Performance

Report

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| Name of service: | Performance report date: |
| De Paul Villa Aged Care | 23 August 2022 |
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| Approved provider: | Activity date: |
| Ozcare | 20 June 2022 to 22 June 2022 |

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 De Paul Villa Aged Care (**the service**) has been considered by James Howard, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 conducted from 20 June 2022 to 22 June 2022; 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
* the provider's response to the Assessment Team's report, received on 28 June 2022
* other information and intelligence held by the Commission in relation to this service

# 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 | | Compliant |
| 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

This Quality Standard is assessed as Compliant as six of the six specific requirements were assessed as compliant.

Consumers and representatives said staff treated consumers with dignity, respect and demonstrated an understanding of their individual backgrounds. They provided positive feedback and gave examples of how the service supported consumers to be independent, take risks, exercise choice and make decisions about care and services provided, while respecting consumers’ personal privacy.

The service had policies and training in place which guided staff in their engagement with consumers. Staff were observed interacting with consumers respectfully and they described consumers’ cultural backgrounds and individual preferences and explained how that knowledge assisted them to meet consumers’ specific care needs

Care planning documents and meeting minutes showed the service understood and supported consumer choice in cultural, spiritual and activity preferences. Consumers were supported to exercise choice and independence and encouraged to maintain relationships with people inside and outside of the service. Consumers’ relationships were acknowledged and supported. Consultation occurred to ensure staff were aware of matters important to consumers, to support consumers to live their best lives.

Staff encouraged consumers to be independent and respected their choices. Staff and management demonstrated respect and an understanding of consumers’ identities, life journey and personal circumstances.

Care planning documentation was individualised to consumers’ backgrounds, personal needs and preferences, identity, and cultural practices, obtained through consumer interviews and questionnaires. All care plans aligned with details from consumer interviews.

Staff described the various ways in which they supported consumers’ choices on a day-to-day basis, as documented in care plans.

Consumers confirmed their privacy and confidentiality was respected. Staff outlined the practical ways they respected the personal privacy of consumers, such as knocking on consumers’ doors prior to entry and closing their doors while providing care. Staff also demonstrated an understanding of consumers’ relationships inside and outside the service, and explained how they supported consumers to maintain those relationships by utilising video calls, activities designed to form friendships, happy hours, and other activities every week.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

This Quality Standard is assessed as Compliant as five of the five specific requirements were assessed as compliant.

Consumers and representatives said they were involved with assessment and care planning on entry to the service and then during periodic reviews. Staff described how they used assessment and planning processes to guide how they provided care that was safe and effective. Care plans detailed consumers’ needs, goals and preferences, including advance care and end-of-life preferences.

Care planning documents included information from consumers, representatives and other organisations and services and captured recommendations or directives from health professionals, including external providers of care.

Staff and management demonstrated their awareness of the importance of notifying consumers’ representatives about new care information and said they routinely discussed these matters with consumers and representatives. Access to care planning documentation was available to consumers and their representatives.

Care planning documents reflected reviews occurred regularly or following any change of circumstances or condition of the consumer. Representatives confirmed the service advised them of any changes.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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

This Quality Standard is assessed as Compliant as seven of the seven specific requirements were assessed as compliant.

Consumers and representatives considered consumers received personal and clinical care that was safe and tailored to meet their needs. They confirmed consumers had access to a medical officer or other health professional when needed. Consumer feedback and documentation confirmed timely and appropriate recognition and responses to deterioration in consumers’ health.

Staff described consumers’ individual care requirements and how they used this knowledge to deliver personal and clinical care aligned to meet their needs. Staff demonstrated an understanding of precautions to prevent and control infection and steps to minimise the need for antibiotics. They also described an understanding of risks involved with consumers’ conditions and used strategies to maximise their well-being and comfort. Staff reported they felt well -equipped and supported to provide consumer care that was tailored to consumers’ needs, was best practice and optimised consumers’ health and wellbeing.

Care documentation demonstrated frequent and timely referrals and input from a range of allied health professionals, including physiotherapists, podiatrists, dietitians, and other health professionals. Care plans showed consumers received effective care for skin integrity, wound, pain, and behaviour management. Documents also showed the service recorded consumer advanced care planning and end-of-life care preferences. The Assessment Team reviewed the care documents for a recently deceased consumer that demonstrated the service delivered care in line with the consumer’s wishes. Staff were guided by the service’s policies and procedures that directed how staff managed end-of-life care, including pain management and comfort care.

The service had a range of guidelines and business rules in place which supported the delivery of care, for example, policies, procedures and guidelines in relation to restraint, skin integrity, delirium management and pain management. The service provided copies of monthly clinical indicators reports that identified the service trends, analyses and responses to high-impact and high-prevalence risks. Meeting minutes also demonstrated clinical indicators were discussed at monthly site meetings and reviewed at an organisational level every month by the clinical governance manager. The service had tools which supported staff in the management of restraint, with proper assessments completed to determine consumer need. The organisation had a suite of business rules which guided staff practice in managing consumers’ care needs relating to high-impact or high-prevalence risks. These included delirium management, falls prevention and mobility management, managing pain, medication management, managing nutrition and hydration (including management of choking), skin care wound and pressure injury management and managing hearing loss.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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

This Quality Standard is assessed as Compliant as seven of the seven specific requirements were assessed as compliant.

Consumers said they felt supported by the service to do things of interest to them, which included participating in activities as a part of the service’s lifestyle program and/or spending time on independent activities of choice. Consumers and representatives said staff supported consumers to participate in activities that were of interest to them, and the service supported consumers to be independent as much as possible. Consumers were satisfied that services and supports for daily living promoted their emotional, spiritual, and psychological well-being.

Consumers and their representatives spoke positively about the ways the service supported them to participate in the service’s environment, access the wider community, and do things they liked to do, which included involvement in community services, visits with family and sporting activities.

Care documents reflected information was shared within and outside the service, as appropriate, to enable a shared understanding of consumers’ needs and preferences. Care plans showed referrals were made to other services and organisations to support consumers to engage in activities and care services to enhance their well-being. Most consumers provided positive feedback on the quantity, quality and variety of meals available and said the service provided plenty of choices every day. Care plans included details about consumers’ dietary needs and preferences.

Staff advised how they recognised a consumer was feeling low by their expression, body language and appetite and implemented various strategies to cheer the consumer up, which could include reassurance and distraction with an activity or relocation to another area of the service.

Review of the monthly activity calendar and discussions with staff demonstrated the service offered a variety of activities which met the different needs and preferences of consumers. The lifestyle manager acknowledged the importance of consumers’ connection to faith and their families and the service tried to include as many activities as possible to facilitate this, including ongoing church services provided by a visiting priest.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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

This Quality Standard is assessed as Compliant as three of the three specific requirements were assessed as compliant.

Consumers described feeling at home, safe and comfortable in the service and environment, and said it was an enjoyable place to live. The service had a welcoming environment for consumers that optimised their sense of safety and wellbeing. The service had indoor and outdoor areas that were designed to support consumer interactions and independence and were easy to navigate. The service had multiple common areas throughout the facility for consumers and representatives to utilise. Consumers were observed having morning tea, spending time together and participating in activities in the common areas. Consumers’ rooms were personalised with photographs, artwork and pieces of their own furniture (which had been assessed by the service to ensure it did not pose any hazard to the consumer).

Staff were observed moving care equipment throughout the service, without impacting on the movement of others in the corridors. Staff described the process for documenting and reporting maintenance issues, which was consistent with information provided by the maintenance officer.

The service had two on-site maintenance managers, who described the corrective maintenance process and advised on-site maintenance was scheduled throughout the year via an electronic register. This maintenance schedule was evidenced by invoices and purchase orders for the relevant maintenance action items.

Documentation confirmed fire systems and equipment were part of the preventative maintenance schedule and there were multiple fire emergency plans with instructions throughout the service and all emergency lighting worked. Laundry services were provided, with service cleaners managing all the clothing and personal washing for consumers whilst an external contractor managed all the linen. All laundry services and processes followed a clean, consistent and hygienic method as dirty and clean washing was clearly segregated and managed appropriately.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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

This Quality Standard is assessed as Compliant as four of the four specific requirements were assessed as compliant.

*Requirement 6(3)(d):*

In relation to Requirement 6(3)(d), the Assessment Team considered the Requirement was Not Met. However, after reviewing the information in the site audit report and the Approved Provider’s response, I found the service is compliant with the Requirement.

The Assessment Team considered the service was unable to demonstrate that feedback and complaints were consistently reviewed and used to improve the quality of care and service and that management could not demonstrate that every item of feedback, or every complaint received, was documented and recorded into the electronic feedback management platform.

In its response, the Approved Provider explained it had implemented several processes since it took over management over the service in 2020, to ensure improved communication with, and feedback from, consumers and representatives. The response included copies of two consumer satisfaction surveys from the first two quarters of 2022, which showed that 85% or more of respondents considered “staff follow up when I raise things”.

The response explained that if a consumer or representative raises and issue and it is immediately resolved, it is not recorded as a complaint. An example provided was where a consumer might state, “I don’t like my dinner tonight” and they were promptly offered an alternative meal. However, complaints (including verbal complaints) were recorded within the service’s feedback and complaints system, were discussed with consumers and/or representatives and were examined to capture trends across the service.

The Approved Provider’s response also addressed specific examples included in the site audit report and, where relevant consumers could be identified, explained how it dealt with those issues to consumers’ satisfaction and used the issues to improve care and services.

Having considered the explanations and additional material included with the Approved Provider’s response, I consider the service consistently documented and responded to complaints and feedback and that it reviewed the issues raised and used them to improve the quality of care and service provided to consumers.

Therefore, given the above information, I decided the service was compliant with Requirement 6(3)(d).

*The other Requirements:*

Consumers considered they were encouraged and supported to give feedback and make complaints, however only some consumers considered that appropriate action had been taken in response. Most consumers/representatives stated they felt encouraged, safe, and supported to provide feedback and make complaints, and were able to raise any concerns directly with staff members and management, one representative stated the consumer would ‘go straight to the boss if there was a problem’.

Consumers/representatives and staff identified verbal feedback was not documented regularly, instead approached informally at the point of service. Some consumers explained that although they are confident to provide feedback, there is limited evidence provided of improvements to the quality and care of services that resulted from provided feedback.

Management responded to the report finishing and stated that all complaints received via the complaint commission were entered in their online portal by the risk and compliance department at the service. The complaints were reviewed at the service level and quarterly at the governance risk and compliance committee and presented to the risk, quality and safety board subcommittee for review and upward reporting to the Board quarterly.

The service demonstrated appropriate initial responses to complaints and an open disclosure process was in place for when things went wrong, however action in response to verbal feedback and complaints was not always documented nor actioned to the complainant’s satisfaction. The provider further mentioned their online system doesn’t capture all feedback, as not all feedback constitutes a complaint, but the system only accepted complaint or compliment, hence the lower number of registered complaints. They specifically addressed all consumer responses, and provided evidence of being aware of, and working on the issues that were raised.

The organisation provided several avenues for providing feedback at the service. Service also provided evidence of robust reporting, feedback, and data review and analysis processes, and a well-balanced response rate of consumers feeling mostly heard to always from their quarterly conducted ‘client experience surveys’.

The service also demonstrated consumers/representatives, staff, and all visitors to the service were encouraged and supported to provide feedback and make complaints. The service demonstrated consumers/representatives were made aware of and had access to advocates and language services, and other methods for raising complaints.

**Standard 7**

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| Human resources | | Compliant |
| 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

This Quality Standard is assessed as Compliant as five of the five specific requirements were assessed as compliant.

Consumers and representatives confirmed staff were kind, caring and respectful of their identities, culture and diversity. They provided examples about the care and services, and participation in events of social significance. Consumers and representatives were generally satisfied with the number of staff and, although some comments were made about occasional staff shortages, consumers’ basic needs and preferences were consistently met.

A review of service staff documentation demonstrated staff had appropriate qualifications, knowledge, and experience to perform their duties. Position descriptions included key competencies and registrations that were either desired or required for each role.

Training records indicated the service consistently oriented new staff, provided mandatory annual training updates both online and face to face and monitored training to check it was completed within timelines, which ensured the workforce had the skills to perform their roles effectively.

The Assessment Team sighted policies and procedures which monitored and guided staff on performance management. Regular performance appraisals were built into the performance management system and the staff handbook gave a comprehensive overview of the performance process at the service.

Staff reported they had enough time to complete their duties and that staff unable to attend their shifts were generally replaced. Staff advised they received training and support from management. Staff said they were still able to consistently meet the care needs of consumers, particularly in relation to the delivery of hygiene care, toileting needs and providing emotional support.

The Assessment Team reviewed rosters and other documents which showed staffing levels were sufficient for staff to complete their duties and respond to consumer needs in a timely manner, and that staff received training and support from management in the discharge of their duties.

**Standard 8**

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| Organisational governance | | Compliant |
| 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

This Quality Standard is assessed as Compliant as five of the five specific requirements were assessed as compliant.

Consumers considered the organisation was well run and they felt like partners in the delivery of care and services through participating in consumer meetings and surveys which improved care and services. They confirmed the service communicated with them regularly and kept them informed of upcoming changes. Consumers reported the management team was mostly approachable; however, some consumers told the Assessment Team there were instances when management was not responsive to feedback. This is discussed in Standard 6 above.

Management provided Client Experience Survey Results for the last two quarters that identified an upward trend from consumers who responded, ‘I feel staff follow up when I raise things’ from ‘most of the time’ to ‘always’.

Management advised it had a Continuous Improvement Plan which was updated frequently and discussed in monthly meetings. The service’s continuous improvement process was informed by a variety of sources, including consumer/representative feedback, service initiatives, consumer experience survey results, regular analysis of clinical and incident data, and internal and external audits.

The organisation’s governing body had processes which ensured it promoted a culture of inclusive, quality, safe care and services and was accountable for their delivery.

The service had effective governance systems and risk management systems and practices that were supported by a clinical governance framework, which included antimicrobial stewardship, minimising the use of restraint, and open disclosure processes.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)