Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Italian Village Fremantle |
| Service address: | 95 Samson Street WHITE GUM VALLEY WA 6162 |
| Commission ID: | 7158 |
| Approved provider: | Fremantle Italian Aged Persons Service Association |
| Activity type: | Site Audit |
| Activity date: | 17 January 2023 to 19 January 2023 |
| Performance report date: | 01 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 Italian Village Fremantle (**the service**) has been prepared by T Wilson, 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.

# 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; and
* the provider’s response to the Assessment Team’s report received 9 February 2023.

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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

Consumers and representatives confirmed that staff take the time to get to know consumers and treat them with dignity and respect. They said the service considers and respects consumers’ preferences and provides them with culturally safe care. Staff confirmed on admission they record the consumer’s story and preferences and consider how consumers’ background and culture are considered when providing care. Documentation confirmed personal and cultural is recorded in the care plan to guide staff. One consumer said they feel uncomfortable when staff speak in a different language to each other when attending to their personal care which was being addressed by management.

Consumers and representatives confirmed consumers can make their own decisions which is recorded in the care records. Staff described the way they assist and support consumers to make choices and maintain relationships of their choice.

Most consumers said they are supported to take risks, and staff were able to advise how they assist and support consumers to do this. The service has risk policies to guide staff to support consumers to take risks.

Most consumers and representatives confirmed they are satisfied with information provided from the service to enable them to make informed choices. Staff were able to provide examples of how they give consumers information to make choices. Information was observed to be displayed around the service, however, one house did not have the menu displayed which left a consumer not knowing what food was being served until it arrived.

Consumers interviewed said their privacy is respected and they are satisfied their personal information is kept confidential. Staff described how consumer files are locked in the nurse’s office and the electronic care system is password protected. The service has policies to guide staff, along with signing a privacy and confidentiality clause on commencement.

The provider responded to the Assessment Team’s report on the 9 February 2023 but did not reference any information contained in this Standard.

I have considered the Assessment Team’s report and the provider’s response and as the issues raised by consumers were isolated and it did not seem to affect the larger population of the service, I am satisfied the provider is meeting all the Requirements in this Standard.

Accordingly, I find Standard 1 Consumer dignity and choice, Compliant.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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 confirmed that the service discusses risks with them and uses this information to inform the plan care. There is an admission process which guides staff on what assessments need to be completed, including the timeframes they must occur within. Documentation reviewed by the Assessment Team shows risk assessments are completed and this informs the development of the care plan.

Staff described how when a consumer provides feedback or their condition changes, they update the care plan to reflect the current needs and goals. Review of consumer records showed evidence of assessment and planning, including end of life care and resuscitation preference.

Consumers and representatives stated they are satisfied with the level of involvement they have in consumers’ assessment and planning. Staff stated that they talk with consumers informally about how they are and if they are satisfied with care and services. Consumer documentation showed there is ongoing partnership with consumers and representatives and external service providers.

Consumers and representative overall were satisfied that the outcomes of assessment and planning are communicated to them. Documentation showed evidence of monthly emails to representatives and staff stated they inform representatives of any changes to as they occur.

Consumers and representatives stated that they are satisfied that care and services are regularly reviewed and updated. Staff were able to identify triggers for care plan reviews outside of the usual review cycle, such as change in mobility, a fall or change in weight. Documentation confirmed this was occurring.

The provider responded to the Assessment Team’s report on the 9 February 2023 but did not reference any information contained in this Standard.

I have considered the Assessment Team’s report and the provider’s response and I am satisfied the provider is meeting all the Requirements in this Standard.

Accordingly, I find Standard 2 Ongoing assessment and care planning with consumers, Compliant.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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

Consumer and representatives confirmed they are satisfied the personal and clinical care consumers receive is tailored to their needs. Staff said they consider the needs and preferences of consumers and ensure that care delivered is best practice. Care files showed that consumers’ conditions are effectively managed and their personal care preferences are met.

Consumers and representatives confirmed they are satisfied with how the service manages high prevalence high impact risks and confirmed discussion occurs in conjunction with them on how to minimise the risks. Staff could articulate consumer risks and the strategies they use to mitigate them. Whilst the Assessment Team identified some consumers did not have appropriate restraint authorities in place, during the Site Audit the service undertook a review and were getting the appropriate restraint authorities in place.

Representatives confirmed that consumers were kept comfortable, and their dignity preserved during end of life care. Staff were able to describe how they check to ensure that care provide is as the consumer wishes and that comfort and pain relief are priorities for palliative consumers. Documentation showed that consumers who received end of life care received medications as required and pain was monitored to ensure their comfort.

Consumers and/or representatives confirmed that the service recognised when a consumer’s condition had deteriorated and responded with appropriate intervention. Staff were able to describe the service’s process for escalating deterioration and review of care files confirmed appropriate action had been taken.

Consumers or representatives confirmed they are satisfied, information about consumers and their care is available, and that staff know what they need. Staff could describe the handover processes and the risks and care required for particular consumers. Care files evidence information sharing with external providers.

Consumers confirmed they are referred to other providers of care, such as dentists, wound specialists, dieticians and podiatrists. Staff were able to provide examples of consumers who were referred for either specialist review or to others where the service does not have a staff member to provide the service. Documentation evidenced referral to a variety of external organisation or care providers and found them to be appropriate and timely.

Consumers and representatives confirmed staff have good hygiene practices, including when attending to personal care or wound care. There are processes in place to minimise the risk of infection to consumers, including personal protective equipment and COVID tests on entry to the service. Documentation showed the service monitors antimicrobial usage and ensures appropriate prescribing occurs.

The provider responded to the Assessment Team’s report on the 9 February 2023 stating they have comprehensively reviewed and updated the chemical restraint register and provided education to staff on chemical restraint. They have also introduced a decision making tool to assist staff to identify chemical restraint which has received positive feedback from staff.

I have considered the Assessment Team’s report and the provider’s response and I am satisfied the provider is meeting all the Requirements in this Standard.

Whilst there were some deficiencies identified in relation to identifying medications that could be restrictive practice, I also considered the information provided in Standard 8 Requirement (3)(e), which explained that it was a different interpretation of the information contained in the guidance material which the service then agreed with the Assessment Team after discussing the material. A review was undertaken whilst the Assessment Team were on site and additional restrictive practice was identified and the correct documentation and procedures were undertaken to ensure the service meets the legislative requirements for restrictive practice.

Accordingly, I find Standard 3 Personal care and clinical care, Compliant.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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 confirmed they are satisfied with the services consumers receive to assist them with supports for daily living. Staff were able to describe how they support consumers well-being and assist them to maintain their independence. Documentation showed that assessment is undertaken to ensure consumers receive the correct equipment to assist them with daily living.

Consumers and representatives confirmed staff support consumers with their emotional, spiritual and psychological well-being and could provide examples of how the this occurs. Staff were able to describe ways they provide support with consumers’ emotional needs. Care files showed staff have recorded what provides consumers with a feeling of well-being.

Consumers and representatives confirmed the service supports consumers with things of interest and assists them with maintaining social and personal relationships. Staff could describe ways they assist consumers to do things of interest and maintain connection to community and family and friends.

Consumers and representatives said the staff know about consumers, and staff were able to discuss consumers’ needs and preferences. A review of sampled consumers’ care files showed preferences have been recorded. Consumers and representatives confirmed the service refers consumers to other providers when they need external services.

Consumers confirmed they are satisfied with the meals and that they are of suitable quality and quantity. Staff confirmed they cater to consumers’ individual tastes and provided examples of where they have done this. Surveys are completed to ensure consumers are satisfied with the quality of the food.

Consumers confirmed equipment, including chairs and mobility aids and assistive devices are safe, suitable, clean, and well maintained. Staff described how they report and remove any equipment that requires repair or replacement and how they are educated to use the equipment safely with consumers. The service has a cleaning and preventative schedule for equipment servicing and maintenance.

The provider responded to the Assessment Team’s report on the 9 February 2023 but did not reference any information contained in this Standard.

I have considered the Assessment Team’s report and the provider’s response and I am satisfied the provider is meeting all the Requirements in this Standard.

Accordingly, I find Standard 4 Services and supports for daily living, Compliant.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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 and representatives confirmed the service environment is welcoming and consumers are encouraged to interact with others to optimise a sense of belonging and independence. Staff said they introduce consumers to each other to establish a sense of belonging. Observations showed consumers moving freely about the service or sitting in communal areas chatting and engaging with other consumers and staff.

Consumers and representatives interviewed said generally the environment is clean, well maintained and comfortable. Staff were able to describe the cleaning and maintenance processes. The service has systems in place to guide staff, and observations showed that consumers have access to both indoor and outdoor areas.

Consumers and representatives interviewed said consumers feel safe when using aids and equipment. Staff said they receive education on equipment use and to report and action any hazards. The service has cleaning and a preventative maintenance schedules. Documentation showed that whilst most things were attended to, the outdoor areas and external building have not been attended to for some months as staff stated they did not have time to do this. There were also deficits in the furniture provided with some chairs being stained ripped and worn. Management addressed the deficits whilst the Assessment Team was on site.

The provider responded to the Assessment Team’s report on the 9 February 2023 and stated that some furniture had already been replaced and the rest of the order was on is way.

I have considered the Assessment Team’s report and the provider’s response and I am satisfied the provider is meeting all the Requirements in this Standard.

By taking action to rectify the deficits as identified with the Assessment Team the provider has responded and made change to ensure compliance with the Requirements in this Standard

Accordingly, I find Standard 5’, Organisation’s service environment, Compliant.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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

Consumers and representatives confirmed they are supported to provide feedback, including making a complaint. Documentation and observations confirmed feedback is encouraged and captured. Management and staff demonstrated an understanding of the benefit of obtaining feedback and described ways they support consumers to make complaints.

Representatives of consumers stated several staff speak Italian and are reassured consumers can raise concerns if needed. Observations included leaflets and posters in other languages around the service containing information about how to give feedback and how to contact external organisations for assistance or complaints.

Consumers and their representatives confirmed the organisation acts appropriately and promptly when responding to feedback and complaints. Staff provided examples of communicating with a consumer and their representative about a complaint and what the organisation is doing to resolve it. Documentation confirmed the service uses an open disclosure approach when communicating with representatives and consumers.

Management confirmed the results of satisfaction surveys, feedback forms, comments, complaints, and incidents are used to inform the service’s plan of continuous improvement. Documentation confirmed how these are recorded and actioned to improve the quality of care and services.

The provider responded to the Assessment Team’s report on the 9 February 2023 but did not reference any information contained in this Standard.

I have considered the Assessment Team’s report and the provider’s response and I am satisfied the provider is meeting all the Requirements in this Standard.

Accordingly, I find Standard 6 Feedback and complaints, Compliant.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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 confirmed they are generally satisfied with the mix and level of staff. However, one representative stated staff numbers at the weekends appear low at times and it can be difficult to find someone to speak with. Staff confirmed they are supported with the current level of staff to complete their duties effectively and there have been improvements to care staff numbers. Documentation confirmed staffing levels are reviewed regularly and allocations consider the mix of staff required to deliver safe and quality care and services.

Most consumers and representatives confirmed staff are kind and caring and treat consumers with respect. The Assessment Team observed interactions between staff and consumers to be kind and considerate and consumers appeared relaxed when around the staff.

Overall, consumers sampled stated they felt safe and are confident staff are skilled to deliver care and services that met their needs. Competency is monitored through direct observation, a review of staff performance appraisals, feedback from senior staff, monitoring of clinical indicators, incidents and feedback from consumers and their representatives.

Staff were able to describe recent training undertaken, including training in changes to legislative requirements which is provided to them in a variety of ways. Documentation confirmed staff complete orientation and mandatory training which sets the expectations of care delivery and behaviour under the Quality Standards.

Staff confirmed, performance discussions occur as scheduled and they provide an opportunity for staff to discuss their role and what professional development they feel they require. There are systems in place to ensure performance management processes are initiated following concerns raised and where incidents have occurred.

The provider responded to the Assessment Team report’s on the 9 February 2023 but did not reference any information contained in this Standard.

I have considered the Assessment Team’s report and the provider’s response and I am satisfied the provider is meeting all the Requirements in this Standard.

Accordingly, I find Standard 7 Human resources, Compliant.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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

The service has a dedicated consumer representative who is responsible for gathering information from consumers and feeding this back on their behalf to management. Staff described how feedback from consumers and representatives contributes to service improvements. The Board actively comes to meet consumers and speak with representatives and the service has social events that enables the Board to be visible and accessible to consumers and representatives.

Reporting and monitoring systems are in place to ensure the quality of care being delivered by the service is monitored at an organisational level. The Board is upskilled to ensure they continue embedding a culture to ensure the delivery of safe quality care to consumers.

There are effective governance systems relating to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. Staff confirmed they have access to information, job descriptions and polices and procedures to guide them in their work. Continuous improvement is monitored to ensure it is acted upon. The organisation ensures the dissemination of information to all staff in relation to regulatory compliance.

Staff could identify consumers with high impact or high prevalence risks associated with their care. The service uses a range of processes to ensure staff are identifying, managing, escalating and mitigating risks to consumers. Staff interviewed were able to describe the process they would follow if an incident occurred, what they would do to make the consumer safe and how they escalate and report the incidents. There are manual processes to manage and monitor incidents that is being transitioned to an electronic management system. There are polices in place to assist staff with the management of risks.

Consumers’ care records showed antimicrobial stewardship is reinforced by discussing with clinical staff and the general practitioner the need for the collecting and testing of pathology samples to confirm infections prior to antibiotics being prescribed. Documentation showed that open disclosure is used following incidents. Whilst the service practices the minimisation of restrictive practice, it was identified that some consumers provided with medications that changed their behaviour, were not considered a chemical restrictive practice. Through discussion this was identified as being an error in interpreting the guidance materials. All other requirements to minimise restraint were in place and representatives confirmed they are aware of the medications being provided to consumers.

The provider responded to the Assessment Team’s report on the 9 February 2023 stating they have comprehensively reviewed and updated the chemical restraint register and provided education to staff on chemical restraint. They have also introduced a decision-making tool to assist staff to identify chemical restraint which has received positive feedback from staff.

I have considered the Assessment Team’s report and the provider’s response and I am satisfied the provider is meeting all the Requirements in this Standard.

Whilst the service made an error in relation to classifying some chemical restrictive practice, they did have informed consent, behaviour support plans, regular review of the medications being used. With the improvements as listed by the service this should ensure that restrictive practice is identified and treated as such.

Accordingly, I find Standard 8 Organisation governance, Compliant.

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-1)