Performance

Report

**1800 951 822**

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| Name: | Villa Maria Catholic Homes John R Hannah Aged Care Residence |
| Commission ID: | 3123 |
| Address: | 68 Wattle Grove, MULGRAVE, Victoria, 3170 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 6 February 2024 |
| Performance report date: | 29 February 2024 |
| Service included in this assessment: | Provider: 433 Villa Maria Catholic Homes Limited  Service: 1882 Villa Maria Catholic Homes John R Hannah Aged Care Residence |

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 prepared by L Glass, 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 Assessment contact (performance assessment) – site 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 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |

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 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 |

Findings

Consumers and/or representatives said consumers are receiving personal and clinical care that reflects their individual needs and promotes health and well-being. Staff demonstrated the delivery of individualised care that is safe and appropriate for each consumer aligning with the service’s policies. Care plan documentation demonstrated the effective management of skin care, wounds, pain and changed behaviours in line with best practice guidelines. Care planning documentation reviewed was consistent with consumer and staff feedback.

The service maintains a ‘psychotropic medications’ register which identifies consumers subjected to chemical restraint. The service has several consumers subject to environmental restraint. Care documentation review of consumers subjected to restraint demonstrated restrictive practice assessment, consent forms and individualised behaviour support plans are in place. Care documentation reflected behaviour charting is completed post behavioural incidents and medication changes. Monitoring, review, and evaluation of the use of antipsychotic medications are completed in collaboration with the medical practitioner, geriatrician, aged care mental health team, representative and clinical staff. A review of consumers’ wound management demonstrated effective management including for consumers with complex care needs.

# 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 |

Findings

All sampled consumers and/or their representatives are satisfied with the services consumers receive. The services support consumers to optimise independence, health, well-being and quality of life in accordance with their choices. Consumers confirmed they are supported to be as independent as possible and to continue doing things they enjoy. Management and clinical, care and lifestyle staff had knowledge of individual consumers, their preferred choices and the support required to assist consumers to do the things they enjoy and meet their needs. Care plans include a lifestyle component that identifies the consumer’s interest and choices to maintain their independence. Activity calendars were observed in consumer’s rooms and on noticeboards around the service. A variety of activities were observed across the service during the Assessment Contact.

# 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 |

Findings

Sampled consumers confirmed staff are available when needed. For example, consumers said they do not have to wait long after utilising their call bell. Management outlined rostering and backfilling processes. Clinical, care, lifestyle and kitchen staff said there was a well-planned workforce demonstrating a good number and skill mix across all areas of the service. Analysis of call bells from the previous 4 weeks demonstrated responses fall within the organisation’s standard response times. The roster is managed strategically to accommodate a range of legislative, consumer care and acuity needs and operational imperatives. The organisation has policies and procedures to guide management and staff.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)