Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Villa Maria Catholic Homes Ashwood Aged Care Residence |
| Service address: | 54-64 Queens Parade ASHWOOD VIC 3147 |
| Commission ID: | 3581 |
| Approved provider: | Villa Maria Catholic Homes Limited |
| Activity type: | Site Audit |
| Activity date: | 3 October 2022 to 6 October 2022 |
| Performance report date: | 21 November 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 Villa Maria Catholic Homes Ashwood Aged Care Residence (**the service**) has been prepared by G.Hope-Simpson, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* other information and intelligence held by the Commission in relation to the service.

# 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

All consumers and representatives stated that staff treated them with dignity and respect and felt staff valued their identity, culture, and diversity.

Consumers and representatives said the service provides culturally safe care and services and described how staff use information about their culture, values, and diversity to shape their day-to-day care. Staff recalled consumers’ cultural backgrounds and were able to explain how care is delivered to accommodate the cultural preferences of individuals.

The service consults with residents, supporting them to exercise choice and independence and to make their own decisions about their care and about their relationships with others. Care plan documentation showed the service had supported consumers to communicate their care decisions.

Consumers and representatives generally considered the service supports them to take risks and live the best life they can. The service assesses risk-taking activity in consultation with the consumer, their representative, and other health professionals as required, however it was noted there is no dedicated form to document when consumers or representatives opt to accept a risk. A ‘choice and dignity’ policy is in place however, to guide staff practice.

Consumers and their representatives said management updates them on changes via email correspondence and the service’s newsletter. The consumer meeting minutes provide evidence that information relevant to consumers is discussed, including information about issues, events, feedback and complaints, and continuous improvement activities.

Consumers and representatives reported their privacy is respected and they are confident their personal information is kept confidential. Staff adequately described how they maintained consumers’ privacy, for example by knocking on doors prior to entering, and ensuring computers were locked when unattended, among other measures.

# 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)€ | 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 generally stated they actively help develop their care plans based on their preferences, goals, and needs. Consumers reported that during development of their care plans, they discussed risks to their health, such as falls, pressure injuries, and wounds, and they help create solutions to ensure the service can deliver care effectively. Staff described the care strategies and risk mitigation processes arising from the care plans, establishing that assessment and planning inform care delivery. Care plans generally documented risks to consumer health and well-being and strategies used to manage those risks.

Consumers and representatives generally stated the assessment process captures their current needs, goals, and preferences. Consumers and service staff noted that care documentation also captured consumers’ preferences for end of life (EOL) care where they wished to have this included.

Consumers and representatives advised they see the assessment and planning process as an ongoing partnership between them, staff and external care and service providers. Staff confirmed that care and services for consumers were regularly reviewed in partnership with consumers and representatives and other medical and allied health professionals.

Consumers and representatives stated they are contacted regularly, informed in a timely manner when circumstances change and were involved in changes to care processes, including decision making regarding hospital admissions and referrals to other services. The Assessment Team spoke with representatives who provided positive feedback on the method and frequency of communication from the service.

Care documents showed that care and services are regularly reviewed, which was consistent with consumer feedback. Staff keep consumers informed and ensure that they have input into any suggested care and services changes.

# 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

Consumers advised they receive care that is safe and meets their needs and preferences. Staff could describe consumers’ individual needs, their personal and clinical care preferences, and how they delivered care in line with their care plans. Care documents confirmed there are strategies and clinical management policies to facilitate tailored care in line with consumer preferences. The service has policies and procedures in place to direct personal and clinical care. Some gaps in the service’s psychotropic medications register were identified, however restrictive practices used were generally compliant with regulatory requirements.

Consumers stated the service effectively manages risks. Staff showed awareness of these risks, explaining the relevant high impact, high prevalence risks, such as pressure injuries, and the strategies in place to manage them. Care documents recorded relevant risks and strategies to guide clinical and care staff.

The service employed appropriate care strategies for consumers receiving end of life care (EOL). Consumers confirmed that EOL care planning was discussed with them and staff could describe appropriate EOL care strategies used at end of life.

Consumers and representatives reported, and care documentation showed, that the service responded quickly to deterioration in a consumer. Staff described the escalating series of referrals to clinical staff and medical professionals used in response to changes or deterioration. The service has registered clinical staff onsite 24 hours a day and those staff have access to the senior clinical team and Medical Officers.

Consumers and representatives were satisfied staff are aware of consumers’ conditions, needs and preferences. Care planning documents provide adequate information to describe individual consumer’s care needs.

Consumers and representatives reported they are satisfied that timely and appropriate referrals occur, and consumers have access to relevant health care supports when needed. The service ensures consumers have access to their doctor, geriatricians, dietitians, speech pathologists, physiotherapists and Medical Officers, as appropriate.

The service has implemented policies and procedures to guide staff concerning antimicrobial stewardship, infection control management, and COVID-19 outbreak management. Clinical staff understood how to prevent and control infections, and how to minimise the need for antibiotics. The service has infection control supplies readily accessible throughout the facility, and staff were observed adhering to infection control practices during the site audit. Consumers were satisfied with the service’s management of COVID-19 infections.

# 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 receive safe and effective services tailored to their needs and preferences that enhance their quality of life. Staff are aware of consumers’ preferred activities, and support consumers to engage in those activities. A broad range of lifestyle activities occur throughout the service and these activities are adapted for individuals. Examples of service-run activities include group chair exercises, carpet bowling, and coffee clubs.

The service promotes emotional, spiritual and psychological well-being through an individual pastoral care program, and by encouraging socialisation and participation in group activities. The pastoral care program provides regular communal religious services and one on one support. Consumers report they feel engaged in meaningful, satisfying spiritual activities.

The service also facilitates a range of activities for consumers that enable consumers to participate in their community, maintain important social and personal relationships, and do things of interest to them. Examples include birthday celebrations held at the on-site café, games, such as dominoes, doll therapy, and other social activities. Activities are adapted to suit those with varying physical and cognitive needs.

The service communicates information about the consumers’ condition, needs and preferences within the organisation, and with others where responsibility for care is shared. The service has robust processes and systems in place for identifying and recording each consumer’s condition, care needs and preferences. Service staff communicate pertinent information during handovers, and in care plans and related documents. Care planning documents provide adequate information to support the delivery of effective services and safe care.

When appropriate, the service refers consumers to external services that provide support for activities of daily living. The service has also previously invited outside organisations to supplement its lifestyle activities, including by staging art and dance performances, among other activities. While no consumers are currently using external volunteer services as a result of COVID-19, the service plans to reintroduce its volunteer program to support consumers’ individual needs.

Consumers are generally satisfied with the food, particularly with the variety of meal choice available, however some consumers had previously requested more cultural food options. Where food-related complaints are made, the service is responsive to these complaints and accommodates consumers’ cultural food preferences. Consumers are included in developing the service’s menu. The service’s dietary folder captures dietary requirements, allergies and special meal instructions for consumers.

Consumers report that equipment the service provides is safe, suitable, clean and well maintained. The service ensures consumers are aware of how to report faulty equipment and is responsive to such reports. Generally, the service’s equipment for daily living activities was observed to be safe suitable, clean and well-maintained.

# 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 feel at home at the service and enjoy living there. The service has signage in place to assist consumers and visitors to navigate throughout the service. Common areas are comfortably furnished with multiple areas designated for consumers to meet, use and socialise.

The service is kept clean and well maintained, and consumers can move freely both indoors and outdoors. The service has both reactive and preventative maintenance procedures to ensure it remains well-maintained.

Furniture, fittings and equipment at the service are safe, clean and well maintained. Procedures are in place outlining how shared equipment must be prepared prior to use, including checking batteries and disinfection, among other preparations. Maintenance of the lifting machines is completed by third party contractors and machines themselves are modern. Furniture in communal areas is clean, in good repair and enjoyed by consumers sitting in the lounge, café and courtyard.

# 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

The service generally encourages consumers to provide feedback and make complaints when appropriate. For example, the service holds regular ‘resident and relative’ meetings, which are made available via video conference if required. Information about how to provide feedback is displayed throughout the service and provided by email to consumers when they commence occupancy.

Consumers have access to advocates, language services and other methods for raising and resolving complaints. The service also has a ‘resident handbook’, which is shared with consumers and representatives upon admission. Advocacy service contact information is included in the handbook. It also contains information on how to contact the Commission to make a complaint, if required. Language services are accessible on request.

The service takes appropriate and timely action in response to complaints and applies an open disclosure process consistently when things go wrong. Consumers report that the service actions feedback effectively and documents show the service takes appropriate action in response to complaints and feedback.

In response to feedback, the service identifies and reviews improvement actions, and complaints are evaluated in consultation with consumers and representatives. Consumers and representatives confirmed that the service asks for feedback about whether changes have been effective.

# 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 report they receive safe, quality care and services in line with their preferences. Staff have enough time to provide personal care and assist consumers and care is timely, with 90% of all call bells answered within five minutes.

The service workforce interacts with consumers in a kind and caring manner and staff are respectful of each consumer’s identity, culture and diversity. The service is aware of consumers’ needs and preferences and staff were observed to be attentive and respectful in their interactions with consumers.

Consumers and representatives report that staff are effective in their roles. The service is supported by the organisation to review ongoing and agency staff qualifications prior to commencing and thereafter. Staff said they were provided with policies, instructions resources and guidance material to support them in their role and meet their responsibilities

Consumers expressed confidence in the abilities of staff to deliver care and services in accordance with the Quality Standards. The service has mandatory training modules, and a robust system in place to ensure staff members complete training by required due dates. All staff training was up to date at the time of this assessment.

The service monitors, reviews and assesses the performance of its workforce. Management and staff undergo regular performance appraisal and the service’s intranet portal includes policies and procedures to support the workforce’s performance.

# 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 engages residents, including by eliciting direct feedback, holding ‘resident and relative’ meetings, holding ‘resident of the day’ meetings, and distributing feedback forms. Consumers stated they were confident the service is run well, and they were satisfied with their level of engagement in the development, delivery and evaluation of care and services.

The service’s parent organisation promotes a culture of safety, inclusivity and quality, and has implemented systems and processes to monitor performance. Through regular surveys, monthly focus audits and a continuous improvement plan, the service seeks to monitor, identify and understand changing needs, preferences and concerns of consumers.

The service has processes to ensure effective governance systems, including for information management, continuous improvement, financial governance, workforce governance and feedback and complaints. The service’s board has been responsive to requests for budget changes to support the needs of consumers. For example, the governing body has approved funding for new chairs, air-scrubbers and air purifiers for use in service. Some gaps in understanding of restrictive practices were identified, however regulatory requirements were generally met.

The service has effective risk management systems in place and a documented risk management framework, which includes scheduled audits that inform the work of the Strategy and Performance Committee and additional escalation pathways where appropriate. The service trains staff in identified risk areas, such as wound care, and staff were generally aware of key risk mitigation measures, such as policies, procedures, work instructions and risk management practices.

The service has a clinical governance framework in place, including systems to promote antimicrobial stewardship, the minimisation of restrictive practices, and the use of an open disclosure process.

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)