Performance

Report

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| Name of service: | John Paul II Village |
| Service address: | 6A Dianne Street KLEMZIG SA 5087 |
| Commission ID: | 6125 |
| Approved provider: | Southern Cross Care (SA NT & VIC) Incorporated |
| Activity type: | Site Audit |
| Activity date: | 7 December 2022 to 9 December 2022 |
| Performance report date: | 17 March 2023 |

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 John Paul II Village (**the service**) has been prepared by R Beaman, 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.
* The approved provider did not submit a response to the Assessment Team’s report.

# 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 Compliant as six of six Requirements have been assessed as Compliant.

Consumers provided positive feedback about their care and services and confirmed they are treated with dignity, respect and staff value their identity and culture. Consumers and representatives confirmed consumers are able to make choices about their care, when it is delivered and who are involved in the decision making process.

Consumers and/or representatives confirmed care is delivered to consumers in a culturally safe manner and their cultural identity is respected. Consumers confirmed they are supported to take risks to live the best life they can and where risks are taken, they are discussed with alternative strategies to mitigate risks to enable them to undertake their chosen activity in a safe manner.

Staff were observed maintaining consumers’ privacy and confidentiality and treating them in a dignified and respectful manner. Staff described ways in which they support consumers to undertake risks to do the things they want in a safe manner.

Documentation reflected consumer choice and preferences for care and service delivery along with consultation where risks are identified and strategies to mitigate those risks recorded to guide staff practice.

Accordingly, I find Standard 1 Consumer dignity and choice Compliant.

# 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 Compliant as five of five Requirements have been found Compliant.

Consumers and representatives confirmed they are involved in the assessment and planning process from admission. They provided positive feedback about how the assessment process was undertaken, how they were included in that process and stated they were satisfied with the way staff communicated with them through this process. Documentation confirmed consumers are consulted during the assessment process and outcomes of those processes are recorded in the consumer’s care plan.

Consumers confirmed other providers of care, including allied health, medical officers and other external service providers of their choice when required are involved in assessment and planning of their care and services. Consumers and representatives confirmed they have access to consumers’ care and services plan.

Staff demonstrated understanding of the assessment and planning process and their role within it. Staff described the ways in which they involve consumers or others of their choosing in the assessment and planning process.

Documentation showed assessments are completed with consideration of risks to consumers’ health and well-being as part of the admission process. Sampled consumer care files showed assessments had been undertaken and outcomes documented within care plans and communicated to consumers and to others who share the provision of care. Documentation confirmed consumers and, where appropriate, representatives are consulted in the assessment and planning process.

In coming to my decision, I have reviewed evidence presented in Standard 3 Requirements (3)(a) and (3)(b) that confirms the service reviews the care and services of consumers through the assessment process when an incident or change occurs.

Accordingly, I find Standard 2 Ongoing assessment and planning with consumers Compliant.

# 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 Compliant as seven of seven Requirements have been assessed as Compliant.

Consumers and representatives confirmed consumers receive personal and clinical care that is safe and right for them. Documentation showed care plans are tailored to individual needs and high impact or high prevalence risks, including falls, skin integrity, nutrition, medication, pain and wound management are recorded with appropriate strategies to guide staff practice.

Consumers confirmed they were satisfied with how personal care is delivered to them and they receive care in line with their preferences. Representatives confirmed staff treat consumers with dignity as they are nearing the end of life and deliver care in a way that is preferred to maintain their comfort and their wishes for this phase are respected. Consumers and representatives were satisfied consumers’ needs, goals and preferences are communicated within the service and other providers of care and they are referred to service providers when they request or require it appropriately and in a timely manner.

Sampled care files confirmed consumer needs, goals and preferences for personal and clinical care are recorded and individualised to maximise health and well-being of consumers. High impact or high prevalent risks are documented with strategies to mitigate those risks recorded to guide staff practice. Handover documentation reviewed showed updated information recorded for consumers for staff to deliver appropriate care in a timely manner.

Staff demonstrated understanding of infection control practices and confirmed they receive regular training in relation to this. Staff described ways in which they minimise infection related risks through their daily work routine, including hand hygiene and using appropriate personal protective equipment. Staff provided examples of how they use observations and other information to recognise deterioration in consumers and described the process to escalate those concerns in a timely manner.

Accordingly, I find Standard 3 Personal care and clinical care Compliant.

# 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 Compliant as seven of seven Requirements have been assessed as Compliant.

Consumers sampled provided positive feedback about the services and supports they receive for daily living, confirming they are tailored to their needs and they are supported to maintain friendships of choice and do the things of interest to them. Consumers were satisfied with the quality and quantity of meals and provided positive examples of their enjoyment of the dining experience and how they are engaged to provide input into the development of menus.

Consumers and representatives confirmed information is communicated and shared appropriately in relation to consumers’ care and service needs, they are referred when required to other providers of care and they felt safe using equipment to support their engagement with lifestyle services.

Staff demonstrated understanding of consumers’ needs and preferences for lifestyle services, including spiritual and emotional support, activities of interest and their likes and dislikes in relation to food and drinks. Staff described ways in which they engage consumers in the activity program, including the extended volunteer network.

Documentation reviewed confirmed consumers’ needs, goals and preferences for lifestyle services, including food and activities is captured in care plans, along with the support strategies to assist to maintain their independence. Equipment used to assist consumers with lifestyle engagement was observed to be clean and well-maintained.

Accordingly, I find Standard 4 Services and supports for daily living Compliant.

# 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 Compliant as three of three Requirements have been assessed as Compliant.

Consumers provided positive feedback about the service environment confirming it was clean, they felt safe living at the service, their family and friends were welcomed when they visited, and they were satisfied with the communal areas available to engage with their visitors. Consumers and visitors were observed in various communal spaces, including the outdoor garden and patio spaces.

Consumers confirmed they are able to easily navigate the service environment and were satisfied with maintenance, confirming furnishings and equipment are clean and well-maintained. Consumers confirmed they are able to move freely both indoors and outdoors as they wish and were observed utilising both outdoor and indoor communal areas.

Observations of the service environment, furniture, fittings and equipment used for mobility, care delivery and lifestyle showed them to be clean and well-maintained. Consumers’ rooms were observed to be decorated with personal items, including photographs and other items of personal sentiment.

Staff described how they undertake regular cleaning of individual, communal and high touch point areas and demonstrated knowledge of the maintenance system and how to resolve and escalate any issues that required fixing.

Accordingly, I find Standard 5 Organisation’s service environment Compliant.

# 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 Compliant as four of four Requirements have been assessed as Compliant.

Consumers and representatives confirmed they understand the process to provide feedback, including complaints, and are able and supported to do so. Consumers were satisfied their feedback and complaints are followed up and actioned in a timely manner and confirmed they are provided various ways to provide feedback and given information about ways to access external services, including advocates.

Feedback mechanisms were observed to be displayed throughout the service environment and documentation confirmed feedback is collated, actioned and outcomes are discussed with those providing the feedback or complaints. Documentation confirmed consumers and representatives were provided with various ways to provide feedback and make complaints, including via written confidential forms, through resident meetings, or verbally directly to staff and management. Consumers confirmed they felt comfortable providing feedback directly to staff and confident their issues would be resolved to their satisfaction.

Staff described ways in which they support and assist consumers to provide feedback and make complaints, including assisting consumers with visual and cognitive impairments to complete written forms, and the process they use to escalate those when they receive them.

Documentation confirmed where feedback and complaints are made, the service actions those with outcomes recorded and uses the feedback to improve care and services.

Accordingly, I find Standard 6 Feedback and complaints Compliant.

# 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 |

sFindings

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

Consumers provided positive feedback about staffing levels and felt there were enough staff to attend to their care when they needed it in a timely manner. Consumers confirmed staff are kind, caring, respectful, they feel safe, and staff known what they are doing and are well trained. Staff were observed interactions with consumers in a respectful and caring manner.

Overall, staff confirmed they are satisfied with the number of staff and can complete their roles. Staff described the various training opportunities they have and confirmed they have access to training and further education when they wish, or it is due for completion. Documentation confirmed mandatory and ad hoc training is completed and assessment of staff performance is completed at regular intervals utilising various methods to capture staff performance, including observations, incident documentation and feedback from staff and consumers.

Documentation confirmed where staff performance is identified as requiring additional support or improvement, staff are monitored and, where required, performance management is actioned.

Accordingly, I find Standard 7 Human resources Compliant.

# 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 Compliant as five of five Requirements have been assessed as Compliant.

Consumers and representatives confirmed they felt the service was well run and were satisfied with their level of engagement with the development, delivery and evaluation of care and services. Consumers and their representatives confirmed they are able to contribute to the development and evaluation of care and services in various ways, including through consumer surveys, via feedback processes or through the regular resident and relative meetings platform.

Documentation showed there are a range of ways the organisation’s Board is accountable for the delivery of safe, inclusive and quality care, including various regular governance committee meetings. The organisation has up-to-date policies and procedures in place to guide staff practice.

Documentation confirmed the service has organisational governance systems in place to ensure information is managed appropriately to enable staff to deliver care and services in a way that meets consumers’ needs and preferences. Staff described ways in which information is provided to them or enabled for them to access to deliver care in the way consumers prefer.

Systems and processes are in place to ensure feedback and complaints made by consumers drives the continuous improvement processes. Documentation confirmed continuous improvement actions are outcomes of consumer feedback to improve care and services.

Staff demonstrated understanding of how the risk management system operates and their part in monitoring high impact or high prevalence risks. Observations and documentation confirmed consumers are supported to live their best life and where risks are taken those are mitigated with strategies to ensure safety.

Staff demonstrated knowledge of the clinical governance framework, including antimicrobial stewardship and the use of open disclosure and were able to describe their responsibility in the reporting of elder abuse and neglect and serious incidents.

Documentation showed policies and procedures for clinical governance were in place to guide staff practice.

In coming to my decision, I have reviewed evidence presented in Standard 3 Requirement (3)(a) that confirms the service actively works towards minimising the use of restraint through regular review of medications, showing psychotropic medications are used as a last resort, for the least amount of time with informed consent obtained prior to their prescription and administration.

Accordingly, I find Standard 8 Organisational governance Compliant.

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)