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:** 12 November 2020

**Date of Performance Report:** 23 December 2020

# Publication of report

This Performance Report **may 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 1 Consumer dignity and choice** |  |
| Requirement 1(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 consumers, staff and others.

# STANDARD 1 Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect and can maintain my identity. I can make informed choices about my care and services and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

## The Assessment Team assessed Requirement (3)(d) in relation to Standard 1. All other Requirements in this Standard were not assessed and, therefore, an overall assessment of the Standard is not provided.

## The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(d) in this Standard. This Requirement was found Non-compliant following an Assessment Contact conducted 21 July 2020.

## In response to the Assessment Contact conducted 21 July 2020, the Decision Maker found the service had not supported a consumer who wished to have a diet consistency which differed from that deemed appropriate by a specialist following review. The service was found not to have implemented alternative strategies to support the consumer’s wish to take the risk of eating normal food and to minimise the impact of the risk. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Assessment Contact and have recommended this Requirement as met.

## I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 1 Requirement (3)(d) and find the service Compliant with Requirement (3)(d). I have provided reasons for my decision in the specific Requirement below.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Assessment Contact and have recommended this Requirement as met. The Assessment Team’s reports outlined the following actions and improvements implemented since Assessment Contact, including:

* Education relating to consumers’ self-determination and swallowing risks provided to management
* Completion of a self-determination audit of all consumers. This resulted in identification of three consumers who wished to undertake activities involving risk.
* Reviewed the Self-determination procedure and discussion tool. This resulted in the documents being reworded and simplified and the language strengthened to reflect partnership with consumers.
* Reviewed the Swallowing Guideline, which has now been replaced with the Safe Swallowing procedure. The new procedure guides Speech pathologists to document discussions and consultation with consumers and/or representatives, including in relation to risks and development of a safe swallowing plan with the consumer and/or their representative.
* The file viewed for the consumer highlighted in the Assessment Contact report dated 21 July 2020 demonstrated the consumer has been reviewed by a Speech pathologist on five occasions since the last Assessment Contact. The consumer’s diet has been upgraded, oral intake has increased, and a weight gain has been recorded.

In relation to Standard 1 Requirement (3)(d), documentation viewed, and information provided to the Assessment Team by consumers and staff through interviews demonstrated:

All consumers interviewed confirmed they are assisted to live their best life and are able to decide what care and services they want to receive. The consumer highlighted in the Assessment Contact report dated 21 July 2020 indicated they like the food and eat well.

Care staff demonstrated knowledge of consumers deemed ‘at risk’ and described strategies they implement for individual consumers to support them to undertake activities which place them at risk.

Risk assessments viewed by the Assessment Team for two consumers demonstrated the risks and actions required to manage risks are documented and have been discussed with the consumer. Additionally, risk management strategies are reflected in consumer care plans. There are processes to identify actual and potential risks for consumers on entry to the service. Management stated risks to consumers are regularly reviewed and where consumers express a wish to undertake an activity which may place them at risk, this is reported by staff to management and risk assessment processes are completed.

For the reasons detailed above, I find the approved provider, in relation to John Paul II Village Compliant with Requirement (3)(d) in Standard 1.

# 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.