Performance

Report

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| Name of service: | Villa Maria Catholic Homes Justin Villa Aged Care Residence |
| Service address: | 2 Caravan Street BALWYN VIC 3103 |
| Commission ID: | 3226 |
| Approved provider: | Villa Maria Catholic Homes Limited |
| Activity type: | Site Audit |
| Activity date: | 31 January 2023 to 2 February 2023 |
| Performance report date: | 2 March 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 Justin Villa Aged Care Residence (**the service**) has been prepared by D. McDonald, 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.
* the provider’s response to the assessment team’s report received 2 March 2023 which acknowledged the recommendations within the Site Audit report.

# 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 and representatives said they were treated with dignity and respect by staff, with their identity and religion valued. Staff were observed interacting with consumers in a dignified and respectful manner. Care planning documentation recorded individual preferences and needs.

Consumers said they were encouraged to express what was important to them, and they felt supported by staff. Staff demonstrated an understanding of the consumer’s individual needs and preferences. Assessment processes gathered information on the consumer’s life history, needs, and preferences to inform culturally safe care.

Consumers said they were supported to make decisions about their care and maintain social connections. Care documentation reflected consumer choices, and consumers could change their plan at any time. Staff were observed offering consumers choice and facilitating contact with friends and family.

Consumers and representatives stated they were supported to take risks. Staff described how they provided relevant information, through consultation, to support consumers in making risk-based decisions about how they lived their lives. Care documentation reflected assessment processes completed in consultation with the consumer and representatives and evidenced informed consent for activities with potential risk.

Consumers said they well informed and information was offered in a way they understood. Staff confirmed information was easy to understand and accessible to consumers, including those with language barriers. Newsletters, memorandums, menus and lifestyle calendars were displayed on notice boards and in communal areas.

Consumers said staff respected their privacy, including when they wished not to be disturbed. Staff were observed knocking before entering rooms, and being respectful of consumers religious rituals. Consumer files were stored in an electronic care management system which required a password to access.

# 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

Consumer and representatives were confident care planning identified risk to consumers well-being. Staff described initial and regular assessments completed, how assessment outcomes triggered further risk assessment and how this informed the care plan. The care planning policy guided staff on completing assessments, such as falls risk and skin integrity, to provide safe and effective care.

Consumers and representatives advised they felt supported to discuss their care needs and preferences, including developing plans for advanced care and end of life wishes. Staff described how care planning was conducted in partnership with the consumer and representatives, when they were comfortable to do so. The palliative care policy directed staff to engage external spiritual and clinical supports, if required, at end-of-life care.

Consumers and representatives said the service collaborated with other health providers to ensure care was effective and current needs were met. Staff described engaging with external providers to support consumer care. Documentation evidenced the partnership between the service and the consumer and representatives at all reviews, including developing the initial care plan and the as needed or scheduled care plan reviews.

Consumer and representatives felt well informed of the care and services being provided and confirmed they were provided with a copy of the care plan. Staff described the care plan process occurred in consultation with consumers and their representatives. Care documentation contained care consultation notes.

A care plan review and development policy reflected how care plans were reviewed monthly, 3 monthly and when care needs or preferences changed, or incidents occurred. Staff said care plan reviews and the use of ongoing assessments ensured current and effective care was in place for consumers. Care documentation evidence routine reviews occurred as scheduled.

# 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 said the care was tailored to the needs of individual consumers. Care documentation demonstrated the service identified, amended and managed care provided to be best practice and tailored to the consumer. Staff demonstrated knowledge about individual consumers and how alternative strategies were used for consumers to maintain well-being, including non-pharmacological interventions for pain.

Consumers and representatives stated high impact and high prevalence risks were managed effectively. Staff provided individual feedback on consumer risks and how they were managed including through non-pharmacological strategies to support behaviours. Care documentation evidenced how care delivery supports the management of risks to the consumer.

Care documentation reflected consumers end of life wishes. Staff confirmed palliative care specialist and pastoral support is available to support consumers during end of life. A palliative care policy guides staff practice on end of life care.

Care documentation evidenced deterioration was identified and responded to promptly. Staff advised assessments and charting were commenced when deterioration was detected and escalation pathways commenced. Management advised changes to consumers care needs were discussed verbally with all staff and care plan updates were documented in the electronic care management system.

Care documentation reflected information about the consumers condition and were available to staff and other medical professionals. Staff described how the electronic care planning system ensured alerts were reflected in hand over sheets, which were reprinted at each shift changeover. The hand over process was observed and updated information about consumers was shared, including specialist recommendations for consumers.

Consumers and representatives said referrals were completed in a timely manner and they supported consumer needs. Documentation evidenced how deterioration, care plan review, entry of new consumers or incidents identified the need for referrals and these were actioned promptly. Staff advised the service engaged with specialist support services, including skin and wound specialist, dietitians, speech pathologists and physiotherapists.

Consumers and representatives said they were confident in the services management of infection related risks. Documented policies supported the minimisation of infection related risks to consumers through promotion of antimicrobial stewardship, and Outbreak Management Plans. Staff advised mandatory training on use of personal protective equipment and hand hygiene was provided and competencies were completed.

# 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 advised the supports for daily living at the service met their needs, goals, and preferences. Care documentation identified consumer’s choices, likes, dislikes and social affiliations. Staff explained how lifestyle assessment collected the consumer's individual abilities and preferences, and this informed the planning of activities to reflect different levels of abilities and strengths.

Consumers said their emotional and spiritual well-being were supported through meaningful activities. Staff promoted consumer wellbeing through spending one-on-one time with them, and ensuring consumers were given the time to express themselves. Care documentation outlined consumer’s emotional and spiritual needs along with strategies in place to support and promote those needs.

Consumers said they were supported to participate in their community within and outside the service environment. Staff described the supports in place for individual consumers to enable them to participate in the wider community and maintain personal relationships, including organised outings or leaving the service independently to meet friends. Care documentation evidenced consumer participation in external activities including community service work.

Consumers said staff were well informed of their conditions, needs, and preferences. Staff said they were alerted to changes in a consumer's care or condition through handover sheets, health assessment documentation, care system alerts, and verbal handovers. Care documentation provided detailed, comprehensive information to support safe and effective care as it related to services and supports of daily living.

Consumers said the service refers them to external providers to support their needs. Staff described how consumers were referred to other providers and gave examples, such as podiatry, dermatologists, dentists, geriatrician services, and dieticians. Care planning showed timely and appropriate referrals were completed when required.

Consumers said the meals provided were varied and of suitable quality and quantity. Staff described how they met individual consumer dietary needs and preferences and how any changes were communicated. A food focus meeting was observed where consumers discussed upcoming menu changes, were asked to review the menu and provide feedback.

Consumers said they felt safe using the equipment and it was suitable for their needs. Maintenance records demonstrated equipment was regularly serviced through preventative maintenance schedules and repairs required, where completed promptly. Policies were in place directing the maintenance of equipment.

# 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

Staff described how consumers were supported to make the service feel like home, how they supported consumers to maintain independence and how personal living areas catered to the individual. Communal areas such as dining rooms, lounge rooms and the Chapel were observed to be welcoming, well-furnished and clean. Consumers stated they felt at home.

Consumers said things were fixed promptly and their rooms were clean. Staff confirmed consumers, who are unable to leave the service independently were escorted by staff and consumers have unrestricted access to outdoor areas within the service. Policies were in place guiding the maintenance of equipment, stock management and cleaning services.

Consumers said the furniture and equipment at the service was safe, clean, well maintained, and suitable for use. Staff described the process for logging a maintenance request in the maintenance form online and advised tasks were tracked to completion. Electrical safety was current, including testing and tagging of electrical items and equipment.

# 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 were advised, encouraged and supported to provide feedback and make complaints, and felt comfortable speaking directly to management. Complaints processes available to consumers was displayed and included in various service publications. Feedback, suggestions, and complaints forms were available in several different languages.

Consumers and representatives said they were aware of alternative methods for raising and resolving complaints, including external services such as advocacy services. Staff demonstrated knowledge of advocacy services and interpreter services, and how to access these services. Policies relating to consumer feedback included information in relation to advocacy and the use of interpreter services.

Consumer feedback and open disclosure policies guided staff on complaints management. Staff demonstrated knowledge of actions to take if feedback was provided to them directly. Consumers and representatives advised they had not had reason to make any complaints, but indicated they provided feedback at meetings or directly to management in relation to insignificant issues.

Management described processes used to improve services in response to feedback. Consumers and representatives confirmed their feedback had been used to improve the quality of care and services. Meeting minutes evidenced the refurbishment of the garden had been discussed with consumers and the proposed actions were included in the continuous improvement plan.

# 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 advised they rarely had to press their call bells and if they did, they were answered almost immediately. Rostering documentation evidenced all shifts were filled, and a Registered nurse was rostered on each shift. Management advised they have very little need for agency staff due to the large casual workforce and the low numbers of consumers they have at this facility.

Consumers and representatives said, and observations confirmed, staff were kind, caring and gentle when delivering care and services. Staff demonstrated an understanding of the consumers, including their needs and preferences.

Management advised staff were enrolled in, and staff confirmed they were required to complete competency assessments. Consumers said they felt the staff knew what they were doing.

Consumers were confident the staff were sufficiently skilled to meet their care needs. Recruitment, selection policies and procedures ensured staff had the required qualifications, with registrations and police checks monitored for currency. Training records evidenced 100% completion of mandatory training modules.

Management advised staff performance appraisals were undertaken annually. Staff said they understood the appraisal process, and when their performance review was due. Staff performance management policies included guidance for performance and competency reviews of staff and management of staff whose performance was below an acceptable standard.

# 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

Management described how consumers were engaged to partner in the development, delivery, and evaluation of the care and services provided. Consumers said they participated in the development and delivery of care provided. Minutes of consumer meetings and consumer survey results demonstrated initiatives are planned based on the information generated from consumers.

The governing body and oversight committees use information from consolidated reports to identify the service’s compliance with the Standards; initiate improvement actions to enhance performance; and monitor care and service delivery. Policies and other documents published by the organisation guided management and staff and informed consumers and others to promote safe, inclusive, and quality care and services. Service compliance was monitored through audits conducted by senior management and provided ongoing monitoring and support for the safe care and services provided at the service.

Documentation and feedback from staff and management demonstrated effective organisation-wide governance systems in relation to areas including but not limited to, continuous improvement, workforce governance, regulatory compliance and feedback and complaints. Staff described key principles of the organisation-wide governance systems such as feedback and complaints, and regulatory compliance. The service had policies and procedures detailing processes around each governance system to guide staff practice.

The service has risk management systems implemented to monitor and assess high impact or high prevalence risks associated with care of consumers. Risks were reported, escalated, and reviewed by management at the service level and the organisation’s executive management including the governing body. Staff explained the processes of risk management at the service, including key areas of risk identified and the mitigation strategies applied.

The clinical governance framework provided direction to management and staff when providing care. Staff described a suite of best practice guides, policies, and processes in relation to the clinical governance framework, such as minimising restrictive practices, implementing antimicrobial stewardship strategies, and providing open disclosure to consumers and representatives when things go wrong.

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)