Performance

Report

**1800 951 822**

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| Name of service: | Villa Maria Catholic Homes Shanagolden Aged Care Residence |
| Service address: | 153-177 Webster Way PAKENHAM VIC 3810 |
| Commission ID: | 3944 |
| Approved provider: | Villa Maria Catholic Homes Limited |
| Activity type: | Site Audit |
| Activity date: | 7 November 2022 to 9 November 2022 |
| Performance report date: | 11 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 Shanagolden Aged Care Residence (**the service**) has been considered by James Howard, 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 conducted from 7 November 2022 to 9 November 2022; the site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* Other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | | Compliant |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Most consumers and representatives said consumers were treated with dignity and respect and felt valued as individuals. Staff demonstrated an understanding of consumers’ care preferences and delivered care respectfully. Consumers’ care plans demonstrated that each consumer was treated with dignity and respect, and the language used was respectful and reflective of their diversity. The service had a diversity policy which guided staff to treat consumers with dignity and respect.

Consumers and representatives said the service recognised and respected consumers’ cultural backgrounds and provided care that was consistent with their cultural traditions and preferences. Staff identified consumers from culturally and linguistically diverse (CALD) backgrounds and provided information relevant to ensuring each consumer received care that aligned with their care plans. Consumer care plans reflected each consumer’s background and culture.

Consumers and representatives said consumers were supported to make choices about the care and services they received. Care staff described how the service supported consumers to maintain relationships that were important to them. Care planning documentation identified the consumers’ individual choices around when care was delivered, who was involved in their care, and how the service supported them in maintaining relationships.

Consumers described how the service supported them to take risks. Staff demonstrated they were aware of the risks taken by consumers. Care planning documentation included risk assessments and dignity of risk forms which were completed and signed by the medical officer (MO) and consumer or representative. Risk assessments were reviewed regularly, in accordance with the service’s policies and procedures.

Consumers and representatives provided examples of how the service provided information to assist in decision-making. Staff described the various ways they provided information to consumers and representatives, such as activity schedules, informal discussions, and consumer meetings. The service provided and displayed information throughout the service to inform and support consumers to exercise choice.

Consumers said they felt the service was considerate of their privacy and did not express any concerns about the confidentiality of their personal information. Staff described strategies for ensuring confidentiality while providing care and accessing sensitive information. The service had a privacy and confidentiality policy in place and staff were observed to be following procedures.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Consumers and representatives said they were involved in the care and planning process. The service demonstrated its assessment and planning procedure considered risks to each consumer's health and well-being. Staff and management described the assessment and care planning process, and how it informed the delivery of care and services. Care planning documentation detailed the individual consumer risks that were assessed and the strategies to reduce or eliminate those risks.

Consumers and representatives said assessment and planning identified and addressed consumers’ current preferences and end-of-life (EOL) wishes. Staff described how they approached conversations with consumers and representatives about EOL and advance care planning. The service had advance care planning and EOL guidelines and procedures which ensured consumers’ goals, needs and preferences were documented.

Consumers and representatives said they participated in the care planning process and provided feedback to the service. Staff explained how they actively collaborated with consumers, representatives, and other providers of care to ensure quality care was provided. Care planning documents showed evidence of involvement of a range of external providers and services, such as medical officers and allied health professionals.

Consumers and representatives said they felt the service maintained good communication with them and clearly explained clinical matters. Staff said any changes in consumers’ conditions were communicated to representatives immediately, usually in-person or via telephone. The service’s electronic care management system (ECMS) stored detailed assessments for each consumer, which were readily available to consumers and representatives.

Consumers and representatives said staff talked with them when something happened which changed their health circumstances, goals, or preferences, and implemented changes to their care accordingly. Care planning documents identified evidence of review on both a regular basis and when circumstances changed. Management and staff described how and when consumer care plans were reviewed.

# Standard 3

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| Personal care and clinical care | | Compliant |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Most consumers and representatives said they received safe and effective clinical and personal care which was tailored to their needs. Staff demonstrated an understanding of consumers’ personal and clinical care needs, such as skin integrity, pain management and restraint. Care planning documents reflected safe and effective personal and clinical care which addressed specific consumer needs and optimised well-being.

Consumers and representatives were satisfied high impact and high prevalence risks were effectively managed by the service. There was evidence of input from medical officers and other allied health professionals to help effectively manage risks to consumers. Consumers’ care plans identified relevant high impact and high prevalence risks and how these risks were managed and reviewed.

Most consumers and representatives expressed satisfaction about how the service provided care to consumers nearing EOL. Staff described how they approached conversations around EOL and provided palliative care that maximised the comfort of consumers through the EOL stage. Care documents showed consumers nearing EOL received care which was in line with their needs, goals and preferences.

Most consumers and representatives said the service was responsive to deterioration and changes in condition. Staff described how they identified and responded to incidents such as unwitnessed falls. Most care planning documentation and progress notes showed the identification of, and response to, deterioration or changes in consumers’ conditions.

Information relating to consumers’ conditions, needs and preferences was documented in care planning documents which were accessible to staff, medical officers and other allied health professionals on the service’s ECMS. Consumer files showed information about consumers’ care was documented and effectively communicated between staff, allied health professionals and representatives.

Staff demonstrated an awareness of referral processes which addressed changes in consumers’ condition, identified through handover processes, meetings, and care plan documentation. Care planning documents showed staff made referrals to medical officers and other health professionals as required.

Consumers and representatives said they were satisfied with the service’s cleanliness, management of COVID-19 precautions and other infection control practices. The Assessment Team observed staff following all infection control procedures, including screening procedures upon entry. The service had an appointed IPC lead who had completed the related competency training.

# Standard 4

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| Services and supports for daily living | | Compliant |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Most consumers and representatives said they felt supported to pursue activities of interest to them. Care planning documents indicated consumers received services that met their needs and preferences, and this aligned with feedback from staff.

Consumers and representatives said staff supported their mental well-being and knew activities they enjoyed at the service. Staff said strategies were documented in consumers’ care plans to ensure the service addressed each consumer’s emotional and psychological well-being.

Consumers and representatives said they were supported by the service to engage in activities, both inside and outside of the service. Staff provided examples of consumers who were supported to maintain their hobbies, both inside and outside of the service. Care planning documents identified how consumers wished to participate in activities of interest to them and maintain relationships.

Consumers and representatives said information about the consumer's condition, needs and preferences was communicated within the organisation and with others where responsibility for care was shared. Staff said they communicated and documented changes in the ECMS as well as during shift handovers, which were attended by all staff at the service. The Assessment Team noted a lifestyle assessment was completed for each sampled consumer.

Consumers said they were supported by other organisations, support services and providers of other care and services. Consumer care planning documentation identified referrals to other organisations and services, such as volunteers. Staff could describe other individuals, organisations and providers of other care and services and specific consumers who utilised these services.

Nine of eleven consumers sampled regarding the food advised they were satisfied with the variety, quality and quantity of food currently being provided at the service. Staff recalled the names of consumers with specialised diets, and said this information was displayed in the kitchen on the noticeboard and documented in consumers’ dietary assessments. The service had feedback mechanisms which allowed consumers to have a say in the performance of the kitchen.

Consumers said they felt safe while using the service’s equipment. Staff said equipment was regularly cleaned and maintained. The Assessment Team observed that where equipment was provided, it was safe, suitable, clean, and well maintained.

# Standard 5

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| Organisation’s service environment | | Compliant |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers said the service environment was welcoming and easy to understand. The service had signage for ease of navigation, wide hallways for ease of movement for mobility aids, sufficient indoor lighting and dementia-friendly design principles. Staff and management said that every effort was made to help consumers feel like they were at home at the service.

Most consumers and representatives said the service environment was clean, well maintained, and comfortable. The Assessment Team observed consumers freely accessing shared outdoor areas and consumers’ rooms and common areas were clean and well maintained.

Staff said maintenance concerns were attended to by the service's maintenance officer in a timely manner. The Assessment Team observed a reactive and preventative maintenance register which was up to date with all items completed until the date of the Site Audit.

# Standard 6

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| Feedback and complaints | | Compliant |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives said they felt comfortable providing feedback or raising concerns with staff and management. Management and staff describing the process in place to encourage and support feedback and complaints, which included 'have your say' forms, surveys, discussion at meetings and verbal discussions with both management and staff.

Most consumers were aware of advocacy and interpreter services offered by the service. Whilst some representatives said they had not been made aware of external complaints and advocacy services, management provided evidence of how it advertised these services. The Assessment Team observed contact details for these services around the service.

Consumers and representatives said management promptly addressed and resolved their concerns following the making of a complaint, or when an incident occurred. Review of the complaints data confirmed the service took appropriate and timely action in response to complaints and followed an open disclosure process.

Consumers and representatives said their feedback was used to improve services. Management described how complaints and feedback were used to drive continuous improvement across the service. The service had a system in place for receiving, monitoring, and actioning feedback from consumers and their representatives.

# Standard 7

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| Human resources | | Compliant |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Most consumers said staff attended to their needs quickly after pushing their call bell. The call bell data for the month preceding the site audit showed most call bells were responded to within 10 minutes. Management described the rostering system and explained how they ensured there were enough staff to provide safe and quality care. All rostered shifts were filled for the two weeks preceding the site audit.

Most consumers and representatives said staff were kind, caring and gentle when providing care. Staff were observed to always greet consumers by their preferred name and demonstrated they were familiar with each consumer’s individual needs and identity.

Most consumers and representatives said they felt staff were competent and able to meet their care needs. The Assessment Team reviewed position descriptions, which included key competencies and qualifications that were either desired or essential for each role.

Consumers and representatives said they felt staff were competent and qualified to do their jobs and did not identify or provide any specific feedback on any areas where staff needed more training. Staff said the service provided mandatory and supplementary training to support them to provide quality care. Staff training records showed all staff completed mandatory training, with the exception of 5 staff who were either on long service or maternity leave.

The service had a staff performance framework which required appraisals to be conducted annually. However, management advised the service had not completed performance reviews in the previous year due to impacts of COVID-19 outbreaks. Management said there is an annual appraisal process for all staff to be completed by December 2022.

# Standard 8

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| Organisational governance | | Compliant |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Consumers and representatives said they provided ongoing input into how consumers’ care and services were delivered and confirmed the service sought their input in a variety of ways. Staff confirmed the service kept consumers and representatives informed and engaged in the delivery of care and services. Documentation showed consumers were meaningfully engaged in evaluation of services through consumer meetings and surveys.

Management outlined systems and reporting processes in place through which the governing body monitored the service’s compliance with the Quality Standards. Regular reporting occurred between the management and the Board, and this information was disseminated to consumers and representatives through emails. The governing body analysed data to ensure a culture of safe, inclusive, and quality care.

Management and staff described processes and mechanisms in place for effective, organisation-wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service has an effective ECMS, continuous improvement framework and Plan for Continuous Improvement (PCI), established financial governance arrangements, and processes for workforce governance, feedback, and complaints.

Management and staff described how incidents were identified, responded to, and reported in accordance with legislation, including serious incident reporting. The service had a risk management framework which outlined the management of high impact or high prevalence risks. Review of the recent incidents, including those falling within the Serious Incident Response Scheme (SIRS), were reported in accordance with legislative requirements.

Staff said they were aware of antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. The service had a clinical governance framework in place and provided copies of meeting minutes for clinical committees and groups.

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)