Performance

Report

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| Name: | Southhaven Aged Care |
| Commission ID: | 2781 |
| Address: | 11 Queensbury Road, PADSTOW HEIGHTS, New South Wales, 2211 |
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| Service included in this assessment: | Provider: 8845 IC (PADSTOW HEIGHTS) PTY LTD  Service: 1136 Southhaven Aged Care |

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 Southhaven Aged Care (**the service**) has been prepared by P. Wallner, 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.
* other information and intelligence held by the Commission.

# 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

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers and representatives said consumers were treated with dignity and respect, with their identity, culture and diversity valued. One consumer described an incident when they did not feel respected when they raised a concern about being disturbed in the night. Management took appropriate action to investigate and address this consumer’s concern. Management and staff spoke about consumers in a respectful manner, and described ways they demonstrated respect such as asking for consent, acknowledging their choices, and taking time to understand their background, life history and needs. Care planning documentation outlined information about consumers’ background and interests. Staff were observed interacting with consumers respectfully.

Consumers and representatives said the service recognised and respected consumers’ cultural background, and provided care consistent with their cultural traditions and preferences. Staff described how consumers’ cultural background influenced the delivery of day-to-day care and services. Care plans detailed consumer’s cultural backgrounds, and their cultural needs and preferences. The service had policies, procedures, and training to guide staff in providing culturally safe care.

Consumers and representatives said consumers choices about their care and services were respected, and they were supported to maintain important relationships. Staff described how they supported consumers to make independent choices and maintain their chosen relationships. Care planning documentation identified consumers’ choices about their care, who was involved in their care, and their important relationships should be supported. Staff were observed respecting consumers’ care choices and supporting their relationships of choice.

Consumers and representatives described how the service supported consumers to take informed risks, to live the best life they could. Management and staff described how they supported consumers to take informed risks to live the life they chose, and to put suitable risk mitigation strategies in place. Care planning documents detailed the risk assessment and risk management processes in place to support individual consumers. The service had dignity of risk policy to guide staff in supporting consumers who wished to take risks.

Consumers and representatives confirmed they were kept updated with easy to understand printed and verbal information, to inform their decisions. Staff and management described the ways information was provided to consumers in line with their needs and preferences. Care planning documents included assessments of consumers’ communication needs and preferences. Current information about activities, menus, and other choices was displayed throughout the service.

Consumers said the service respected their privacy and kept their personal information confidential. Management and staff described practical ways they respected consumers’ privacy and kept their personal information confidential, such as by knocking before entering consumers’ rooms, and logging off computers when unattended. The service had a privacy policy to ensure any personal information collected was kept confidential and used only for relevant purposes.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said they were involved in the assessment and care planning process, which identified risks to consumers’ health and well-being. Management and staff described how the assessment and care planning process, considered risks to consumers, and informed the delivery of safe and effective care and services. Care planning documents showed the assessment and care planning process included assessment of risks and identification of mitigation strategies. The service used an admission checklist to guide assessment and care planning.

Consumers and representatives described how assessment and care planning identified consumers’ current needs, goals, and preferences, and their advance care plans. Management and staff described how assessment and planning reflected each consumer’s current, needs, goals, and preferences, and how they approached conversations around end of life care planning. Care planning documents included consumers’ current and end of life plans.

Consumers and representatives confirmed they were involved in assessment and care planning along with other people they wished to involve. Management, staff and allied health professionals described partnering with consumers, representatives, and other health professionals in the assessment and planning of care and services. Care planning documents confirmed consumers, representatives, and external health professionals were involved in the assessment and planning of consumers’ care and services.

Consumers and representatives described how outcomes of assessment and planning were effectively communicated to them, and they were offered a copy of the care plan. Management, staff and allied health professionals described the processes for reviewing and communicating the outcomes of assessments to consumers and representatives. Care planning documents showed outcomes of assessment and care planning were effectively communicated to consumers, representatives, and others involved in providing care.

Consumers and representatives confirmed consumers’ care plans were reviewed regularly, and reviewed when circumstances changed, or incidents occurred. Management and staff explained the process for scheduled review of care plans, and review when circumstances or care needs changed. Care planning documents showed they were regularly reviewed for effectiveness, and reviewed when circumstances changed, or incidents impacted on the needs, goals, or preferences of consumers.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers said they received safe and effective personal and clinical care that met their needs, goals, and preferences, and optimised their well-being. Management and staff explained how they delivered individualised personal and clinical care in line with best practice principles. Management initiated actions during the audit to ensure unrestrained consumers were able to exit the service after hours. Care planning documents reflected comprehensive assessment and planning of safe and effective care, tailored to the specific needs and preferences of the consumer. The service had policies and procedures to guide staff in the delivery of best practice personal and clinical care.

Consumers and representatives expressed satisfaction with how high-impact and high-prevalence risks to consumers were managed. Management and clinical staff described the high-impact and high-prevalence risks to consumers at the service, and the measures in place to mitigate these risks. Care planning documents showed risks to consumers had been identified, and individualised mitigation strategies put in place.

A representative of a recently deceased consumer expressed great satisfaction with the end of life care provided by the service. Management and staff explained how they provided appropriate care to consumers nearing the end of life, and ensured their comfort was maximised and their dignity preserved. Care planning documents confirmed the service involved medical officers and maximised the dignity and comfort of consumers nearing the end-of-life. The service had policies to guide staff in providing end of life care.

Consumers and representatives said the service responded promptly to a deterioration or change, in consumers’ condition, and discussed management strategies. Staff described how deterioration or change in consumers’ condition was recognised, and responded to, in partnership with medical officers and other health professionals. Care planning documents showed a deterioration or change in condition was recognised promptly and responded to appropriately.

Consumers and representatives said current information about consumers’ condition, needs and preferences was shared effectively between staff, and with external providers involved in their care. Staff described how current information about consumers’ condition, needs and preferences was documented, and communicated within the organisation and with other care providers. Care planning documents provided adequate information to support the delivery of safe and effective personal and clinical care.

Consumers and representatives said the service provided consumers with timely referrals to appropriate other organisations and health professionals. Management and clinical staff described the processes for referring consumers to other health providers to supplement their ongoing care. Care planning documents confirmed the involvement of other individuals and organisations providing care and services.

Consumers and representatives expressed confidence in the service’s infection prevention and control measures, and the hygienic practices of staff. Management and staff described how they applied infection prevention and control measures and promoted antimicrobial stewardship. Management took appropriate action when a staff member was reported to not wait the specified time for their Rapid Antigen Test result before entering the service. The organisation had an infection prevention and control lead, and documented policies and procedures to guide staff in preventing and controlling infections and promoting antimicrobial stewardship.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives expressed satisfaction with the services and supports for daily living, which met consumers’ needs, goals, and preferences, and promoted their quality of life. Staff described how they partnered with consumers to assess their needs, goals, and preferences for daily living. Care planning documents detailed consumers’ lifestyle interests and the services and supports required to optimise their independence, quality of life, and well-being.

Consumers and representatives said they were supported when they felt low, and described how the service supported their emotional, spiritual, and psychological well-being. Management and staff explained how they supported consumer’s emotional, psychological, and spiritual well-being such as by providing religious services and facilitating personal connections. Care planning documents detailed the supports needed for each consumer’s emotional, psychological, and spiritual well-being. The activities calendar reflected various activities to support the emotional, spiritual, and psychological well-being of consumers.

Consumers said they were supported to participate in their community, within and outside the service, maintain social and personal relationships, and do things of interest. Staff explained how they supported consumers to participate in their community, do things of interest, and maintain important relationships. Care planning documents detailed consumers’ lifestyle interests and important relationships. Consumers and their visitors were observed entering and exiting the service and participating in activities.

Consumers and representatives confirmed information about consumers’ condition, needs, and preferences was communicated effectively within the service, and to others responsible for providing care. Staff described how they communicated current information about consumers’ condition, needs, and preferences for daily living through shift handovers and the electronic care management system. Care planning documents detailed sufficient current information to provide safe and effective services and supports for daily living.

Consumers and representatives said the service provided timely referrals to appropriate other individuals and organisations providing care and services. Staff described other individuals and organisations providing care and services to specific consumers at the service. Care planning documents showed consumers were referred to appropriate other external services and supports.

Most consumers and representatives expressed satisfaction with the quality, quantity and variety of the meals provided, and said they could choose alternatives. Two consumers expressed concerns about their food preferences not always being met and management promptly followed up with the consumers to address their concerns. Records confirmed consumers could provide feedback about the food and influence the menu, such as through food focus meetings. Staff were aware of consumers’ dietary needs and preferences, which aligned with their documented care plans. The kitchen appeared clean and well-kept, and mealtimes were punctual and well-coordinated, with staff providing supervision and assistance as needed.

Consumers reported the equipment provided was safe, suitable, clean, and well maintained. Staff described the processes in place for keeping the equipment safe, clean, and well maintained. Records confirmed the equipment was 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

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers and representatives said the service environment was welcoming, easy to understand, and optimised each consumer’s sense of belonging, independence, interaction and function. Management and staff described how they supported consumers to feel welcome and how they optimised their sense of belonging, independence, interaction, and function. Consumers’ rooms were personalised, and the service was well-lit, with handrails and clear signage to aid navigation.

Consumers and representatives said the service environment was safe, clean, well-maintained, and enabled them to move around freely, both indoors and outdoors. Staff described the systems in place for keeping the service safe, clean, and well maintained. The service environment appeared to be safe, clean, and well-maintained, with consumers able to move freely, both indoors and outdoors.

Consumers and representatives said the furniture, fittings and equipment were safe, clean, and well maintained. Staff described the processes in place for cleaning and maintaining, the furniture, fittings, and equipment at the service. The furniture, equipment and fittings appeared safe, clean, well maintained, and suitable for use.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives said they felt comfortable providing feedback and making complaints, and described different ways they could do so. Management and staff described the processes in place to encourage and support consumers to provide feedback and make complaints through avenues such as talking to management/staff, completing feedback forms or surveys, or by email. Information about providing feedback, feedback forms and a secure lodgement box was displayed. The service had policies, procedures and systems to support consumers’ feedback and complaints.

Consumers and representatives could describe the advocacy, language, and external complaint services available. Management and staff described how they supported consumers to access external complaint, advocacy and language services, if they wished. Information regarding the Commission, advocacy, and interpreter services was displayed around the service.

Consumers and representatives said the service took appropriate action to resolve their complaints, using open disclosure. Management and staff explained how they responded to and resolved complaints, and demonstrated an understanding of open disclosure. The feedback and complaints register showed timely response taken to complaints using open disclosure. The service had policies and procedures to guide staff in the management of complaints and the open disclosure process.

Consumers and representatives confirmed their feedback and complaints were used to improve the quality of care and services. Management and staff described how feedback and complaints were reviewed and used to identify opportunities for improvement. The continuous improvement plan, and other documents, confirmed feedback and complaints were used to improve the quality of care and services.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives felt the service had sufficient staff to meet their care and service needs. Management and staff described how they ensured there were enough staff to provide safe and effective care. Management described how the roster was based on consumers clinical care needs, and how they met the registered nurse coverage requirements, and they were addressing the small shortfall in clinical care minutes. Documentation showed call bell response times were monitored regularly and any outliers investigated.

Consumers and representatives said the service had an adequate mix and quantity of staff to meet the needs of consumers. Staff said the service had the right number and combination of staff to deliver quality care. Management described how the workforce was planned and rostered to ensure the delivery of safe and effective care and services. Documentation confirmed call bell response times were within target and the service met the regulations for care minutes and. Staff were observed responding to call bells in a timely manner.

Consumers and representatives confirmed staff were kind, caring, and respectful of their identity, culture, and care needs. One consumer described an incident when they did not feel respected when they raised a concern about being disturbed in the night. Management took appropriate action to investigate and address this consumer’s concern. Staff were familiar with each consumer’s identity and culture, and interacted with consumers in a kind, caring, and respectful manner. The service had documented policies and procedures to guide staff in respecting consumers’ identity, culture, and diversity.

Consumers and representatives said staff were competent and knew what they were doing. Management described the comprehensive recruitment processes which ensured staff were competent and met the qualification, registration, and security requirements before they were employed. Staff said they had the necessary skills and training to carry out their roles. Workforce records confirmed qualifications, professional registrations and security checks were current.

Consumers and representatives said staff were well trained and had the appropriate skills and knowledge. Staff confirmed receiving initial and ongoing training and support to perform their roles effectively. Management described the comprehensive initial and ongoing training staff received in delivering care in line with the Quality Standards. Records showed mandatory staff training had a high completion rate.

Management and staff described how the performance of staff was monitored, assessed, and reviewed through annual formal performance appraisals, continuous informal monitoring and review, and ad-hoc performance management, when the need arises. Staff confirmed the process for conducting performance appraisals. Records showed performance appraisals were 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said the service was well-run and they were engaged in the development, delivery and evaluation of the care and services through a range of mechanisms including meetings, feedback processes, and care reviews. Management and staff said they supported consumers and representatives to be actively engaged in the development, delivery and evaluation of care and services, and had invited them to participate in the Consumer Advisory Body (CAB). Documentation demonstrated consumers and representatives actively participated in the development, delivery and evaluation of the care and services.

Management described how the Board promoted a culture of safe, inclusive, and quality care and services, and was accountable for the performance of the service and compliance with the Quality Standards. The organisation had governance frameworks, policies and reporting arrangements which established oversight and accountability by the Board and its various committees, such as the governance clinical safety and quality meeting.

Management described effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, and feedback and complaints. Management and staff were aware of the governance policies and confirmed they were implemented in practice.

The service had effective risk management systems and practices which were supported by documented policies and procedures addressing the management of high-impact and high-prevalence risks to consumers, identifying and responding to abuse or neglect, supporting consumers to live their best lives, and management and preventing incidents. Management and staff explained how they implemented the policies in practice.

The service had a documented clinical governance framework which included policies related to antimicrobial stewardship, minimising the use of restrictive practice, and practising open disclosure. Management and clinical staff could explain these policies and how they applied them in the delivery of care and services.

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)