Villa Serena

Performance Report

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**Commission ID:** 5361

**Provider name:** Allity Pty Ltd

**Assessment Contact - Site date:** 20 October 2021 to 21 October 2021

**Date of Performance Report:** 22 November 2021

# Performance report prepared by

Gai-Maree Cain, delegate of the Aged Care Quality and Safety Commissioner.

# 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 1 Consumer dignity and choice** |  |
| Requirement 1(3)(a) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | Compliant |
| **Standard 5 Organisation’s service environment** |  |
| Requirement 5(3)(b) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Compliant |

# Detailed assessment

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 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
* the Approved Provider’s response to the Assessment Contact - Site report received 18 November 2021
* other information and intelligence held by the Commission regarding the service

# 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 did not assess all requirements of this Standard and therefore an overall compliance rating or summary for the Quality Standard has not been provided.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

Consumers and representatives expressed satisfaction that staff treat consumers respectfully and with dignity and that staff understood matters of importance to consumers. Consumers and representatives said consumers can express themselves through religion, language, decorating their room, and engagement in activities and events which are important to them.

Staff spoke about consumers in a respectful manner and demonstrated an understanding of individual consumer’s backgrounds, including preferences for personal and clinical care.

Review of care documentation reflected the service engages with consumers to understand their personal preferences for care and services and things of importance. Consumer care plans provided guidance to staff in relation to each consumer’s life history, identity, culture and diversity.

The organisation had a cultural diversity and safety policy and procedures to guide staff.

Observations at the time of the Assessment Contact included staff interacting with consumers in a respectful manner, a poster promoting diversity and inclusion on display within the service environment, and consumers rooms had individualised name plaques which included photos or picture reflecting the consumers life history or interests.

For the reasons detailed, this requirement is Compliant.

# STANDARD 2 Ongoing assessment and planning with consumers

### Consumer outcome:

### 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.

## Assessment of Standard 2

The Assessment Team did not assess all requirements of this Standard and therefore an overall compliance rating or summary for the Quality Standard has not been provided.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

The service demonstrated assessment and care planning processes include the consideration of individual consumer risk/s to inform the delivery of safe and effective care and services.

Consumers and representatives expressed satisfaction with the services assessment and care planning processes; and confirmed they are involved in the assessment and care planning processes upon entry to the service and on an ongoing basis.

Registered staff described their role in the assessment, review and care planning process including when a consumer enters the service and on an ongoing basis. They said the outcomes of assessments are documented in care plans and discussed with the consumers and/or representatives via a telephone call or during meetings with consumers and/or representatives.

Staff described individual consumers’ assessed needs, goals and preferences in relation to delivering safe and effective care and were able to describe how they use assessment, planning and handover information to inform the delivery of safe and effective care.

The organisation had an ‘Assessment and Care planning timeline’ to guide the scheduling and documentation of consumer care plans.

For the reasons detailed, this requirement is Compliant.

# 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 did not assess all requirements of this Standard and therefore an overall compliance rating or summary for the Quality Standard has not been provided.

### 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.*

Consumers and representatives generally expressed satisfaction that risks to consumers were well managed by the service.

Staff described the high impact and high prevalence risks for consumers at the service, and how these are monitored and managed for individual consumers. For example, for consumers at risk of falls, staff described strategies that could be implemented to minimise this risk such as sensor mats, crash mats and low beds.

Review of consumer care documentation mostly reflected consumers individual risks and management strategies implemented to minimise risk/s. The service records individual consumers high impact and high prevalence clinical and personal through risk assessments, care plans and incident documentation.

However, the Assessment Contact report provided information which evidenced one named who was prescribed a psychotropic medication had not identified as subject to chemical restrictive practices and behaviour support plans including the restrictive practice had not been developed. At the time of the Assessment Contact, management advised the Medical Officer was contacted to confirm the consumer’s diagnosis, Registered staff will receive additional training in restrictive practices, and a full review of all consumers prescribed a psychotropic medication will be completed.

The organisation had a ‘clinical management flipchart’ which guides staff on monitoring for signs and symptoms of various high impact or high prevalence risks such as urinary tract infections, dehydration, constipation, delirium and acute deterioration.

The service reports monthly clinical indicators which includes the analysis of all recorded incidents, investigation of causative factors, strategies for improvement and minimisation of reoccurrence.

For the reasons detailed, this requirement is Compliant.

# STANDARD 5 Organisation’s service environment

### 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.

## Assessment of Standard 5

The Assessment Team did not assess all requirements of this Standard and therefore an overall compliance rating or summary for the Quality Standard has not been provided.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(b) Compliant

*The service environment:*

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

Consumers and representatives considered the service environment to be safe, well-maintained and comfortable and expressed satisfaction with the cleanliness of the service environment. At the time of the Assessment Contact, consumers and representatives said consumers (with exception to consumers subject to environmental restrictive practices) are able to leave the service freely and there were currently no visitor restrictions in place.

The service had processes for scheduled preventative maintenance, and reactive maintenance to ensure the service environment was safe and well-maintained. Review of the reactive maintenance logbooks confirmed, maintenance issues at the service are prioritised based on risk. Staff described process for the identification of a potential safety hazard, including immediate safety measures and reporting of maintenance issues via logbooks. The service had a daily and monthly cleaning schedule which included communal areas, consumer rooms and high touch point areas.

Review of the completed reactive maintenance log requests demonstrates maintenance issues reported by staff and consumers are resolved in a timely manner.

Observations of the service environment at the time of the Assessment Contact included internal and outdoors areas to be clean, well-maintained and free from any obstructions and hazards. Consumers can freely access indoor and outdoor areas and were observed utilising the outdoor areas and activity rooms.

For the reasons detailed, this requirement is Compliant.

# STANDARD 8 NON-COMPLIANT Organisational governance

### 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.

## Assessment of Standard 8

A decision of Non-compliant in one or more requirements results in a decision of Non-Compliant for the Quality Standard.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(c) Non-compliant

*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.*

The organisation had governance systems relating to the provision of information, continuous improvement, financial, workforce governance and feedback and complaints. However, the service did not adequately demonstrate effective organisation wide governance systems in relation to regulatory compliance, specificallyin relation to the identification and reporting of incidents under the Serious Incident Response Scheme.

The services had processes to identify changes to legislation, industry standards and guidelines, and the communicates this within the organisation via emails, management meetings and policies and procedures. The service had a ‘Restrictive Practice Minimisation’ policy to guide staff in the assessment, consent, authorisation and monitoring of consumers and which identifies restrictive practices within the service are only used as a last resort.

The service had an ‘Incident Management and Reporting’ policy which included guidance in relation to responsibilities of reporting under the Serious Incident Response Scheme. Staff received training in the Serious Incident Response Scheme, and management at the service maintain records of incidents reported under the scheme.

Management advised, and review of documentation confirmed the service had reported 2 incidents under the Serious Incident Response Scheme since 1 April 2021. However, the Assessment Contact – Site Report provided information that a further 2 incidents involving named consumers that would meet the requirements of a Priority 1 notification had not been reported. As a result of feedback to management at the time of the Assessment Contact, the two incidents were reported to the Serious Incident Response Scheme.

The Approved Provider in its written response date 18 November 2021, acknowledged improvement in this area is required. The Approved Providers response including a plan for continuous improvement, and provided information in relation to actions taken and planned actions to address the deficiencies identified in the Assessment Contact – Site Report. These include education and training of staff in chemical restraint, restrictive practices and the Serious Incident Response Scheme; the review and update of policies, procedures and flowcharts to guide staff in restrictive practices and the Serious Incident Response Scheme; and the implementation of clinical software and monitoring of individual consumers psychotropic medication by clinical management.

In coming to a decision for this requirement, I have considered the information from the Assessment Contact – Site Report and the Approved Provider’s response. While I acknowledge the immediate and planned actions undertaken and committed to by the Approved Provider, at the time of the Assessment Contact – Site Report, the service did not demonstrate effective governance systems were in place in relation to regularly compliance. Improvements will require time to be implemented and evaluated for effectiveness. Therefore, it is my decision this requirement is Non-Compliant.

### Requirement 8(3)(d) Compliant

*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.*

The service demonstrated effective risk management systems and practices are in place, and the organisation had policies and procedures relating to:

* managing high impact and high prevalence risks associated with the care of consumers
* identifying and responding to abuse and neglect of consumers
* supporting consumers to live the best life they can
* managing and preventing incidents, including the use of an incident management system.

The organisation had a Clinical Governance Framework which outlined the responsibilities, structures and expectations as they related to the provision of high-quality and safe consumer care. The organisation had a clinical risk management policy to guide staff in the identifying and managing consumer clinical risk/s including monitoring implemented strategies to minimise the impact of high impact and high prevalence consumer risk/s. The organisation’s risk management procedure guided staff in the management and communication of risk/s.

Staff received training in risk management procedures and demonstrated an understanding of how these apply to their practice day to day.

For the reasons detailed, this requirement is Complaint.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 8(3)(c) – Ensure the service has an effective organisation wide governance system relating to regulatory compliance.