Performance

Report

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| Name of service: | Villa Maria |
| Service address: | 173 Lesmurdie Road LESMURDIE WA 6076 |
| Commission ID: | 7059 |
| Approved provider: | Mercy Aged and Community Care Ltd |
| Activity type: | Site Audit |
| Activity date: | 7 June 2023 to 9 June 2023 |
| Performance report date: | 31 July 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 Villa Maria (**the service**) has been prepared by J. Howard, 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 conducted from 7 June 2023 to 9 June 2023; 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.
* Other relevant information and material held by the Commission.

# 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

Consumers and representatives indicated consumers felt accepted and were treated with dignity and respect, with their identity and culture valued. Management and staff described how they treated consumers with dignity and respect and described the service’s policy in providing person-centred care.

Consumers and representatives confirmed the service recognised and respected consumers’ cultural backgrounds and described how their cultural needs influenced the delivery of care and services. The Assessment Team noted there were resources available to support consumers’ cultural and religious needs, including pastoral and spiritual care policies, procedures, and training enabling staff to understand cultural safety.

Consumers and representatives were satisfied they were supported to exercise choice and independence, had the ability to make their own decisions and maintain personal relationships. Management and staff provided examples of how they assisted consumers to make choices to meet their needs and preferences.

Care planning documentation demonstrated risks were identified through risk assessments and staff took appropriate measures to ensure consumers were provided with information to make informed decisions regarding their care and services they received. Staff were aware of the risks taken by consumers and described the risk mitigation strategies in place.

Consumers and representatives indicated they received information that was current, accurate and timely, and communicated in a way that was clear, easy to understand and enabled them to exercise choice. Staff described several methods of communication they utilised, including noticeboards, the activities calendar, phone calls and e-mails.

Consumers and representatives outlined their privacy was always respected, and doors were closed when received care or discussing consumer care. Staff confirmed consumers’ personal information was kept confidential and stored in the service’s password-protected electronic records management system.

# 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

Consumers and representatives were satisfied with the service’s management of identified risks, and indicated they were involved in the assessment and planning process. Staff demonstrated sound knowledge of the care planning systems, procedures, and processes, including those to ensure care needs were reviewed regularly.

The service demonstrated assessment and planning identified and addressed consumers’ current needs, goals, and preferences, including advance care planning if consumers wished. Management and staff described how they held end of life and advance care planning conversations with consumers during the admission process, at case conferences and as consumers’ needs changed.

Consumers and representatives considered they were actively involved in the assessment, planning and review process of their care and services. Care planning documentation demonstrated consumers and representatives were consulted throughout assessment and care planning and, when required, staff sought input from health professionals.

Consumers and representatives confirmed the outcomes of assessment and planning were communicated to them and they could access consumer care plans upon request. Staff outlined the processes for documenting and communicating assessment outcomes.

The service demonstrated care plans were reviewed on a regular basis, when consumers’ circumstances changed, or when incidents occurred. Management and staff provided an overview of the care plan review process, and described how care plans were reviewed 6 weeks after admission, then every 3 months or when consumers’ circumstances changed, or incidents occurred.

# 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

Care planning documentation showed consumers received safe and effective care that was best practice, tailored to their needs and optimised their health and well-being. Staff demonstrated an understanding of the personal and clinical needs of consumers.

Care planning documentation noted the service identified and effectively managed high impact or high prevalence risks through regular discussion at senior management meetings, clinical data monitoring and implementing suitable risk mitigation strategies for consumers. Staff demonstrated an understanding of high impact or high prevalence risks to consumers and the strategies in place to manage these risks.

Consumers and representatives were confident that when they required end-of-life care, the service would support them to be as free as possible from pain and to have those important to them, with them. The service had policies, procedures, and clinical protocols which guided staff in the management of palliative care and end-of-life care.

Care planning documentation showed that deterioration or changes in consumers’ health were recognised and responded to in a timely manner. Consumers and representatives indicated staff were responsive to their needs, and representatives confirmed they were kept well informed of changes to the consumer’s health needs.

Care planning documentation provided adequate information to support effective and safe sharing of the consumer’s information to support care. Staff reported information relating to consumers’ conditions, needs and preferences was documented in the service’s electronic care management system and communicated via the shift handover process.

Consumers and representatives were satisfied with the referral process and confirmed they had access to the required health care supports, such as dietitians, optometrists, geriatricians, dementia support, physiotherapist and other health care professionals. Care planning documentation demonstrated timely referrals to medical officers, allied health therapists and other providers of care and services.

Consumers and representatives were satisfied with the service’s management of COVID-19 precautions and other infection control practices. Staff demonstrated an understanding of how they minimised the spread of infection and the use of antibiotics to ensure they were used appropriately.

# 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

Consumers were satisfied they received services and supports that met their needs, goals and preferences and enabled them to maintain their independence and quality of life. The Assessment Team observed consumers involved in a range of activities within the service, including religious services, bus trips, visits from schools and colleges and general social gatherings.

Consumers and representatives indicated consumers felt supported to social, emotional, and religious connections which were of importance to them. Care planning documentation identified information regarding the emotional, spiritual and psychological needs and preferences of consumers and described how staff could assist them.

Staff provided examples of how consumers were supported to maintain relationships with individuals that were of importance to them. Care planning documentation identified information regarding the consumer’s preferred activities of interest and relationships of importance.

Consumers felt information regarding their condition was effectively communicated, and staff understood their care needs. The Assessment Team reviewed care planning documentation which identified information regarding consumers’ conditions, needs and preferences. Updated food and meal preferences were e-mailed through to the kitchen.

Management and staff described how the service worked in conjunction with external individuals and organisations. Care planning documentation identified the involvement of other organisations and providers of care and services.

Consumers and representatives indicated the service provided meals which were varied and of suitable quality and quantity. Care planning documentation identified consumer dietary requirements, preferences, and allergies, and was available to the hospitality staff. Consumers provided feedback on the menu and were able to request specific meals in line with their tastes and preferences. The menu rotated through seasonal variations, with hospitality staff able to adapt dishes to consumers’ tastes.

Maintenance staff provided documented evidence of equipment service reports to demonstrate how consumer equipment was audited and maintained by the service. The Assessment Team observed equipment was safe, suitable, clean and well maintained.

# 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

Consumers and representatives advised the service environment was open and welcoming, and they felt at home within the service. The Assessment Team observed the rooms of consumers were decorated with consumers’ personal belongings, art and memorabilia.

Consumers and representatives advised the service environment was safe, clean, and well maintained and allowed consumers to move freely, both indoors and outdoors. The service contained several areas for social interaction, including an outdoor courtyard, lounge area, television room and some smaller areas for consumer use.

Consumers/representatives advised the service attended to maintenance issues in a timely manner and the call bell system worked well. The Assessment Team observed furniture, fittings and equipment were safe, clean, well-maintained and suitable for the needs of consumers and representatives. Staff described the process for reporting of maintenance issues and said they were attended to in a timely manner. Maintenance staff described and demonstrated how maintenance was scheduled and carried out for routine, preventative, and corrective maintenance requirements.

# 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

Consumers and representatives confirmed they felt comfortable to provide feedback and raise complaints with management and staff. Management explained how they incorporated the open disclosure process and discussed feedback and complaints during staff and management meetings.

Consumers and representatives described the various ways they provided feedback and complaints, both internally and externally. The Assessment Team observed information regarding advocacy and language services displayed throughout the service, and information about complaints, feedback and supports was included in the consumer admission welcome pack. Consumers and representatives had access to an online feedback portal which sent any information to a dedicated feedback officer.

Consumers and representatives indicated the service took appropriate and timely action in response to complaints and staff understood and utilised an open disclosure process in dealing with complaints. Feedback and complaints were received from a variety of sources and recorded in the service’s electronic complaints management system. Management described the complaints process, which included acknowledging the complaint, apologising to the complainant and working together with staff and the complainant to resolve the complaint in a timely manner.

The Assessment Team sighted continuous improvement actions that were linked to feedback and complaints and included details such as the actions taken, whether the issue is ongoing or resolved and how the feedback is used to improve care and services. Consumers and representatives confirmed the service used feedback and complaints to improve care and services.

# 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

Consumers and representatives confirmed the service currently had a sufficient number of staff to provide meet their care needs, although there had been a past issue with staffing numbers, and call bells were answered promptly. Staff indicated they felt supported and confirmed there were enough resources to provide appropriate care to each consumer.

Consumers and representatives expressed workforce interactions were kind, caring and respectful of each consumer’s identity, culture and diversity. Staff outlined how they respectfully engaged with each consumer by understanding their preferences and using their preferred name.

Management advised each role had set qualifications, knowledge, and experience they required for each staff position, and they provided ongoing support to ensure each staff member continued to develop their knowledge and skills for their respective roles. Staff described how management supported them with informal and formal coaching, and ongoing training to ensure they had the experience and skills to perform their duties.

Consumers confirmed staff had the appropriate skills and knowledge to ensure the delivery of safe and quality care and services. The Assessment Team sighted comprehensive staff training records in the service’s online learning platform.

Management described the performance appraisal process which occurred on an annual basis for staff; however, the service currently lagged behind in conducting formal performance reviews but had created an improvement plan to ensure all annual appraisals are completed. The service had policies and procedures which guided management on assessing and monitoring staff performance.

# 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

Consumers and representatives felt the service was well run and they were regularly consulted about their care and services. Management outlined the methods utilised to gather input from consumers and representatives, including regular “resident and representative” surveys, and discussed how feedback was used to guide and improve the service’s operations.

The service demonstrated it took accountability for the services provided and promoted a safe culture of quality and inclusivity through monitoring systems such as various committees and stakeholder meetings. Consumers and representatives felt safe, included and engaged within the service, and they were provided with access to quality care and services.

The service had effective organisation wide governance systems to support information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management. The Board was heavily involved in the administration of the service and satisfied itself through systems and processes to ensure quality care was provided in line with the requirements of the Quality Standards.

The Board presented the organisation’s risk management framework as well as policies and procedures associated with the management of high impact or high prevalence risks, identifying and responding to abuse and neglect, supporting consumers to live the best life they can and managing and preventing incidents.

The service demonstrated it had a clinical governance framework and supporting policies in place which addressed antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff confirmed their compliance with the annual mandatory training with included modules for antimicrobial stewardship, infection control, minimising the use of restraint and open disclosure.

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)