Performance

Report

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| Name of service: | Performance report date: |
| Villa Maria Catholic Homes John R Hannah Aged Care Residence | 16 August 2022 |
| Commission ID: | Activity type: |
| 3123 | Site audit |
| Approved provider: | Activity date: |
| Villa Maria Catholic Homes Limited | 28 June 2022 to 30 June 2022 |

This Performance Report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Villa Maria Catholic Homes John R Hannah Aged Care Residence (**the service**) has been considered by Kathryn Spurrell, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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

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

# Material relied on

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

* the Assessment Team’s report for the Site Audit; 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

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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 said staff are friendly, kind and treat them with dignity and respect. Staff described consumers’ backgrounds, culture and how they tailor care delivery. Care planning documents included details of consumers’ cultural background and related needs.

Consumers confirmed that staff provide care and services that are physically, socially and emotionally safe for them. Staff described to the Assessment Team how they ensure consumers have the opportunity to participate in decision making, their choices are recognised, and care and services are adapted in line with consumer needs and preferences.

Consumers said they are supported to take risks of their choice and staff described how they assist consumers to understand risks and make decisions.

Consumers reported they are provided with information to assist them in making choices about their care and lifestyle, staff described how they notify representatives when adverse events occur and described how they assist consumers who have cognitive impairments or difficulty communicating, including with the use of aids.

Staff were observed to be respecting consumers’ privacy by knocking on doors before entering and closing doors when providing care including specific consumer requested on the doors. Confidential information is secured through a password protected electronic care management system, and the nurses’ station was locked.

# 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

Care planning commences when consumers enter the service, needs are then reviewed regularly and when changes occur. Care plans include consumers’ current needs, goals and preferences, and advance care and end of life planning. They reflect individualised strategies to manage risks relevant to each consumer.

Consumers and their representatives confirmed they are involved in the care planning process and staff understand what is important to consumers. There is evidence of involvement of other health professionals, including medical officers, in assessment and planning and resultant care directives being incorporated in the care plan for consumers.

Consumers confirmed that staff explain relevant information to them and that they have access to their care plan. Care planning documents reflected reviews occur when an incident occurs or when a change to consumers’ health and well-being are identified. Reviews otherwise occur every three months, and the service monitors and trends clinical indicators.

# 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

Consumers and their representatives said consumers receive care that meets their needs and preferences. Care planning documents reflected consumers receive individualised care that is tailored, safe and effective and consumers subject to restrictive practices had appropriate consent and reviews in place. Staff follow procedures to deliver safe skin integrity and pain management care. Staff were able to describe specific high impact and high prevalence risks to individual consumers and care planning documentation identified how these are assessed, reviewed and managed.

Staff were able to describe how to provide care to consumers that are palliating or requiring end of life care, the Assessment team inspected care documents that showed consumers nearing the end of life received care in line with their wishes, that maximised comfort and preserved dignity.

Clinical records indicate deterioration or change in consumers’ condition is recognised and responded to in a timely manner. Information about consumers’ condition, needs and preferences is documented through care plans, progress notes and handover documents. Staff demonstrated awareness of the information sharing and consumers expressed satisfaction with the process. Regular updates were observed to the progress notes, re-assessment and other relevant information including notification to health professionals where care arrangement is shared.

Clinical documentation reflected timely and appropriate referrals occur to medical officers and other health professionals. Staff described the referral process and how any resulting recommendations are documented and followed.

The service had processes in place to promote antimicrobial stewardship and to prevent and control infection. Staff described how they minimise infection-related risks by following the service’s infection control policies and promoting antimicrobial stewardship.

# 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 and representatives felt that consumers received safe and effective services and supports for daily living that meet their needs, goals and preferences and optimise their independence, health, well-being, and quality of life. Staff described different ways they encourage consumer engagement and monitor the appropriateness of activities through surveys and feedback.

Staff described how the service facilitates religious and cultural activities and described how they identify changes in consumers’ mood and give emotional support, which was consistent with consumer feedback and onsite observations.

Care documentation reflect the support consumers require to participate in activities within the service and the broader community and includes information about personal relationships important to individual consumers. Consumers reported that staff encouraged them to join the activities, if refused staff provide alternative activities that they enjoy.

Care plans provide sufficient information to support effective and safe care and evidenced that consumers’ needs, and preferences are communicated, effectively to determine any changes that may impact on consumer involvement in lifestyle activities. Care plans demonstrate that the service engages other individuals and organisations to supplement the lifestyle program. The service has documented protocols for making referrals to individuals outside the organisation to support the lifestyle needs of consumers.

Consumers provided positive feedback regarding the quality and quantity of the meals provided by the service and reported that the meals are aligned with their preferences and dietary requirements. Staff were able to explain their dietary needs and preferences of individual consumers, which aligned with care documentation.

Equipment was observed to be clean, suitable, and stored appropriately. Staff reported that equipment is easily accessible and well- maintained and maintenance logs confirmed regular and preventive maintenance schedules.

# 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

Most consumers said the service environment is welcoming and optimises their sense of belonging and independence. Consumers’ rooms are personalised with furniture, photographs and artwork, quiet spaces with adequate seating were observed to be utilised throughout the service.

Consumers said they are able to move freely both indoors and outdoors and staff explained how they support consumers with limited mobility navigate throughout the service including with the use of aids. Staff described maintenance processes and procedures, and how potential hazards are addressed. Logs reflected that regular cleaning and timely maintenance occurs including scheduled preventative maintenance.

Consumers expressed satisfaction that furniture, fittings, and equipment provided are kept clean, well maintained and suitable for them. Staff advised the equipment available for consumers is in good working order and the maintenance team are responsive to any requests.

**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

Most consumers and their representatives said they are encouraged to provide feedback, feel comfortable to raise concerns and know how to contact external services if they wish. They were aware of feedback forms, monthly consumer meetings and the option to speak to staff directly.

Staff were aware of how to utilise interpreting services or refer consumers to advocacy services if required. Brochures regarding complaints, advocacy and language services were displayed and readily available at reception.

Most consumers and their representatives were satisfied with the way the service actions complaints and concerns, felt issues were addressed in a timely manner, and confirmed open disclosure is used. Management provided examples of recent actions taken in response to complaints which evidenced an appropriate and timely resolution including the application of an open disclosure process.

Management advised that all complaints are documented electronically and recorded and reviewed at the service and organisational level. Continuous improvement register demonstrates that complaints, feedback, suggestions, and incidents have been documented, discussed and action is taken and evaluated.

**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 felt that the number of staff were adequate to meet their needs and said that when they call for assistance staff are prompt to attend, the Assessment Team inspected call bell report data that showed most call bells were responded to within the service’s benchmark. Consumers described recent administrative and management changes within the service but did not report any impacts to their care as a result of these changes. Staff advised there is a suitable number of staff within the service, and if needed, management extends shifts, backfills shifts with permanent, casual or agency staff to provide additional assistance.

Consumers and their representatives considered most staff interactions with consumers are kind and caring and staff were observed providing care in a respectful manner.

The service has processes to recruit suitably qualified and competent staff, and relevant registrations and qualifications are verified and recorded. All roles have position descriptions that identify qualifications, experience, responsibilities and duties. Consumers and representatives expressed confidence that staff are skilled and competent to meet the care needs of consumers.

Staff described the training, support, professional development, and supervision they receive during orientation and on an ongoing basis. Training records reflected staff are up to date with mandatory training and management demonstrated a responsiveness to training needs.

Staff described having annual performance reviews and regular informal discussions regarding their performance and competency. Management advised that staff performance is monitored through observations, competencies, the analysis of internal audits and clinical data, and feedback.   
**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 are encouraged to be involved in the development, delivery and evaluation of care and services. Management reported there are several ways consumers are actively involved in the design, delivery and evaluation of services such as consumer meetings, regular surveys and direct engagement with management.

The organisation’s governing body displays accountability and promotes quality care and services through acting in response to feedback and identified trends, such as executive visit to the service at least quarterly to provide opportunity for consumers to engage directly. Refurbishment of the service is one of the examples of changes driven by the governing body as a result of consumer and representative feedback and experience. The governing body and executive management engage with staff at the service via regular emails and newsletters to communicate changes that impact the service’s operations and legislative environment.

The organisation has effective governance systems to support organisation wide information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management.

The service has a risk management framework with policies regarding management of high impact and high prevalence risks. Management described how incidents are identified, responded to and reported to maintain a preventative approach. Staff demonstrated a strong knowledge and a shared understanding in identifying abuse, reporting incidents and supporting consumers to live their best lives.

Staff were able to describe strategies of how they apply the service’s clinical governance framework, such as minimising the use of restrictive practices, promoting antimicrobial stewardship and applying open disclosure. Management noted a recent release of robust training in open disclosure by all staff as an example. Open disclosure was evident in the service’s records.

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