Performance

Report

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| Name of service: | Villa Maria Catholic Homes Berwick Aged Care Residence |
| Service address: | 89-93 Avebury Drive BERWICK VIC 3806 |
| Commission ID: | 3506 |
| Approved provider: | Villa Maria Catholic Homes Limited |
| Activity type: | Site Audit |
| Activity date: | 3 April 2023 to 5 April 2023 |
| Performance report date: | 10 May 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 Catholic Homes Berwick Aged Care Residence (**the service**) has been prepared by S Byers, 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

# 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 | |  |
| 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 were satisfied that they are treated with dignity and respect and that their care is inclusive and personalised. Consumer files detailed the background, culture and diversity of each consumer including their individual needs and preferences. Staff described how culturally safe care and services are delivered according to each consumers’ needs and preferences. The service demonstrated it has policies in place in relation to culture, diversity, equity and inclusion, along with other documents such a consumer handbook, which includes consumer rights. The Charter of Aged Care Rights was displayed throughout the service.

Consumers said they can exercise choice, make decisions about their care and services and they are supported to maintain relationships that are important to them. Staff described how they support consumers to make decisions and maintain relationships, including intimate relationships. Care planning documents detailed how consumers prefer their care to be delivered and who they wish to be involved.

Consumers were satisfied they are supported to engage in activities that may involve an element of risk, to live their best lives. Care plans detailed consultations and discussions of risk, consent and risk minimisation strategies.

Consumers and representatives expressed satisfaction with the service’s communication processes. Information is communicated to consumers and representatives in a variety of ways, including quarterly newsletters, notice boards and email. Staff were observed using effective communication skills to deliver information clearly and respectfully to consumers.. Menus and activity programs were observed on display in communal areas and in consumer rooms.

Consumers and representatives were satisfied consumer privacy is respected and information is kept confidential. Staff demonstrated understanding about confidentiality of information and could describe how consumer information is protected. Staff were observed knocking on consumer’s doors prior to entry, log out signs were displayed on computers and computer screens were password protected. Staff complete mandatory privacy and confidentiality training annually.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| 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 expressed confidence the care planning process considers risks and informs safe, person-centred care. Staff demonstrated knowledge of consumers’ risks and described strategies to ensure their safe and effective care. Care planning documents reflected risks are considered and risk assessments are completed using validated risk assessment tools as part of assessment and care planning.

Consumers and representatives were satisfied assessment and care planning information reflected consumer’s current care needs and preferences including end of life care. Care planning documents reflect that consumers’ individual goals, needs and preferences are considered during the assessment and care planning process, including end of life wishes. Consumer files included an advanced care directives and palliative approach assessments. Clinical staff explained how they discuss advanced care directives during admission and review a consumer’s palliative approach when deterioration is experienced. The service demonstrated it has a documented palliative care approach to ensure consumers receive end of life care in line with their advanced care directives.

Consumers and representatives described their participation in assessment and care planning, and confirmed they can provide feedback on care interventions and nominate others who they wish to involve in the planning and review of their care. Staff described how consumers, representatives, other health professionals and external health service providers collaborate to ensure the delivery of safe and personalised care. Care planning documents demonstrated ongoing partnership between consumers and representatives, and input from multidisciplinary teams involved in the care of the consumer.

Consumers and representatives described receiving regular communication about the consumers care and services. Staff demonstrated how they access electronic versions of care plans and handover sheets to inform the delivery of safe, individualised care. Care planning documents demonstrated outcomes of assessment and planning were documented and communicated to the consumer and representative in a timely manner, and care consultations were completed in line with the care plan review schedule and following changes to a consumers care needs.

Consumers and representatives were satisfied the service reviews care following a change of circumstances or incidents. Care planning documents reflect care and services are reviewed regularly every 3 months as part of the care plan review process. Management, clinical and care staff described the monitoring and review process that occurs following incidents or changes in consumers’ care needs.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| 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 and representatives were satisfied they receive safe and quality personal and clinical care that meets their needs and preferences. Care planning documents reflected ongoing assessment, monitoring and evaluation of care provided to consumers in relation to pain, wounds, and restrictive practices. Staff demonstrated a sound knowledge of each consumer’s care needs that aligned with documented consumers assessed care needs.

Consumers and representatives said they were confident staff knew how to manage high impact and high prevalence risks associated with each consumer’s care. Care planning documents demonstrated risks are identified, assessed and include individualised strategies and care interventions with review and monitoring to minimise and manage the risks. Staff demonstrated an understanding of the high impact and high prevalence risks associated with each consumer and the assessed strategies to manage and minimise risk to the consumer.

Consumer documents demonstrated end of life wishes are discussed and documented, with care delivered in accordance with the consumers advanced care directives. Staff described the palliative care pathway and the resources available including access to a palliative care outreach team, to support consumers nearing the end of life.

Consumers and representatives were satisfied the service responds to deterioration and changes in a consumer’s condition in a timely manner. Care planning documents recorded the identification of, and response to, deterioration or changes in the consumer’s condition or function. Staff described how deterioration or changes are identified, actioned and communicated.

The service has systems and processes in place for communicating information about consumers’ conditions, needs and preferences. Consumers and representatives were satisfied staff at the service were knowledgeable about the consumer’s care needs and preferences and shared this with others as appropriate. Consumer care documents, including handover sheets reflect current information about the consumer’s care needs, preferences and interventions. The Assessment Team viewed updated handover sheets available in nurses’ stations throughout the Site Audit and observed clinical handover meetings.

Consumers and representatives expressed satisfaction with the access and referral to their medical practitioner and other health professionals, as needed. Care planning documents demonstrated timely and appropriate referrals to individual health professionals, other organisations and providers of other care and services. Management and staff described the service’s referral processes and procedures.

Consumers and representatives provided positive feedback on how the service manages infections and outbreaks. The service has an Infection Prevention and Control Lead and an outbreak management plan that provides guidance and resources to support the service’s ability to respond to and recover from a COVID-19 outbreak. Staff demonstrated good understanding of infection prevention and control practices and explained how they promoted the appropriate use of antibiotics The service was observed to undertake appropriate entry screening in line with transmission based precautions and staff adhered to infection control practices, including the use of personal protective equipment.

# Standard 4

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| 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 were satisfied with the supports of daily living they receive to optimise their independence, health and well-being. Staff demonstrated understanding of individual consumers needs and described supports provided to ensure consumers’ individual goals and preferences are met, including daily exercise classes, provision of mobility aids and physiotherapy sessions.

Consumers were satisfied staff support their emotional, spiritual and psychological well-being. Lifestyle and pastoral staff described the services and supports available to consumers including religious services, lifestyle activities, and one-to-one time with staff. Rotating church services are held on regular basis, mass and the rosary are held for consumers who wish to participate.

Consumers said they are supported and encouraged to do things of interest to them, to maintain their personal relationships, and to participate in community activities within and outside the service as they choose. Staff outlined group activities provided at the service, and could describe familial and personal relationships of importance to consumers. Care planning documents contained information about the consumer’s significant relationships, and information about their participation in activities of interest at the service and within the local community. The Assessment Team observed consumers participating in individual and group activities of their choice during the Site Audit.

The service has processes in place to ensure information about the consumers condition, needs and preferences are communicated within the organisation and with others involved in care. Consumers expressed satisfaction with how information about their daily living supports and choices are shared and documented. Staff said they are informed of changes to consumer needs and this is communicated through the electronic management system, handover and direct discussion.

The service has processes in place to ensure consumers can access and are referred to appropriate individuals, other organisations and providers in a timely manner. Staff described referral processes and provided examples of the organisations regularly accessed to provide additional support to consumers. Consumer documents confirmed timely and appropriate referrals. Consumers were satisfied referrals were actioned promptly.

Consumers provided positive feedback in relation to the quantity, quality, and variety of meals provided by the service. Processes are in place to gather consumer feedback on meals through consumer and food focus meetings. Meeting minutes demonstrated consumer requests and feedback had been considered and incorporated into the menu. Staff demonstrated understanding of individual consumer’s dietary requirements and preferences and this aligned with consumer care documents and documented information observed in the kitchen. The menu is reviewed by a dietitian and alternatives are available for consumers if they do not like what is being offered. The Assessment Team observed consumers being offered a choice of two meals prior to lunch and the food looked and smelled appetizing, with good portion sizes.

Consumers were confident the equipment provided and used to deliver care is safe, suitable, clean, and well maintained. Consumers provided positive feedback about the regular maintenance of their wheelchairs. Staff confirmed they have access to sufficient equipment when they need it and described the cleaning process for shared equipment. The Assessment Team observed a range of mobility aids and manual handling equipment being used throughout the service, that was clean, well maintained and stored safely.

# Standard 5

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| 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 said they feel at home and comfortable at the service, and the environment is easy to navigate. The service environment was observed to be light filled and welcoming, navigational aids were displayed as signage and pictures on consumers doors. Consumer rooms were observed to be personalised with photos and items of importance. The Assessment Team observed small groups of consumers interacting in the communal areas and outdoor garden areas.

Consumers expressed satisfaction with the safety and cleanliness of the service environment and provided positive feedback about having free access to the garden areas. Internal and external communal areas and consumers rooms were observed to be safe, clean and well maintained. The service environment including corridors was clutter free with equipment stored safely. Staff demonstrated understanding of maintenance processes and cleaning schedules.

Consumers were satisfied the furniture, fittings and equipment was safe, suitable and well maintained. The Assessment Team observed furniture, fittings and equipment to be in good condition, fit for purpose, clean, and well maintained. Maintenance records demonstrated maintenance was up to date and completed. During the Site Audit, the Assessment Team identified the temperature of the hydronic heating was hot to touch, posing a potential risk to consumers. In response to Assessment Team feedback, management took immediate action to address the risk including completing a hazard report, turning the temperature down, engaging an external contractor to review the heaters and updated their Plan for Continuous Improvement. I am satisfied Requirement 5(3)(c) is Compliant.

# Standard 6

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| 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 said they felt comfortable providing feedback and making complaints, and were aware they have access to advocates, language services and other external methods to raise and resolve complaints. Staff were aware of advocacy and language services available to consumers and described how the service encourages consumers to provide feedback about their care and services. Documents reviewed by the Assessment Team including meeting minutes, the services’ newsletter, consumer handbooks and feedback forms demonstrated the service encourages and supports feedback. Feedback forms, advocacy and external complaints information was observed readily accessible and on display throughout the service.

Most consumers were satisfied appropriate and timely action is taken in response to their complaints. Management and staff described using open disclosure principles in the handling of complaints and when informing representatives about incidents. The service’s complaints register demonstrated most complaints are recorded and actioned in a timely manner. The service demonstrated it has open disclosure policies and processes in place to guide staff practice.

Consumers and representatives were satisfied their feedback is used to improve care and services and provided examples where this had occurred in practice. Management described how complaints are recorded in the services’ information system and the data is used to analyse trends and focus on continuous improvement. Complaints data is shared with the Board monthly.

# Standard 7

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| 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 were satisfied there was enough staff at the service to meet their care needs. Clinical and care staff said on most days there is enough staff and that vacant shifts are generally filled. Management described how the workforce is planned and that one Registered Nurse is rostered on every shift supported by Enrolled Nurses on day and afternoon shifts. Management described strategies in place to manage leave including access to an organisation wide casual workforce pool. Roster documentation reflected feedback provided by management, and no unfilled shifts for the fortnight prior to the Site Audit. Processes are in place to ensure call bell data is reviewed and monitored for trends. Call bell reports demonstrated staff respond to call bells in a timely manner.

Consumers and representatives were satisfied staff are kind, respectful and caring. Staff demonstrated understanding and application of person-centred care. The service has in place cultural diversity, dignity and respect policies to guide staff practice. The Assessment Team observed positive and respectful interactions between staff and consumers.

Most consumers and representative said staff perform their roles effectively, and are confident staff are skilled to meet their care needs. Staff said they complete regular mandatory training and could access additional training, if required. Management described staff training needs are identified through feedback from consumers, representatives, and staff, through performance appraisals, observations, audits, and incidents. Training is monitored by management through the service-learning platform. Management described the organisation’s recruitment and onboarding is completed at an organisational level. Management explained the staff induction process, including agency staff induction, and buddy shift program. Position descriptions specified roles and responsibilities and relevant qualifications and registrations for particular roles. Education records demonstrated most staff have completed their mandatory training.

The service demonstrated performance appraisals are conducted annually for all staff and after an initial probation period for new staff. The Assessment Team reviewed the performance appraisal schedule and noted that all performance appraisals were up to date. All staff were able to describe the performance appraisal process and their participation in the process. The service has discipline and performance management policies and procedures in place to guide staff practice.

# Standard 8

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| 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

Consumers and representatives were satisfied they are engaged in the development, delivery, and the evaluation of care and services. All consumers interviewed felt empowered to provide feedback to staff and management. Management described how they seek feedback from consumers and representatives through direct feedback, feedback forms, consumer meetings, the monthly newsletter, focus groups and surveys.

Consumers and representatives said they feel safe living at the service and live in an inclusive environment with the provision of quality care and services. The Board is supported by established committees and reporting mechanisms to ensure accountability in the delivery of quality care and services.

The service demonstrated effective governance systems in relation to information management, continuous improvement, financial and workforce governance and regulatory compliance. Management and staff demonstrated understanding of the policies and processes that supported each of the governance systems. Management described the reporting requirements relating to reportable and non-reportable events, and appropriate registers were reviewed by the Assessment Team. Clinical and care staff demonstrated their knowledge of the Serious Incident Response Scheme (SIRS) and outlined their responsibilities based on their position. The Assessment Team reviewed the service’s Plan for Continuous Improvement which identified areas for improvements and associated actions.

The service demonstrated it has risk management systems and practices in place to effectively manage their high impact or high prevalence risks, manage incidents and support consumers to live the best life that they can. Risks are identified, reported and escalated. Staff demonstrated understanding of the service’s incident management system and described their responsibilities based on their position. Staff described consumers with high impact, high prevalence risks and demonstrated how the organisation’s policies and procedures assist them with managing these risks in practice.

The organisation demonstrated it has a clinical governance framework which includes antimicrobial stewardship, minimising the use of restraint and open disclosure policies and procedures. Staff confirmed receiving education about the policies and procedures and were able to provide examples of the relevance to their work.

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)