Accreditation Decision and Report

**Decision to re-accredit service following a site audit**

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Villa Maria Catholic Homes Wantirna Aged Care Residence |
| **RACS ID:** | 4282 |
| **Name of approved provider:** | Villa Maria Catholic Homes Limited |
| **Address details:**  | 355 Stud Road WANTIRNA SOUTH VIC 3152 |
| **Date of site audit:** | 02 July 2019 to 04 July 2019 |

**Summary of decision**

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| --- | --- |
| **Decision made on:** | 01 August 2019 |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the *Aged Care Quality and Safety Commission Rules 2018* (Rules) about the accreditation of a service. |
| **Decision:** | To re-accredit the service under section 41 of the Rules. |
| **Further period of accreditation:** | 24 September 2019 to 24 September 2022 |
| **Assessment of performance with the Aged Care Quality Standards** |
| Standard 1 Consumer dignity and choice | Met |
| Standard 2 Ongoing assessment and planning with consumers | Met |
| Standard 3 Personal care and clinical care | Met |
| Standard 4 Services and supports for daily living | Met |
| Standard 5 Organisation’s service environment | Met |
| Standard 6 Feedback and complaints | Met |
| Standard 7 Human resources | Met |
| Standard 8 Organisational governance | Met |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 48 of the Rules.**

## Introduction

**This is the report of an assessment of Villa Maria Catholic Homes Wantirna Aged Care Residence (the Service) conducted from 02 July 2019 to 04 July 2019.**

**This assessment was conducted for the purposes of assessing the provider’s performance in relation to the Service against the Aged Care Quality Standards (the Quality Standards) in accordance with the Aged Care Quality and Safety Commission Rules 2018.**

This report details the findings of this performance assessment and contains a detailed report about the performance of the Service against each Quality Standard assessed and the requirements within each Quality Standard assessed rated as either, Met or Not Met.

For a ‘Not met’ finding, the Assessment Team has provided information about why the requirement was Not Met.

This Report is to be read in conjunction with the Quality Standards.

## Assessment Details

The assessment was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers | 18 |
| Consumer representatives  | 8 |
| Management | 3 |
| Clinical staff | 5 |
| Care staff | 6 |
| Hospitality and environmental services staff | 2 |
| Lifestyle staff | 2 |
| Pastoral care | 1 |
| Visiting service providers such as allied health professionals | 1 |
| Other | 2 |

## Detailed findings

This section covers information about the assessment of the provider’s performance, in relation to the service, against each of the requirements of the Quality Standards that were assessed.

### Standard 1: Consumer dignity and choice Met

#### 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.

#### Summary of Assessment of Standard 1:

The Assessment Team found that the organisation has met all six requirements under Standard 1.

Consumer experience interviews show that 94% of consumers agreed staff always or most of the time treat them with respect. Feedback through other interviews was consistent with this high level of satisfaction. The organisation uses regular consumer surveys, anonymous feedback and informal and formal complaints mechanisms to ensure that consumers are satisfied staff treat them with respect and support them to maintain their identity and live the live they choose.

The organisation demonstrated that consumers are treated with dignity and respect, and that the service actively promotes a culture of inclusion. Staff were observed to interact with consumers patiently and respectfully and could readily identify consumer’s individual preferences and interests. Consumers described the ways their social connections are supported both inside and outside the service. The service actively promotes a culture of inclusiveness and respect for diversity and culture. Staff have received education in diversity and the organisation’s diversity framework has been shared with all stakeholders. The service demonstrated this in the wide range of activities it offers for consumers with diverse backgrounds and preferences and in the delivery of care that is tailored to the person.

Staff provided a number of meaningful examples of how they help consumers make choices, including giving consumers clear and accurate information and options to inform their choice. Consumers reported that they feel heard when they tell staff what matters to them and that they are able to make decisions about their life, even when it involves an element of risk.

Consumers reported that they are satisfied that care and services, including personal care, are undertaken in a way that respects their privacy. Staff gave examples of how they maintain the privacy of individuals. Visual cue were observed to guide staff about on specific privacy preferences for individual consumers. Staff were observed respecting consumer privacy, however some contracted cleaning staff were observed opening and entering closed doors of consumers’ rooms without attempting to seek permission from the occupant.

Electronic information is password protected and the confidentiality of paper documented was maintained.

#### Requirements:

Standard 1 Requirement 3(a) Met

The organisation demonstrates that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

##### **Standard 1 Requirement 3(b) Met**

The organisation demonstrates that care and services are culturally safe.

Standard 1 Requirement 3(c) Met

The organisation demonstrates that 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.

Standard 1 Requirement 3(d) Met

The organisation demonstrates that each consumer is supported to take risks to enable them to live the best life they can.

Standard 1 Requirement 3(e) Met

The organisation demonstrates that 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.

Standard 1 Requirement 3(f) Met

The organisation demonstrates that each consumer’s privacy is respected and personal information is kept confidential.

### Standard 2: Ongoing assessment and planning with consumers Met

#### Consumer outcome:

1. I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

#### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

#### Summary of Assessment of Standard 2:

The Assessment Team found that the organisation has met all five requirements under Standard 2.

The organisation demonstrates the consumer is a partner in ongoing assessment and planning that helps the consumer get the care and services needed for their health and well-being.

Of consumers randomly sampled, 94% of consumers agreed they have a say in their daily activities and 100% of consumers agreed they get the care they need. Consumers and representatives interviewed are satisfied they have direct engagement in the initial and ongoing assessment and planning of their care helps them get the care and services they need. Consumers reported feeling safe and confident that staff listen to their goals and preferences, and that the service gets input from other professionals to ensure consumers get the right care and services to meet their needs.

Staff could describe how consumers and others who contribute to the consumer’s care (including medical practitioners, allied health professionals, carers and family) work together to deliver a tailored care and service plan and monitor and review the plan as needed.

Consumers reported that their care and services are regularly reviewed and that when something goes wrong, or their needs and preferences change, the service is quick to communicate with them and seek their input to update the care and services they are getting.

Each of the care and service plans reviewed by the Assessment Team evidenced that the plans had been regularly reviewed (with changes made where necessary) and included a date by which the next review of care and services must be undertaken. Qualified staff undertake reviews relevant to the care and service.

Staff demonstrated an understanding of adverse incidents or near miss events and how these are identified, documented and reviewed by the service, to inform continuous improvement.

#### Requirements:

Standard 2 Requirement 3(a) Met

The organisation demonstrates that 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.

##### **Standard 2 Requirement 3(b) Met**

The organisation demonstrates that 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.

Standard 2 Requirement 3(c) Met

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.

Standard 2 Requirement 3(d) Met

The organisation demonstrates that 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.

Standard 2 Requirement 3(e) Met

The organisation demonstrates that 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.

### Standard 3:Personal care and clinical care Met

#### 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.

#### Summary of Assessment of Standard 3:

The Assessment Team found that the organisation has met all seven requirements under Standard 3.

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

Of consumers randomly sampled, 100% of consumers agreed they felt safe here and 100% of consumers agreed they get the care they need. These high levels of satisfaction were consistent with other interviews with consumers and representatives. Consumers provided various examples of how staff ensured the care provided was right for them including by regularly asking them about their care and the way it was delivered.

Staff could describe how they ensure care is best practice, their opportunities for continuing education and how they ensure that information is shared both within the organisation and with others outside the organisation. Care staff demonstrated a good working understanding of precautions to prevent and control infection. Staff could identify the highest prevalence risks for different cohorts of consumers and how incidents were used to inform changes in practice.

Each of the plans of care reviewed by the Assessment Team evidenced the delivery of safe and effective care. Care plans of three consumers who had been palliative also evidenced attention to the needs of these consumers at the end of their life, with a focus on pain relief, review of pain management strategies and close involvement of family and others.

The organisation also demonstrated they have a suite of policies and procedures underpinning the delivery of care and how they review this and practice to ensure they remain fit for purpose, informed by advice from consumers and other experts.

#### Requirements:

Standard 3 Requirement 3(a) Met

The organisation demonstrates that 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.

Standard 3 Requirement 3(b) Met

The organisation demonstrates effective management of high impact or high prevalence risks associated with the care of each consumer.

Standard 3 Requirement 3(c) Met

The organisation demonstrates that the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

Standard 3 Requirement 3(d) Met

The organisation demonstrates 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.

Standard 3 Requirement 3(e) Met

The organisation demonstrates that 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.

Standard 3 Requirement 3(f) Met

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

Standard 3 Requirement 3(g) Met

The organisation demonstrates 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.

### Standard 4:Services and supports for daily living Met

#### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and
well-being and that enable me to do the things I want to do.

#### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

#### Summary of Assessment of Standard 4:

The Assessment Team found that the organisation has met all seven requirements under Standard 4.

Consumers interviewed confirm satisfaction with services and supports for daily living that are important to them. 94% of consumer experience interviews show consumers always or most of the time agreed they are encouraged to do as much as possible for themselves. Consumers are satisfied they are able to access emotional and spiritual support. Consumers are satisfied that they are able to participate within their community, do things of interest to them and have social and personal relationships. Consumer experience interviews show 88% of consumers like the meals always or most of the time. Consumers are satisfied any changes in their condition is discussed with them.

The organisation demonstrated each consumer gets safe and effective services and supports for daily living that meet their goals and preferences and optimises their independence and quality of life. Staff were observed to support consumers in a patient and respectful way. Plans of care provided clear information about goals and strategies for achieving safe and effective services and supports for daily living, emotional and spiritual care, and accessing the community and personal relationships. Staff provided a number of meaningful examples of how they support individual needs and preferences in relation to this Standard and how they are kept informed of any changes. Consumers provided a number of examples of how staff support them in relation to this Standard.

The organisation monitors and reviews each requirement in this Standard using a regular individual review program, the ‘stop and watch’ clinical deterioration pathway, feedback mechanisms and survey results. The organisation demonstrated how this helps inform and drive improvements to the service.

#### Requirements:

Standard 4 Requirement 3(a) Met

The organisation demonstrates that 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.

Standard 4 Requirement 3(b) Met

The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

Standard 4 Requirement 3(c) Met

The organisation demonstrates that 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.

Standard 4 Requirement 3(d) Met

The organisation demonstrates that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

Standard 4 Requirement 3(e) Met

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

Standard 4 Requirement 3(f) Met

The organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity.

Standard 4 Requirement 3(g) Met

The organisation demonstrates that where equipment is provided, it is safe, suitable, clean and well maintained.

### Standard 5:Organisation’s service environment Met

#### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

#### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

#### Summary of Assessment of Standard 5:

The Assessment Team found that the organisation has met all three requirements under Standard 5.

The service was observed to be welcoming (with individual rooms decorated with memorabilia, photographs and other personal items), clean and well maintained.

The multilevel lay out of the service enables consumers to move around freely within each wing and access a balcony. There is suitable furniture, fittings and signage to help consumers navigate the service.

Management are currently considering removing the keypad access points at the entrance to each level. A number of consumers on each level have swipe card to mobilise freely through these points and staff assist others. Consumers have access to or are helped to access courtyards with paved pathways and recently improved gardens.

Consumers reported that:

* The service was well maintained and kept at a comfortable temperature.
* They have access to a range of equipment and furnishings and felt safe using them.
* There are a number of ways they can provide feedback about how the service environment can be improved and management encourages feedback.
* They have access to quiet rooms to meet family and friends and are encouraged to use all areas of the service.

A consumer provided feedback about how heavy balcony doors and a narrow passage past the reception area inhibits those on motorised wheelchairs independent freedom of movement. The consumer stated staff are on hand to help, but there is no staff at reception over the weekend.

A preventative and reactive maintenance program ensures a structured approach managing the living environment. Staff demonstrated an understanding of the service’s procedures to ensure a safe living environment. Management demonstrated that feedback and monitoring processes drive improvements.

#### Requirements:

Standard 5 Requirement 3(a) Met

The organisation demonstrates that the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.

Standard 5 Requirement 3(b) Met

The organisation demonstrates that the service environment:

1. is safe, clean, well maintained and comfortable; and
2. enables consumers to move freely, both indoors and outdoors.

Standard 5 Requirement 3(c) Met

The organisation demonstrates that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

### Standard 6:Feedback and complaints Met

#### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

#### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

#### Summary of Assessment of Standard 6:

The Assessment Team found that the organisation has met all four requirements under Standard 6.

The organisation demonstrated that consumers are encouraged and supported to provide feedback and make complaints, have access to advocates and methods for resolving complaints, have appropriate action taken in response to their complaints and that complaints are reviewed and used to improve services.

Consumer experience interviews show 88% of consumers are satisfied staff follow up when they raise tings with them. Consumers interviewed were aware of ways to raise a complaint.

Information about internal and external feedback processes is provided to all consumers and representatives. Brochures and information relating to feedback mechanisms is displayed and available to consumers. There are secure feedback boxes located throughout the service. Feedback, complaints and compliments are an agenda item for the resident and relative/representative meetings. The organisation has developed an open disclosure framework and management demonstrated an awareness of this describing a recent example of open disclosure.

Management advised they analyse feedback information for trends, discuss at meetings and identify improvements which are documented on the continuous improvement plan. The quality team review and monitor all feedback received and reports are provided to the quality, compliance and risk committee. Management also monitor the effectiveness of their response to complaints through consumer surveys; the recent survey indicating high levels of satisfaction with the management of complaints.

#### Requirements:

##### **Standard 6 Requirement 3(a) Met**

The organisation demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

Standard 6 Requirement 3(b) Met

The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

Standard 6 Requirement 3(c) Met

The organisation demonstrates that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

Standard 6 Requirement 3(d) Met

The organisation demonstrates that feedback and complaints are reviewed and used to improve the quality of care and services.

### Standard 7:Human resources Met

#### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

#### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

#### Summary of Assessment of Standard 7:

The Assessment Team found that the organisation has met all five requirements under Standard 7.

The organisation demonstrated that the workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe, respectful and quality care and services.

Consumers provided positive feedback about the workforce. Consumer experience interviews showed that 100% of consumers agreed that staff know what they are doing most of the time or always; that 100% of consumers agreed staff are kind and caring; and, that 100% of consumers agreed they get the care they need.

There are processes to ensure there are sufficient skilled and qualified staff to deliver safe, quality care and services. Management explained, and documentation confirmed the service has processes in place for rostering of staff and replacing staff in the roster. Staff provided examples of occasions where the roster has been adjusted to meet the changing needs of consumers.

Recruitment, selection, induction and orientation processes ensure staff have the required knowledge and skills to deliver services. Staff are recruited to specific roles requiring relevant qualifications and/or experience and are provided with position descriptions. Newly appointed staff are supported with buddy shifts and ongoing support is provided through supervision.

Human resources monitor staff compliance including nursing registrations, police checks and monthly reports are provided to management of the service. Management and staff have access to policies and procedures to guide care and services and these are reviewed regularly. Management have access to a range of competencies for staff to complete or for evaluation of skills. An education plan and local training calendar is communicated to staff and available in the staff room. Staff said they have access to a range of education topics.

Management discussed staff performance, the organisation is implementing a new staff appraisal process that staff will access via survey monkey. The current practice is performance related, management meet with the staff member, address the performance and/or feedback received and a performance plan may be put in place. Additional training and coaching are available to manage staff performances.

#### Requirements:

Standard 7 Requirement 3(a) Met

The organisation demonstrates that 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.

Standard 7 Requirement 3(b) Met

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

Standard 7 Requirement 3(c) Met

The organisation demonstrates that the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

Standard 7 Requirement 3(d) Met

The organisation demonstrates that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

Standard 7 Requirement 3(e) Met

The organisation demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

### Standard 8:Organisational governance Met

#### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

#### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

#### Summary of Assessment of Standard 8:

#### The Assessment Team found that the organisation has met all five requirements under Standard 8.

The service demonstrates the organisation’s governing body is accountable for the delivery of safe and quality care and services.

Consumers confirmed that they are involved in care planning, delivery and evaluation illustrating how this occurs in practice. Consumer experience interviews show 94% of consumers agree the service is well run.

The service demonstrated that they involve consumers in the design, delivery and evaluation of care and services, providing numerous examples of how consumers are involved in the co-design of services and engaged on a day to day basis. The organisation’s strategic plan, vision, mission and values, have your say forms, resident and relative meetings and surveys demonstrates the service is engaged with their consumers in the delivery and evaluation of their care and services.

The organisations vision, mission and values statement were on display in the foyer and is provided to all staff during orientation. The organisation’s strategic, diversity and quality workforce plans outline the organisations commitment to providing quality care, a safe environment and to ensure consumers, representatives, staff and all stakeholders have input into improving the service. The organisation’s governing body and sub-committees meet regularly. They outline the organisation’s strategic direction. Monthly reports are completed by the service and forwarded to senior management. Senior management compile those reports and outcomes are discussed with the quality team, relevant sub-committees and the board. Examples of monthly reports were discussed and provided during the visit. The clinical governance framework addresses anti-microbial stewardship, open disclosure and minimising the use of restraint. Management and staff interviewed advised that information is shared and received via meetings, intranet, email, newsletter, memorandum and electronic consumer database.

#### Requirements:

Standard 8 Requirement 3(a) Met

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

Standard 8 Requirement 3(b) Met

The organisation demonstrates that the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

Standard 8 Requirement 3(c) Met

The organisation demonstrates 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.

Standard 8 Requirement 3(d) Met

The organisation demonstrates 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.

Standard 8 Requirement 3(e) Met

The organisation demonstrates that 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.