Performance

Report

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| Name: | Corpus Christi Community |
| Commission ID: | 3138 |
| Address: | 855 Mickleham Road, GREENVALE, Victoria, 3059 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 2 May 2024 |
| Performance report date: | 22 May 2024 |
| Service included in this assessment: | Provider: 433 Villa Maria Catholic Homes Limited  Service: 1897 Corpus Christi Community |

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 Corpus Christi Community (**the service**) has been prepared by L Glass 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.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been 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 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

The service is identifying risk and planning care to optimise the health and wellbeing of consumers. Consumers and representatives said staff plan care that is safe and meets the consumer’s health and well-being needs. Staff described the assessment and care planning process and how this contributes to safe care. Consumer’s care documentation reflected consideration of risk to consumer wellbeing and plans for effective care, including when leaving the service independently.

A review of documentation demonstrated medical practitioners and allied health professionals assess each consumer’s risks including mobility and pain care needs. Diet and speech pathology needs were identified by clinical staff as well as consideration of post falls management. While care documentation relating to risks is reviewed at least 3 monthly, the Assessment Team observed occurs more often following incidents and changes to care needs.

# 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 |

Findings

Consumers and representatives were satisfied with the personal and clinical care that consumers received, which is tailored to consumer’s individual needs and preferences. Care documentation demonstrated assessment of each consumer’s needs was undertaken in consultation with the consumer, and a care plan developed to meet consumer needs and optimise their health and well-being. The service has a medical clinic on site where consumers are encouraged to visit the medical practitioner as needed. Medical practitioners document the consumer files following consultations.

Management and staff described how they deliver care that is safe and tailored to meet individual consumer needs. The service has a commitment to minimising restrictive practices with alignment of its processes to legislative requirements. Assessment of pain includes holistic factors related to personal circumstances and care plans include a range of individualised non-pharmacological strategies. Pain monitoring was noted to be commenced for consumers who had experienced a fall and behavioural incidents.

# 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

The service is ensuring staff are trained and equipped to successfully undertake their role. The service has access to external training, meetings and forums to allow access to support from outside of the service to enable ongoing staff development. The service has introduced a Learning and Development department overseeing all mandatory and supplementary training, education and completion rates. The service has a human resource staff onboarding process since the recent acquisition by Villa Maria Catholic Homes.

Consumers and representatives were satisfied staff are trained and supported to provide quality care and services to meet consumer’s needs. All clinical and care staff confirmed the service provides mandatory and additional training to support them to provide quality care. Management demonstrated policies and procedures provide guidance enabling the workforce to deliver the care outcomes required by the Aged Care Quality Standards. The workforce is assigned courses at the commencement of employment, annually and as required, to meet industry, organisational or service requirements.

# 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

The service is demonstrating effective organisational wide governance systems are in place. The service has introduced structured and formalised meetings and share drive governance for effective information management. All staff confirmed they can readily access the information they need and have no issues accessing information through the electronic management system. Information is also available through a range of other activities, strategies and meetings.

The service’s clinical governance framework feeds into the Plan for Continuous Improvement. Management demonstrated how opportunities for improvement are identified through quality trend analysis, feedback and complaints, incidents, audits, general discussions and meetings.

The organisation’s financial structure is led by a chief financial officer who is responsible for overseeing finance, assets, facilities, information and communications technology and financial systems.

The organisation has policies and procedures relating to workforce planning, staff recruitment and screening, orientation, mandatory training, performance monitoring and staff retention, reporting quarterly with care minutes.

Regulatory compliance is managed by the quality and risk team as well as the legal and compliance team, who receive updates to legislative changes. The service is aware of its reporting requirements relating to reportable and non-reportable events and appropriate registers are maintained.

The service has a feedback and complaints management system in place and staff can access the complaints management procedure electronically on the organisation’s platform. The system enables management, the quality and risk team and complaints officer to oversee trends that are identified, which feed into the Plan for Continuous Improvement.

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