Performance

Report

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| Name: | Catholic Healthcare Percy Miles Villa |
| Commission ID: | 0252 |
| Address: | 227-235 Forest Road, KIRRAWEE, New South Wales, 2232 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 3 September 2024 |
| Performance report date: | 27 September 2024 |
| Service included in this assessment: | Provider: 1191 Catholic Healthcare Limited  Service: 268 Catholic Healthcare Percy Miles Villa |

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 Catholic Healthcare Percy Miles Villa (**the service**) has been prepared by M.Wyborn, 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 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
* the provider’s response to the assessment team’s report received 16 September 2024.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements were assessed |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements were assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements were assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements were assessed** |

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 3

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| Personal care and clinical care | |  |
| 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 |

Findings

The service demonstrated that changes or deterioration in consumer condition is routinely recognised and responded to in a timely manner. The service administers relevant policies and processes to guide staff in recognising and responding to changes in a consumer’s mental health, cognitive or physical function, capacity or condition. Consumer documentation highlighted that appropriate interventions from consumer medical officers, physiotherapists, wound care specialists, and other medical specialist reviews are managed in response to changes in consumer condition. The service ensures that registered nursing staff (RN) undertake training on consumer clinical deterioration and the service’s training records demonstrate appropriate attendance and oversight. Care staff demonstrated that they have undertaken training related clinical deterioration and utilise the ‘stop and watch’ guidance to escalate any changes or concerns with consumers to the RN. Any resulting changes to individual consumer care is discussed at regular staff meetings, and at the time of shift handover. Consumer documentation is consistently updated and relevant care records are maintained.

With these considerations, I find the service compliant in Requirement 3(3)(d).

# 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 |

Findings

The service administers relevant policies and procedures regarding complaints management, and the service demonstrated effective measures to encourage consumers and representatives to raise any concerns or complaints. The service demonstrated that staff training on feedback and complaints management is mandatory and majority of staff have completed this training. Staff advised they escalate any complaints or feedback from consumers and representatives to the registered nursing staff or to management and highlighted that if they have any issues or need resources related to the delivery of care they can raise their concerns in meetings. The consumer handbook provides information on how to make a complaint and provides links to both internal and external complaint pathways. Consumers and representatives advised they know how to raise a complaint or provide feedback to the service if required, and highlighted that they would speak to the staff, to the registered nurse or family if they had a concern. Consumers and representatives advised that they are confident any issues raised would be followed up by the service in a timely manner.

With these considerations, I find the service compliant in Requirement 6(3)(a).

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |

Findings

Consumers and representatives advised that staff know what they are doing, and expressed their satisfaction with the care they receive. Consumers and representatives did not identify any areas where they thought staff could benefit from extra training. Management demonstrated that the service supports the workforce to deliver safe and quality care and services by maintaining a regional approach to recruitment and maintaining a flexible workforce to help the service cover planned and unplanned leave. The service delivers a comprehensive orientation program, which includes mandatory training, competency assessments, and induction on site. The service provides buddy shifts to support new staff when they first commence employment. The service delivers an ongoing education program, which includes annual mandatory training on essential topics, online training modules provided by the organisation, training provided by external providers and suppliers, toolbox talks, and access to training resources. This training program is monitored through a robust training calendar and coordinated and monitored by a workplace educator within the organisation. Records of attendance are maintained and monitored to ensure staff complete the mandatory training. Training is provided in response to identified needs and management demonstrated that the service has sufficient and suitable equipment to enable staff to provide safe and effective care and services to consumers.

With these considerations, I find the service compliant in Requirement 7(3)(d).

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

Management demonstrated effective organisational governance systems related to information management; continuous improvement; financial governance; workforce governance; regulatory compliance; and feedback and complaints.

The service administers effective information systems that provide stakeholders with the information they need. Consumers and representatives are provided with relevant information about their care and services including consultation related to clinical reviews, case conferences, meetings and the consumer advisory body. Staff communication includes the service’s electronic clinical documentation system, intranet system, handover at each shift, daily ‘9 at 9’ meetings, messaging systems, and the service’s education and training program. The service delivers a program of regular meetings for consumers, representatives, staff, and management, and consistent reporting mechanisms are in place for staff and management. In addition, the service delivers effective complaints and feedback mechanisms for all stakeholders. The service’s continuous improvement system provides opportunities for improvement through input from consumer feedback, complaints, audits, surveys, staff suggestions, review of clinical indicators, incidents, meetings, organisational initiatives, and external reviews. The continuous improvement process is monitored at a service and organisational level and facilitates implementation and evaluation mechanisms.

The organisation supports and monitors income and expenditure of the service with monthly reviews of the budget. The service demonstrated effective systems for planning and management of its workforce through ongoing review of consumer care needs, clinical data, and feedback from consumers and staff. The organisation’s human resources management team oversee and support management of the workforce, and staffing requirements are reviewed and reported regularly to the executive and the board. In relation to regulatory compliance, the organisation operates a practice and quality team which includes a legal advisor who monitors aged care regulations and legislation. Any changes are identified through information from the industry's peak body and government departments. The practice and quality team ensures policies and procedures are updated in line with legislative changes and the organisation provides updates and notifications to management and staff of new regulatory requirements. The organisation administers relevant feedback and complaints policy and procedures and the complaints process is managed by the residential manager and recorded in a feedback and complaints register. Complaint trends are monitored at the service and organisation level and relevant information is consistently reported to the board.

With these considerations, I find the service compliant in Requirement 8(3)(c).

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)