Performance

Report

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| Name: | The Philip Kennedy Centre Residential Care |
| Commission ID: | 6090 |
| Address: | 477-479 Military Rd,, LARGS BAY, South Australia, 5016 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 18 January 2024 |
| Performance report date: | 7 February 2024 |
| Service included in this assessment: | Provider: 870 Southern Cross Care (SA NT & VIC) Incorporated  Service: 4107 The Philip Kennedy Centre Residential 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 The Philip Kennedy Centre Residential Care (**the service**) has been prepared by A. Kasyan, 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.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others; and
* a performance report following a Site Audit conducted from 16 May 2023 to 19 May 2023.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable |
| **Standard 3** Personal care and clinical care | **Not applicable** |
| **Standard 6** Feedback and complaints | **Not applicable** |

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 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 |

Findings

Requirement (3)(a) was found non-compliant following the Site Audit undertaken from 16 May 2023 to 19 May 2023 where it was found assessments and care plans did not accurately identify each consumer’s risks and risks mitigation strategies.

The assessment team’s report provided evidence of actions the service has taken to address deficiencies identified, including, but not limited to:

* Implemented a new process where risk management procedures and protocols are discussed during clinical meetings to ensure sustainability and confirm staff understanding of risk management processes.
* Undertook an audit to identify consumers who choose to use electrical appliances such as electric kettles, and microwaves and completed risk assessments related to their use.
* Conducted risk assessments for consumers who choose to leave the service independently, involving the collaboration of allied health staff and clinical staff.

At the assessment contact undertaken on 18 January 2024, effective processes in relation to assessment and planning were evidenced through imbedded policies and procedures, accurately completed care planning documents, including risk assessments with mitigation strategies recorded in consumer care plan and the use of validated risk assessment tools. Staff were knowledgeable of assessment and planning procedures and described processes utilised to identify individual risks. Consumers and their representatives expressed satisfaction with assessment and planning processes, including their level of involvement and how risk mitigation strategies are tailored to consumer needs.

Based on the evidence summarised above, I find requirement (3)(a) compliant.

# Standard 3

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| Personal care and clinical care | |  |
| 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 |

Findings

Requirement (3)(c) was found non-compliant following the Site Audit undertaken from 16 May 2023 to 19 May 2023 where it was found end of life care was not delivered in line with each consumer’s needs, goals and preferences, including in relation to pain and symptom control.

The assessment team’s report provided evidence of actions the service has taken to address deficiencies identified, including, but not limited to:

* Facilitated a training session on end-of-life (EOL) care to staff.
* Implemented a trial of the new process of recording EOL care electronically.
* The organisation has recruited a palliative care nurse practitioner who established a palliative care working group with the first meeting held in January 2024.
* Implemented an audit specifically designed to evaluate the quality of EOL care.

At the assessment contact undertaken on 18 January 2024, effective systems and processed have been implemented to ensure safe and person-centred end of life care. Care documentation showed implementation of consumers’ preferences for care, treatment and end of life wishes. Effective pain management was documented and consumers’ care planning documentation and confirmed by representatives of the consumers who received end of life care. Staff were knowledgeable of best practice end of life care practices, including on how to preserve dignity and the importance of following consumer wishes.

Based on the evidence summarised above, I find requirement (3)(c) compliant.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Requirement (3)(d) was found non-compliant following the Site Audit undertaken from 16 May 2023 to 19 May 2023 where it was found feedback and complaints were not consistently recorded, reviewed and analysed by the organisation and used to improve the quality of care and services.

The assessment team’s report provided evidence of actions the service has taken to address deficiencies identified, including, but not limited to:

* Reviewed past quarterly feedback resolution and trending reports for all feedback and complaints with evidence of analysis and trending to identify any deficiencies.
* A review of hard copy feedback forms was undertaken in June 2023 to ensure appropriate information is captured and processes are being followed.
* Facilitated a training session for management in November 2023 on report trending, feedback acknowledgment, risk identification, assessment and documentation and timely action and management of paper-based feedback forms.
* Processes have been imbedded to ensure feedback resolution and trending reports are submitted quarterly which highlight the number of compliments, suggestion, complaints and emerging trends per month.

At the assessment contact undertaken on 18 January 2024, consumers and representatives interviewed expressed their satisfaction with the way in which the service manages and responds to complaints and feedback to improve the quality of care and services. The service has implemented effective processes to ensure all feedback is captured, monitored, analysed, trended and reviewed for areas of continuous improvement with improvements logged on their Continuous Improvement Plan. Care and service improvements are verbally communicated to consumers and their families by staff and discussed during Resident and Food Focus meetings and care plan reviews or family conferences.

Based on the evidence summarised above, I find requirement (3)(d) compliant.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)