Performance

Report

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| Name: | Villa Maria Catholic Homes Providence Aged Care Residence |
| Commission ID: | 3058 |
| Address: | 9 Griffith Street, BACCHUS MARSH, Victoria, 3340 |
| Activity type: | Site Audit |
| Activity date: | 13 September 2023 to 15 September 2023 |
| Performance report date: | 27 October 2023 |
| Service included in this assessment: | Provider: 433 Villa Maria Catholic Homes Limited  Service: 1817 Villa Maria Catholic Homes Providence 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 Providence Aged Care Residence (**the service**) has been prepared by Katherine Richards, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management, and others
* the Approved Provider’s response to the Assessment Team’s report, received on 16 October 2023.

# 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

Staff spoke of consumers in a respectful manner and demonstrated they were familiar with consumers’ individual backgrounds and preferences. Consumers and representatives mostly indicated that staff treated consumers with dignity and respect, and made them feel valued as an individual. The Assessment Team observed staff to respectfully interact with consumers throughout the duration of the Site Audit.

Consumers and representatives indicated the service recognised and respected their cultural backgrounds, and provided care that was consistent with cultural traditions and preferences. Staff outlined how the consumer’s culture influenced the delivery of care and services. Care planning documentation demonstrated the service identified and captured information regarding the consumer’s cultural needs and preferences.

Consumers, representatives, and staff described how consumers were supported to exercise choice and independence, make their own decisions about their care, and maintain personal relationships. Staff described consultation processes to support consumers exercise choice and demonstrated familiarity with relationships of importance to consumers. The Assessment Team observed consumers receiving regular visits from friends and family members throughout the duration of the Site Audit.

Staff outlined the supports provided to consumers who chose to engage in activities that included an element of risk, and how consumers were supported to understand the benefits and potential harm when making decisions about risks. Consumers and representatives mostly felt that consumers were supported to take risks, and described how the service supported them to engage in activities which contained an element of risk. Care planning documentation outlined information about the assessment of risks for consumers, and how these risks were mitigated and understood by the consumer and their representative.

Consumers and representatives confirmed they were kept informed of care and services through printed information and verbal reminders. Staff described several ways information was delivered to consumers, including those with cognitive impairments or language barriers, regarding their care and services which enabled them to exercise choice. Information was observed to be delivered in a clear way which supported informed decision making.

Consumers felt the service was considerate of their privacy and did not express concerns about the confidentiality of their personal information. Staff demonstrated an understanding and outlined practical measures taken to respect consumer privacy and maintain the confidentiality of consumer information. Staff were observed knocking on bedroom doors and await a response prior to entering and securing documentation following use.

Based on this evidence, I find the service compliant with all Requirements in Standard 1 Consumer dignity and choice.

# 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 satisfaction with the assessment and care planning processes and the care and services they received. Care planning documentation mostly evidenced the assessment and planning process considered risks to consumers’ health and well-being and informed the delivery of safe and effective care and services. Management and staff outlined the care planning process, and how it informed the delivery of care and services.

Care planning documentation identified and addressed each consumer’s current needs, goals, and preferences, including advance care planning and end-of-life planning. Staff described how the service ensured the assessment and planning process reflected consumers’ current preferences, and how they approached conversations in relation to end-of-life planning. Consumers and representatives confirmed assessment and planning identified and addressed the consumer’s current preferences and end-of-life wishes.

Care planning documentation demonstrated the assessment and planning of care was completed in consultation with consumers, representatives, and internal and external providers of care and services. Staff described the systems in place which enabled consumers and their representatives to be involved in the ongoing review of care planning. Representatives expressed satisfaction with the care and services that consumers received, and outlined how the service involved other healthcare professionals as required.

Consumers and representatives indicated they received frequent and regular updates regarding the care and services received, and had access to a copy of the consumer’s care plan. Management and staff described how they effectively communicated the outcomes of assessment and planning to consumers and their representatives, in accordance with their communication preferences. Progress notes evidenced that staff updated consumers and representatives regarding care outcomes through face-to-face meetings, phone calls and emails.

Care planning documentation confirmed care plans were reviewed on a regular basis, when consumers’ circumstances changed, or when incidents occurred. Management and staff described the monthly ‘Resident of the day’ review process, and the 3-monthly care plan evaluation whereby all care plan and assessments were reviewed. Consumers and representatives advised staff regularly discussed their care needs with them any requested changes were addressed in a timely manner.

Based on this evidence, I find the service compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

# 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

Care planning documentation mostly evidenced consumers received safe and effective care that tailored to their needs and optimised their health and well-being. Improvement actions were being identified, undertaken and/or scheduled to ensure care delivery, monitoring, and documentation consistently meets best practice. The Assessment Team noted the service had policies and procedures in place to guide staff practice in relation to the management of restrictive practices, wounds and pressure injuries and pain. Staff demonstrated an understanding of the personal and clinical needs of consumers, and how they could provide consumers with safe and quality care.

Representatives expressed satisfaction with the service’s management of high impact or high prevalence risks for consumers. Staff demonstrated an understanding of the high impact or high prevalence risks to related to consumers' care, and the strategies in place to manage these risks. Care planning documentation noted high impact or high prevalence risks were identified, monitored, and effectively managed by the service.

Staff outlined how they delivered end-of-life care for consumers through regular comfort and hygiene measures, pain management, and emotional support. Care planning documentation identified consumers' end-of-life needs, goals, and preferences, with timely commencement of end-of-life management pathway.

Representatives advised the service recognised and responded to changes in the consumer’s condition in a suitable and timely manner. Staff described how they monitored signs which indicated changes or deterioration in the consumer’s capacity and well-being. Care planning documentation evidenced that deterioration or changes in consumers’ health was recognised and responded to in a timely manner.

Consumers and representatives stated information was effectively communicated between staff and consumers received the care they needed. Management and staff described how information regarding the consumer’s needs, conditions, and preferences was documented and communicated via the service’s handover process. Staff clearly shared and communicated information regarding changes to consumers’ health and well-being during observed handover processes.

Overall, care planning documentation demonstrated timely referrals were made to Medical officers, Allied health therapists, and other providers of care and services. Management and staff described the referral process used when referring consumers for consultation to other organisations and providers of care and services. Representatives confirmed referrals to individuals, other organisations, and providers of other care and services was timely, appropriate, and occurred when needed.

Consumers and representatives expressed satisfaction with the service’s infection prevention and control precautions and procedures. Management and staff demonstrated an understanding of antimicrobial stewardship, including the minimisation and appropriate use of antibiotics. Overall, staff, visitors and contractors were observed adhering to COVID-19 precautions prior to entrance into the service.

Based on this evidence, I find the service compliant with all Requirements in Standard 3 Personal care and clinical care.

# 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 confirmed they felt supported to pursue the activities of interest to them. Care planning documentation indicated that consumers received the services which met their needs and preferences. Staff advised the interests of consumers was gathered through focus groups and feedback which was utilised to develop suitable services, supports, and activities.

Consumers advised they were supported when they were feeling low, and described how the service promoted their emotional, spiritual and psychological well-being. Care planning documentation identified information regarding the emotional, spiritual and psychological needs and preferences of consumers. Staff outlined how they recognised when consumers were feeling low, and the supports they would provide in the event they noticed a consumer required emotional support.

Consumers and representatives felt the service assisted consumers to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and do things of interest to them. Staff described how they supported consumers to participate in activities within and outside of the service environment. Care planning documentation was consistent with the information provided by consumers and representatives.

Staff outlined the ways in which information was shared, and the ways they were kept informed of the changing health conditions, needs and preferences of each consumer. Consumers and representatives indicated information regarding their daily living choices and preferences was effectively communicated to staff and others where responsibility for care was shared. Care planning documentation evidenced sufficient information was captured to support effective and safe care for consumers.

Consumers confirmed they were supported by providers of other care and services and referred to individuals and organisations when required. Care planning documentation confirmed timely referrals to external organisations and other providers of care and services to meet the needs of consumers. Staff described how the service worked with external providers of care and services to meet the various needs of consumers.

Consumers and representatives indicated the service provided meals which were varied and of suitable quality and quantity. Staff outlined how the Dietitian approved menu is created using preferences of consumers, meals choices of consumers were supported, and alternative options were arranged if required. Food focus meeting minutes evidenced consumers provided positive feedback regarding the service’s soups, lunch meals and desserts.

Equipment used to support consumers to engage in activities of daily living and lifestyle activities was observed to be safe, suitable, clean and well maintained. Staff advised they had access to the required equipment, and described how equipment was kept safe, clean and well maintained. Consumers reported they had access to equipment, including mobility aids, to assist them with their activities of daily living.

Based on this evidence, I find the service compliant with all Requirements in Standard 4 Services and supports for daily living.

# 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 stated they found the service’s environment to be welcoming, easy to understand and optimised their sense of belonging, independence, interaction, and function. Management described the various aspects of the service environment which made consumers feel welcome and optimised their sense of independence, interaction, and function. Consumer rooms were observed to be decorated with consumers’ personal belongings and memorabilia and dementia-friendly design principles were used throughout the service.

Management and staff described how the service environment was cleaned and maintained by utilising the service’s internal and external schedules for maintenance, cleaning and laundry. The service had several courtyards and gardens which were observed to be clean and well maintained, with walking paths enabling access for consumers who utilised mobility aids. Consumers confirmed the service was safe, clean and well maintained, and were aware they could notify staff of maintenance requests.

Staff described the processes in place for cleaning and maintaining personal equipment, furniture and fittings. Furniture, fittings, and equipment were observed to be safe, clean, well maintained and suitable for consumer use. Consumers were satisfied of the cleaning of the environment and said everything was well maintained.

Based on this evidence, I find the service compliant with all Requirements in Standard 5 Organisation’s service environment.

# 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

Management and staff described the processes in place to encourage and support consumers to provide feedback and complaints in line with policies and procedures. Consumers and representatives expressed they felt safe to raise complaints or feedback and outlined the various mechanisms available to them to raise their feedback or complaints. Feedback forms and a locked submission box were observed to be accessible to consumers and representatives.

Consumers and representatives confirmed they were aware of external complaint mechanisms, and information was available throughout the service regarding advocacy and language services. Management and staff described how the service promoted the availability of language, external complaints, and advocacy services to consumers and representatives. Information regarding advocacy and language services was displayed throughout the service.

Consumers and representatives advised the service responded to and addressed their complaints or concerns. Complaint and incident reports evidenced appropriate action was taken in response to complaints and open disclosure practices were applied. Management outlined a recent example of the service’s actions in response to a complaint provided by a consumer, which reflected use of open disclosure practices, and the consumer expressed satisfaction with the management of the complaint.

Consumers and representatives were satisfied the service used feedback and complaints to improve care and services and provided examples of changes implemented as a result of the provision of feedback. Management and staff described the main areas of complaints, and the actions taken by the service to resolve these issues. The service’s feedback and complaints policy outlined the service’s commitment to ensure complaints data informed continuous improvement actions for the service.

Based on this evidence, I find the service compliant with all Requirements in Standard 6 Feedback and complaints.

# 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 the workforce was planned to enable the delivery and management of safe and quality care and services. Management outlined they utilised a roster based on consumers’ clinical care needs to ensure there was adequate staffing to provide safe and effective care to consumers. A review of documentation and call bell response data evidenced adequate staffing levels and prompt responses to call bell requests.

Staff interactions with consumers were observed to be undertaken in a respectful manner throughout the duration of the Site Audit. Consumers and representatives mostly indicated staff were kind, caring, respectful and gentle. Staff demonstrated familiarity with consumers’ individual needs and identity. The service’s dignity and choice policy outlined the service’s commitment to treat consumers with dignity and respect.

Consumers and representatives advised staff effectively performed their duties and were confident staff were skilled to meet their care needs. Management described how the service ensured staff were competent and capable to perform their duties, including through the service’s orientation and training programs. Position descriptions for staff outlined the required qualifications, competencies, and responsibilities for each position.

Consumers and representatives confirmed staff had the appropriate skills and knowledge to ensure the delivery of safe and quality care and services. Staff advised they were provided with ongoing training and professional development opportunities, and were supported by management to receive additional training. A review of training records evidenced staff were mostly up to date with their mandatory training and received a range of training which was relevant to their roles with scheduled dates for any incomplete training.

Management described how staff performance was monitored through a formal performance appraisal, informal reviews, and observations. The service had a performance and development procedure which outlined staff performance appraisals were conducted on an annual basis, or as required. Management outlined the service had recently introduced a mandatory review and appraisal self-reflection tool with communication to all staff of changes and scheduling.

Based on this evidence, I find the service compliant with all Requirements in Standard 7 Human resources.

# 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 expressed satisfaction with the management of the service and were satisfied with their level of engagement in the development, delivery and evaluation of care and services. Management and staff described the ways in which consumers were encouraged to be engaged and involved in decisions regarding the delivery of care and services. A review of the service’s continuous improvement plan and various meeting minutes demonstrated consumers and representatives were involved in the development, delivery and evaluation of care and services.

Management outlined various ways the governing body ensured the service was meeting the Quality Standards, and proved examples of consumer-driven changes. The Assessment Team observed monthly quality reports which evidenced the service utilised internal surveys to inform the delivery of care and services. Management outlined they regularly attended various meetings with the Board and other sub-committees to ensure accountability in the delivery of care and services.

Management and staff described the mechanisms in place to support effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management. The service identified opportunities for continuous improvement through a variety of mechanisms, including internal audits, clinical indicators, incidents, feedback and general observations. Management outlined how information was disseminated throughout the service to update staff on recent changes and ensure regulatory compliance.

The service’s risk management system guided staff practice in relation to the management of high impact or high prevalence risks, identifying and responding to abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents. Management and staff demonstrated an understanding of the most frequently occurring high impact risks within the service, with oversight within the service and by the governing body. A review of the service’s incident register outlined documented information regarding the actions taken by management in response to the incident.

The Assessment Team indicated the service demonstrated the service’s clinical governance framework ensured the provision of safe and quality care, including antimicrobial stewardship, the minimisation of restraint, and open disclosure practices. Staff demonstrated a shared understanding of the service’s clinical governance framework and the application of the framework in a practical setting. Management advised the service had an open disclosure policy, and staff were training and supported to practice open disclosure.

Based on this evidence, I find the service compliant with all Requirements in Standard 8 Organisational governance.

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