John Paul II Village

Performance Report

6A Dianne Street
KLEMZIG SA 5087
Phone number: 08 8369 0377

**Commission ID:** 6125

**Provider name:** Southern Cross Care (SA, NT & VIC) Inc.

**Assessment Contact - Site date:** 5 July 2021

**Date of Performance Report:** 8 August 2021

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(d) | Compliant |

# Detailed assessment

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

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

The following information has been taken into account in developing this performance report:

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

# STANDARD 3 Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Assessment Team assessed Requirement (3)(b) and Requirement (3)(d) in relation to Standard 3. All other Requirements in this Standard were not assessed and, therefore, an overall assessment of the Standard is not provided.

To understand the consumer’s experience and how the organisation understands and applies the Requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

For the purpose of this Assessment Contact, the Assessment Team found the service demonstrated they met Requirement (3)(b) and Requirement (3)(d) and have provided detailed evidence in the Requirement below.

Overall, sampled consumers considered that they receive personal care and clinical care that is safe and right for them. For example:

* One consumer said, “Whatever help I need I get, and feel safe when care is provided”.
* Two representatives said they are consulted about their family member’s care, and felt they get the care they need.
* One consumer said their pain is managed well and staff help them manage it.
* Two consumers said they are referred to a General Practitioner or Physiotherapist when they need and in a timely manner.

There are systems at the service to identify and manage high impact or high prevalence risks for consumers. The service has risk assessment tools, access to medical and allied health staff and referral processes to external specialists to guide assessments and guide staff in appropriate care.

Clinical and care staff interviewed demonstrated knowledge of the sampled consumers’ personal and clinical care needs and could relay individual strategies for managing some consumer’s high impact or high prevalence risks, such as pain, diabetes, hypertension, dysphagia, weight loss and wound management.

Consumer files viewed demonstrated the service did identify high impact or high prevalence risks through assessments processes or document individual strategies for effective management in care plans. The Assessment Team noted for some consumers, staff initiated pain, behaviour management and weight loss assessment monitoring and evaluation. Staff identified and responded to deterioration of individuals in a timely manner and medical and Allied Health directives were followed.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The service was able to demonstrate that improvements have been implemented to ensure that effective management of high impact or high prevalence risks associated with the care of each consumers is in place.

### Requirement 3(3)(d) Compliant

*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.*

The service was able to demonstrate that improvements have been implemented to ensure that 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.

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.