Performance

Report

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| Name of service: | Villa Maria Catholic Homes O'Neill Aged Care Residence |
| Service address: | 101 Lewisham Road North PRAHRAN VIC 3181 |
| Commission ID: | 4259 |
| Approved provider: | Villa Maria Catholic Homes Limited |
| Activity type: | Site Audit |
| Activity date: | 23 November 2022 to 25 November 2022 |
| Performance report date: | 12 January 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 O'Neill 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 said they are treated with dignity and respect, and staff are aware of their individual and cultural preferences. Staff were observed treating consumers with respect and demonstrated understanding of individual consumers choices and preferences. Care planning documentation was personalised and detailed what was important to the consumer, including their background, preferences and goals. The service has policies and procedures supported by other documents, such as newsletters and handbooks which reference consumers’ rights.

Consumers described how staff respect their culture, values and diversity and how this informs the daily provision of their care and services. Staff demonstrated knowledge of consumers’ cultural needs, cultural and linguistic background and life story. Care planning documents reflected consumers’ cultural needs, interests and preferences.

Consumers were satisfied they can exercise choice and make decisions about their care and services, while being supported to maintain relationships that are important to them. Staff described how they support consumers to make informed decisions. Care documentation including handover sheets detailed the people important to the consumer, including who the consumer wished to be involved in their care and services. Lifestyle care plans included details about maintaining connections and relationships of choice.

Consumers were satisfied they are supported to exercise choice and engage in activities that involve risk, to live their best lives. Consumers provided examples where they are supported to take risks, and the interventions in place to manage the risks. This aligned with staff understanding. The service has in place dignity of risk policies and procedures. Management described the process for discussing risks and completing dignity of risk forms where risk was identified. Care planning documents confirmed risks are documented, discussed with consumers and included completed dignity of risk forms.

Consumers said they are kept informed of changes to their care and services and that staff directly speak with them about daily changes and what is happening in the service. Menus, lifestyle calendars, exercise programs, meetings and other notifications were observed on notice boards in the service’s communal areas and consumer rooms. The Assessment Team observed staff communicating with consumers about changes during the Site Audit.

Consumers were satisfied their privacy is respected by staff and their information is kept confidential. The Assessment Team observed electronic files were password protected and restrictions in place to limit access to information relevant to staff scope of practice. Paper based filed are secured in a locked area. The service has policies and procedures in place regarding confidentiality of personal information and disclosure of information. Observations of staff practice demonstrated staff respected consumers’ privacy. For example, staff were observed accessing consumers’ files and discussing individual care and services discreetly in private areas.

# 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 were satisfied that assessment and care planning processes inform the delivery of safe and effective consumer care and services. Care planning documentation demonstrated care planning includes relevant identification and assessment of risk to the consumers health and well-being. Staff demonstrated knowledge of individual consumers’ risks and described the strategies and interventions in place to manage the risks.

Consumers were satisfied their care and services are planned around what is important to them. Care planning documentation detailed consumers’ current needs, goals and preferences and included documented end of life wishes. Clinical staff described how they work with consumers and their representatives to complete the consumers’ advance care plan. Staff demonstrated understanding of consumers’ needs, goals and preferences which aligned with care planning documentation.

Consumers described their participation and that of others they wish to involve in the assessment, planning and review of their care. Staff and management 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 with documented participation in care consultations.

Consumers provided positive feedback that assessment and planning outcomes are effectively communicated. Care planning documentation detailed the communication of relevant information to consumers and their representatives. Staff said they conduct regular consultations with consumers and their representatives. Staff described how they access the consumers’ care plans electronically and offer a copy of the care plan.

Consumers said that staff update care plans and inform their nominated representative if there is a change to their health status or care needs. Overall, care planning documents demonstrated care and services are reviewed regularly for effectiveness, when circumstances change or when incidents impact on the needs, goals and preferences of the consumer. Care plans and associated care documentation demonstrated regular review, and were updated after each review. Staff described the monitoring and review process 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 were satisfied with the personal and clinical care provided by the service, specifically the management of pain, wounds and complex clinical issues. Care planning documents detailed individualised care that is safe, effective and tailored to the needs of the consumer in collaboration with specialist services. Behaviour support plans are personalised and demonstrated regular review of psychotropic medication, informed consent is obtained and non-pharmacological strategies are trialled and documented. Staff demonstrated knowledge of individual consumers’ care interventions.

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. The Assessment Team observed staff providing personalised consumer care interventions in line with documented risk mitigation strategies.

Staff described the palliative care pathway and the resources available to them to support consumers nearing the end of life. Consumer documentation demonstrated end of life wishes are discussed and documented, with regular medical review and interventions followed in accordance with the end of life pathway to ensure comfort is maximised.

The service demonstrated how deterioration or change in a consumers’ condition is recognised and responded to in a timely manner. Care planning documents detailed appropriate actions taken in response to a deterioration or change in a consumer’s health. Consumers expressed satisfaction with how the service responded to a change or deterioration in their condition. Clinical staff described how deterioration or changes are identified, actioned and communicated.

Consumers said staff are aware of their care needs and they do not need to repeat their needs and preferences. Information about the consumer’s condition, needs and preferences is documented in their care plan, handover sheet and progress notes and is effectively communicated within the service. Information is shared with external services involved in the consumers care, as required. Staff confirmed they receive up-to-date information about consumers at handover meetings and electronic alerts in relation to changes in consumer needs. Clinical staff review allied health and specialists’ reports to inform the delivery of care.

Consumers and their representatives said they are satisfied with the access and referral to medical officers and allied health professionals. 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.

Consumers were satisfied with the service’s management of infections, outbreaks and the use of antimicrobials. The service maintains an updated outbreak management plan and has appointed a qualified Infection Prevention and Control (IPC) Lead on site. Staff demonstrated understanding of infection prevention and control measures and antimicrobial stewardship principles. Infections are identified and managed appropriately with antibiotic use minimised. Staff were observed following current guidelines for hand hygiene and personal protective equipment (PPE) practices.

# 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

Lifestyle staff described how they develop the lifestyle program with consideration of one on one activities for consumers who are unable or choose not to attend group activities. The one on one schedule is an ongoing schedule that demonstrates how the service’s specialised cohort of consumers, those requiring palliative or end of life care, can be engaged in activities and receive supports of daily living to optimise consumer well-being and quality of life. Lifestyle staff described the process for identifying the consumers interests during admission and how this is reviewed and updated when the consumer’s need for daily supports and services changes. Lifestyle care plans reflected the needs, goals and preferences of the consumers.

The service has dedicated pastoral care staff to support the consumers emotional and spiritual needs. A chapel is located on site and consumers of all faiths are supported to attend. Spiritual activities are incorporated into the activity calendar to allow consumers the option to participate.

Lifestyle staff described how they support consumers to maintain relationships and do things of interest. Staff provided practical examples where they have supported consumers to access and participate in activities and events in the community. Care planning documents contain 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 family and friends visiting consumers throughout the Site Audit.

The service demonstrated that it has systems and processes for communicating information about consumers’ conditions, needs and preferences within the organisation and with others where responsibility for care is shared. This was supported by staff and others involved in the consumer’s care demonstrating knowledge and awareness of the consumers’ current needs and preferences.

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.

Consumers were satisfied with the quality, quantity and variety of the meals and described having access to alternative meals when they did not like a meal on the menu. The service offers a seasonal menu that is informed by consumer and representative feedback and reviewed by the dietitian and speech therapist. Staff demonstrated understanding of individual consumer’s meal preferences and dietary requirements that were communicated with the kitchen and aligned with care documentation.

Staff were satisfied they had access to suitable and well-maintained equipment to support consumers. Equipment was observed to be clean, well maintained and readily available.

# 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

The service provides care and services to a specialised cohort of consumers requiring palliative and end of life care from a new purpose built and designed building. The service maintains a tranquil ambiance with music that is softly played and creates a sense of welcoming relaxation. Reception staff were observed to be welcoming visitors and consumers entering and leaving the service. The service is easy to navigate for consumers who were observed in the many comfortably furnished communal areas and accessing the courtyard.

All consumers said that the service environment is well maintained and clean. Consumers confirmed they felt safe residing at the service. Consumers, management and staff all confirmed maintenance is responsive to requests. Staff described the process for maintenance. Maintenance records, both preventative and reactive, demonstrated maintenance had been actioned promptly. Consumers were observed to be freely accessing internal and external areas in the service. The garden and outdoor courtyard was observed to be neat, clean, well-maintained and readily accessible.

Consumers said they have access to safe and clean equipment. Furniture, fittings and equipment were observed to be clean and well-maintained. A range of suitable equipment was observed to be available to meet the care and clinical needs of consumers.

# 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 their representatives said they were aware of the service’s complaints process and were comfortable making complaints. Consumers and representatives can provide feedback and make complaints using feedback forms, emails, or verbally. Feedback forms were observed to be readily accessible at the entrance of the service. Concerns, complaints, compliments, and other feedback are logged within the service’s feedback and complaints register. Staff described complaint handling processes including documenting concerns and referring the issue to management. The resident’s handbook sets out the complaints process.

The service has processes in place to support consumers to access advocacy and language services. Staff described the advocacy services available to consumers, where forms were located, and how they would support consumers and their representatives in accessing advocacy services. Information about advocacy services and internal and external complaints services were displayed at the entrance to the service.

The service has a policy and procedure that is followed in resolving complaints that includes open disclosure principles. Management and staff demonstrated understanding of open disclosure processes and principles and how they relate to their role. Complaint documentation demonstrated all complaints were appropriately actioned with direct consultation with the complainant.

Management and staff described the continuous improvement process including practical examples where consumer feedback or complaints had resulted in improved quality of care and services. Where an area for improvement is identified from consumer feedback, after the issue has been addressed it is included as an action in the service’s plan for continuous improvement (PCI). Management explained how trends are used to identify systemic issues across the service. The service’s PCI included areas of improvement with associated actions documented.

# 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

Most consumers were satisfied with staffing levels at the service. Staff said there is sufficient staff to deliver safe and quality care and services. Rostering staff described the strategies in place to manage unplanned leave. Roster documentation demonstrated all shifts were filled. Call bell reports and Assessment Team observations demonstrated call bells are responded to a in a timely manner.

Consumers were satisfied that staff were kind, caring and gentle when providing care. Staff demonstrated understanding and knowledge of individual consumer backgrounds and cultural preferences. Staff interactions with consumers were observed to be respectful with staff addressing consumers by name and providing information in a manner the consumer could understand. The organisation has policies and procedures in place to guide staff practice in delivering care and services in a respectful, kind, caring and person centred way.

Consumers felt that they were cared for by appropriately qualified and skilled staff. Staff confirmed completing annual competencies and registrations specific to their role. Documentation demonstrated that staff have position descriptions, qualifications and registrations relevant to their role and that their competency is monitored. Where gaps are identified in staff knowledge and competency, the gaps are addressed through additional training and support.

Management described the services recruitment processes. Recently employed staff described the onboarding process, including orientation and buddy shifts. Staff were satisfied the organisation provides them with the supervision and support to successfully perform their roles. Staff complete mandatory training and competencies tailored to the needs of each staff role. Staff are assigned courses at the commencement of employment, annually and as required, to meet industry, organisational or service requirements. Training records demonstrated that all active staff were up to date with their mandatory training. The organisation conducts an annual training needs analysis, this along with the outcomes of quality audits assist in development of the training calendar.

While the service did not have formal performance appraisal processes in place, it has regular informal processes for monitoring and reviewing the performance of each member of the workforce including day to day monitoring and informal feedback. Staff confirmed receiving regular feedback about their performance. Management advised the organisation is looking to reintroduce formal appraisal processes and this was documented as an action in the services plan for continuous improvement. The organisation has a discipline and performance management procedure that is followed in relation to staff performance and disciplinary matters.

# 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 said they are encouraged and engaged in the development and delivery of care and services. Consumers confirmed being kept informed of any changes occurring in the service and attending resident/representative meetings. Management provided examples of consumer engagement including consumer meetings, food focus groups and consumer surveys. Meeting minutes supported the consumer’s participation in these groups and meetings.

The organisation demonstrated it has a suite of policies, procedures and work instructions in place to guide staff practice to promote a safe and inclusive culture for consumers. The governing body is accountable in the delivery of safe, inclusive and quality care and services through established committees, reporting mechanisms and governance frameworks.

The service demonstrated effective governance systems in relation to information management, continuous improvement, financial governance, workforce governance and regulatory compliance. Staff confirmed they could readily access the information they need to perform their roles and that safeguards are in place to store information securely. The continuous improvement register demonstrated improvement activities were identified from a range of sources, appropriately actioned and evaluated following completion. Regulatory compliance is managed centrally by the executive team who receive regulatory and legislative updates and communicate changes to staff through meetings, training and amending policy documents.

The organisation demonstrated it has effective risk management systems in place supported by policies and procedures documented to manage risk, abuse and neglect of consumers, supporting consumers to live the best life they can and incident management. Risks are reported, escalated and reviewed monthly and reported to the relevant committees, who then report to the Board. Management and staff described their roles and obligations in relation to mandatory reporting. The service’s incident and SIRS registers demonstrated reportable incidents are actioned and recorded in line with legislative requirements. Incidents are used to identify knowledge gaps in staff training or procedures and used to drive changes to policies and procedures.

The organisation demonstrated it has a documented clinical governance framework which includes antimicrobial stewardship, minimising the use of restraint and an open disclosure policies and procedures. Management and staff demonstrated understanding of the framework and supporting policies and procedures and were able to provide examples of their 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)