in place and provided evidence of regularly scheduled pest control treatments and cleaning schedules.

Equipment, fittings, and furnishings were observed to be well-maintained, clean, and safe for consumer use. Staff are aware of processes to identify, report and attend to any maintenance issues or hazards. Maintenance requests are checked daily, with tasks prioritised, and any repair work organised as required. Review of the service’s electronic maintenance system demonstrated maintenance requests are addressed in a timely manner.

# 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 feel encouraged, safe, and supported to share feedback and make a complaint. They could describe the various methods available, including speaking to management or staff directly, during consumer meetings, via surveys, and through written feedback forms. Staff demonstrated a shared understanding the organisation’s feedback and complaints submission processes and could describe how they support consumers to lodge their feedback and complaints.

Consumers and representatives said they are aware of external advocacy organisations and language services available to assist in providing feedback and making complaints. Staff could describe the external services available and how they support consumers/representatives to access these, if required. Various posters and brochures about external advocacy and complaints agencies were observed available at the service.

Consumers and representatives expressed satisfaction with the service’s response to their feedback and complaints. Management described how all feedback and complaints are documented in the organisation’s feedback and complaints register and monitored to ensure appropriate action is taken at a local and organisational level. Review of the feedback and complaints register identified appropriate action is taken in a timely manner and open disclosure applied where required.

Consumers and representatives provided examples of improvements made by the service in response to their feedback. Management described how the service conducts trending and analysis of feedback and complaints and uses this information to inform continuous improvement actions. Review of the service’s plan for continuous improvement identified various improvement actions implemented. Consumers and representatives are informed of progress against improvement actions at consumer meetings and via the service’s newsletter.

# 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 said they felt the service is sufficiently staffed and staff respond to any requests in a timely manner. Staff said they have adequate time to undertake their allocated tasks and provide care and services in accordance with consumers’ needs and preferences. Management advised call bell response times are monitored daily; any calls more than 8 minutes are investigated, and actions implemented where deficiencies are identified.

Consumers and representatives said staff are kind, caring, and respectful. Staff were observed assisting consumers with their meals with patience and speaking to consumers in a kind and caring manner. Management said they use consumer/representative feedback, staff feedback, and direct observation by senior and clinical staff to monitor staff behaviour and ensure interactions between staff and consumers meet the organisation’s expectations.

Feedback from consumers and representatives identified they felt the workforce is competent and staff have the knowledge and skills to perform their roles. Management advised staff competency is determined through skills assessments and is monitored through performance assessments, consumer/representative feedback, audits, surveys, and reviews of clinical records and care delivery. Processes are in place to monitor staff criminal record checks and registration renewals.

Consumers and representatives are satisfied staff are trained well to provide safe and effective care. Staff considered they are appropriately trained, supported, and equipped to perform their roles. There is an orientation and onboarding process in place, and new staff receive buddy shifts. Management monitors staff compliance with mandatory training through an electronic learning management system. Review of training records identified staff compliance with annual mandatory training is up to date. The organisation’s head office schedules mandatory and annual training and delivers various training sessions in partnership with a local health service and external education providers.

The service demonstrated effective systems are in place to monitor and review staff performance and ensure ongoing support and development for staff. Management advised staff performance is monitored through annual appraisals, observations, analysis of clinical data and consumer/representative feedback. Any issues in performance identified through these monitoring mechanisms are addressed immediately. An electronic management system is used to monitor compliance with performance appraisals; a review of records identified staff appraisals are up to date.

# 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 felt they have a say in how care and services are delivered, and their feedback and suggestions are considered by the service. The service conducts 3-monthly consumer/representative meetings, quarterly food focus meetings, annual and as-required surveys, and provides feedback forms to engage consumers and seek feedback. Management provided evidence of correspondence sent to consumers/representatives inviting expressions of interest for participation in the quality care advisory body which currently includes one representative.

The service demonstrated its governing body promotes a culture of safe, inclusive, and quality care and services. The organisation’s Chief executive officer attends the service on an annual basis to meet with consumers and staff and gauge their feedback on care and service delivery. Review of the organisational framework identifies a leadership structure outlining the roles and responsibilities of the executive leadership team, governance committees, and service management. The organisation’s Board receives monthly reports regarding the service’s performance, including but not limited to information on complaints and incident trends. The Board uses this information to ensure compliance with Quality standards and safe and effective care and service delivery.

The service demonstrated effective governance systems in place relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints, and could provide examples of their application at the service.

The service has established governance frameworks, policies, and procedures to support the management of risk associated with the care of consumers. Management described how incidents are managed at the service including the escalation of any serious incidents to the organisation’s executive level, discussion of these incidents at Care Governance meetings, and notification to the Board via monthly reporting. Clinical trends and areas of high risk are communicated via monthly quality indicator reports, reported to the Clinical Governance Committee and through to the Board.

The service has a clinical governance framework to guide staff on provision of safe care and supported by policies and procedures on antimicrobial stewardship, restrictive practices, and open disclosure. Staff were aware of these policies and described the application of these as relevant to their roles. Service management is responsible for implementing and overseeing the clinical governance framework within the service, with additional monitoring and oversight provided by the Clinical Governance Committee and the Board.

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)