Performance

Report

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| Name of service: | Catholic Healthcare Villa Maria Centre |
| Service address: | 15a Blackman Parade UNANDERRA NSW 2526 |
| Commission ID: | 0549 |
| Approved provider: | Catholic Healthcare Limited |
| Activity type: | Site Audit |
| Activity date: | 8 February 2023 to 10 February 2023 |
| Performance report date: | 24 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 Catholic Healthcare Villa Maria Centre (**the service**) has been prepared by M. Nassif 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.

# 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

Consumer and representatives said consumers were treated with dignity and respect and their culture and identity was valued. Staff described ways they supported consumers to live the life they chose and respected their identity, culture and diversity. Care planning documents demonstrated the service’s commitment to a culture of inclusion and support for consumers’ right to make informed choices to live the life they chose.

Consumers said they received culturally safe care and services and their care planning documents aligned with their responses. Staff identified consumers’ specific needs and preferences for the delivery of their care and services. Staff training modules, policies and procedures supported the delivery of culturally safe care and services.

Consumers said they were supported to exercise choice and independence and involve whom they wanted to in making decisions about their care and services. Consumers confirmed they were supported to make connections with others and maintain relationships of choice. Staff and management described ways they supported consumers to exercise choice and these were documented in care planning documents.

Consumers stated they were supported to understand any risks they chose, in order to exercise choice. Staff described the risk assessment and consent process undertaken with each consumer that wishes to engage in activities involving risks. Risk assessment forms were signed and there was evidence they were regularly reviewed.

Consumers stated they received current, accurate and timely communications that were easy to understand and enabled them to exercise choice. Staff described different ways they provided information to consumers, in line with their needs and preferences. Current information such as the daily menu and lifestyle program schedule were displayed around the service.

Consumers said their personal information was kept confidential, and their privacy was respected by staff. Staff described various ways they respected consumers’ privacy and kept personal information confidential such as delivering personal care in private and locking computers. Areas where consumers’ confidential information was kept were observed to be locked and computers were password protected.

# 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

Consumers and representatives said the assessment and planning processes considered risks to the health and wellbeing of consumers. Staff described the care planning process in detail, and how it informed the delivery of care and services. This was consistent with care planning documents.

Consumers and representatives said assessment and planning processes identified their current needs and preferences and end-of-life care had been discussed and documented. This was consistent with care planning documents. Staff described the needs and preferences of consumers, which aligned with consumers’ feedback and care planning documents.

Consumers and representatives confirmed their close involvement in assessment and planning process. Staff described how they regularly liaised with consumers, representatives, and allied health professionals as partners in the assessment and care planning process. This was reflected in care planning documents.

Consumers and representatives said the service kept them informed about consumers’ current assessments and care plans were documented and made available. Management and clinical staff described how they effectively communicated outcomes of assessment and planning to consumers and their representatives and this was reflected in care planning documents.

Care planning documents showed they were regularly reviewed for effectiveness, and reviewed when circumstances changed, or incidents impacted on the needs, goals or preferences of the consumer. Management and staff explained the documented processes for the review of care plans every 3 months, or when circumstances changed, or an incident occurred.

# 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

Consumers and representatives said consumers received care that was safe, effective and optimised their health and well-being. Care planning documents consistently reflected safe, and effective care tailored to the needs and preferences of consumers. Staff and management described consumers’ care needs and preferences. Observations of staff caring for consumers confirmed the personal care and clinical care being delivered was best practice and aligned with each consumers’ care plan.

Management explained how the service effectively managed high-impact and high-prevalence risks through identifying risks and implementing suitable risk mitigation strategies for individual consumers. Consumer and representatives felt risks to consumers’ health were managed effectively. Staff identified consumers’ risks and strategies in place to mitigate the risks. Care planning documents showed each consumers’ risk factors were identified and managed.

Consumer and representatives said they had completed an advance care plan with their end of life wishes included. Staff and management described the way care delivery changed for consumers nearing end of life and the practical ways their comfort was maximised and dignity preserved. Care planning documents reflected the needs, goals, and preferences of consumers including their advance care and end of life plans.

Consumers and representatives provided positive feedback of how the service had responded to a change or deterioration in their health. Staff and care planning documents confirmed appropriate actions were taken in response to a deterioration or change in consumers’ health.

Consumer and representatives considered care information was well documented and communicated effectively to staff and those providing care. Staff explained how care information was documented, accessible, and communicated effectively via shift handovers and meetings. This was consistent with observations.

Consumers and representatives confirmed the service had facilitated appropriate and timely referrals. Management and staff described the various referral options and processes, depending on consumers’ needs. Care planning documents reflected timely and appropriate referrals to a range of different services and providers.

The service had documented policies and procedures to minimise infection risks through the implementation of infection control principles and the promotion of appropriate antibiotic prescribing. Consumer and representatives were confident in the hygiene standards and said they observed staff consistently wearing their personal protective equipment. Staff demonstrated a knowledge of relevant infection control practices and minimising antimicrobial resistance.

# 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

Consumers and representatives said they received safe and effective services for daily living that met their needs and optimised their independence, health, well-being and quality of life. Staff confirmed consumers were supported to maintain their independence and quality of life. Care planning documents confirmed consumers’ needs, goals and preferences were documented, regularly reviewed and changed as required.

Consumers said the service supported their emotional, spiritual and psychological well-being. Staff confirmed they supported consumers’ mental well-being and provided a range of relevant services both within the service and externally. Care planning documents included a spiritual assessment for every consumer that was regularly reviewed and updated.

Consumers and representatives indicated they were supported to participate in activities within and outside the service, maintain contact with the people who were important to them, and do things of interest to them. Staff described how they assisted consumers participate in the community and engage in activities of interest to them inside and outside the service. Care planning documents aligned with the information provided by consumers, representatives and staff.

Consumers and representatives said their preferences, needs, and condition were effectively communicated within the service, and with others who shared responsibility for their care. Staff described ways they shared information and were kept informed about the changing condition, needs and preferences of each consumer. Care planning documents provided adequate information to support safe and effective care related to daily living.

Consumers, staff and care planning documents identified a variety of referrals to external providers of care and services occurred. Staff described the external supports used to supplement the care and services provided to consumers. Volunteers were observed engaging with consumers and facilitating activities on site.

Consumers said the food was suitable variety, quantity, and quality. Consumers stated their dietary needs and preferences were met, and they could change their minds ‘on the spot’ if they didn’t want the meal on offer. Staff were familiar with consumers’ dietary needs and preferences that were documented in care planning documents. Staff were observed assisting consumes with their meals and offering alternatives.

Consumers and representatives said they had access to safe and suitable equipment to assist them with their daily living activities. Staff said they had access to suitable equipment, and they described how it was part of their responsibilities to ensure it was maintained and cleaned. Cleaning and maintenance schedules were up to date and equipment appeared to be safe, suitable, clean and well maintained.

# 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

Consumers said the service was welcoming, easy to understand and felt they belonged. Consumers were able to personalise their rooms and many rooms had features on the door to aid navigation. Management described features that made consumers and visitors feel welcome and that optimised their independence, interaction and function.

Consumers and representatives considered the service to be safe, clean and well-maintained and they could move around freely. Management explained how they oversee the cleaning which is contracted to an external supplier. The service was observed to be very clean and well-maintained both inside and outside the service. Consumers were observed moving freely within and outside the service.

Consumers said the furniture, fittings and equipment were suitable and clean and they felt safe when staff use various mobility aids. The furniture, fittings and equipment were observed to be safe, clean and well maintained. Records confirmed equipment, furniture and fittings were cleaned and maintained regularly.

# 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

Consumer and representatives said they felt encouraged to provide feedback. Staff detailed how they supported consumers to provide feedback and make complaints. Feedback forms and boxes available to consumers and representatives were observed around the service.

Consumer and representatives were aware of the support services in place to assist them provide feedback or make complaints. Staff described how they supported consumers who had difficulty with communication to raise issues and knew how to seek advocacy services or interpreters for non-English speaking consumers. Brochures for support services and making complaints via external mechanisms were available around the service in multiple languages.

Consumer and representatives felt the service took appropriate action when they provided feedback, and said the service practiced open disclosure. Staff had received training on open disclosure and could detail when they used it. The feedback register showed timely actions were consistently taken to resolve complaints and when apologies had been provided and when open disclosure had been practiced.

Consumers and representatives said their feedback was used to improve care and services. Management detailed how feedback and complaints were recorded on the feedback register which informed continuous improvement opportunities. The service’s plan for continuous improvement and the feedback register showed a systematic process for using the feedback to drive improved performance.

# 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 |

Findings

Consumers and representatives felt the service was appropriately staffed with staff responding promptly to call bell requests. Staff said they were supported by management who ensured they were sufficiently resourced to provide the level of care required by consumers. Management explained how rostering was adaptable and took into consideration the health status of consumers, analysis of call bell response times, clinical indicators and feedback from consumer, representatives and other staff.

Consumers and representatives provided positive comments about staff and said they were kind, caring and respectful. This was consistent with observations.

Consumers and representatives expressed confidence in the level of skill and qualifications of the staff. Management explained how position descriptions set out the competencies, qualifications and experience expected by each staff member. Records showed the service was consistently hiring staff with the relevant qualifications, checks and registrations to effectively perform their roles.

Consumers and representatives said staff were competent and did not identify any areas where they felt staff needed more training. Staff considered they were trained, equipped and supported to deliver safe and effective care. Management described how they ensured all staff received the training and support they needed to perform their roles in relation to the Quality Standards. Training records showed the service had a high completion rate of mandatory training.

Consumers said they provided feedback to staff and management regarding staff performance. Staff confirmed receiving regular feedback from management following annual performance appraisals, probation reviews and through informal conversations. Management described monitoring staff performance and the annual staff performance appraisal program.

# 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

Consumers and representatives said they were engaged in the development and delivery of their care services. Management and staff described the various ways the service supported consumers and representatives to be engaged in the development, delivery and evaluation of care and services. Records showed the service was providing multiple opportunities for consumers and representatives to have input on the running of the service.

The organisation had policies and procedures that promoted a culture of safe, inclusive and quality care and services and the Board was accountable for their delivery. Management explained how the service management and Board oversighted the delivery of quality care and services in accordance with the Quality Standards. Board meeting minutes and monthly clinical indicators showed regular monitoring of the service by the organisation’s governing body.

The organisation had robust and comprehensive governance systems in place related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Management described the policies and processes in place for each governance system and how staff were supported with training and guidance resources. The organisation had auditing processes to ensure they were implemented and performing effectively.

The service had effective risk management systems in place for high impact or high prevalence risks to consumers, identifying and responding to elder abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents. Staff had access to related policies and training and gave examples of how they applied in their daily work.

The organisation’s clinical governance framework included policies and processes that covered antimicrobial stewardship, minimising the use of restraint and open disclosure. The service had embedded related training modules in the mandatory training system for all staff. Staff had access to related policies and training and could give examples of how they applied in their daily work.

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)