

**Performance Report**

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| Name: | Villa Maria Catholic Homes St Bernadette's Aged Care Residence |
| Commission ID: | 3323 |
| Address: | 17 Park Drive, SUNSHINE NORTH, Victoria, 3020 |
| Activity type: | Site Audit |
| Activity date: | 9 December 2024 to 11 December 2024 |
| Performance report date: | 8 January 2025 |
| Service included in this assessment: | Provider: 433 Villa Maria Catholic Homes Limited Service: 2081 Villa Maria Catholic Homes St Bernadette's 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 St Bernadette's Aged Care Residence (**the service**) has been prepared by V Stephens, 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 staff, older people/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 that their identity and culture was valued and understood by staff. Care staff demonstrated knowledge of individual consumer backgrounds and described consumers with respect. Care documentation detailed individual consumer identities and cultures. The service’s diversity statement outlined the services commitment in recognising cultural diversity, identity and embracing consumer individuality. The Assessment Team observed care staff interacting with consumers in a respectful and collaborative manner.

Consumers and representatives expressed satisfaction with how the service and staff respect consumer needs and preferences. Consumers and representatives confirmed the service supports and encourages consumers to participate in culturally significant activities and celebrations. Care staff and management described how they provide culturally safe care in line with consumer choice. Consumer care planning documentation consistently demonstrated the cultural needs and preferences of consumers are documented on the service’s electronic care system.

Consumers expressed satisfaction in their ability to make decisions about their care and lifestyle choices. Consumers said they were able to choose who was involved in their care and when information was communicated. Care staff provided examples of how they support consumers to maintain connections and relationships of choice. Care planning documentation reflected consumer preferences and supports required to maintain relationships of choice. Consumer files contained signed copies of the Charter of Aged Care Rights. The service’s policies and procedures reference the importance of consumers making their own decisions regarding their care.

Consumers and representatives said they felt supported to take risks to live their best life and understood the risks and benefits involved. They described being able to engage in activities and interests they valued. Clinical and care staff described consumers who undertake activities with assessed risks and demonstrated how they support consumers and representatives to understand the risks and potential harm involved. A review of consumer documentation showed consumer and representative discussions regarding risks included harm minimisation strategies.

Consumers and representatives said they receive information in a timely manner, and it is communicated in a way they understand allowing them to make informed decisions. Care staff and management said they were always available to explain information to consumers and their representatives. Information is also conveyed via email to representatives, and consumers are encouraged to attend resident and representative lifestyle and food focus meetings. Information about menus and events is displayed in common areas. The Assessment Team observed information pamphlets are available in the main foyer, dining room and outside common areas.

Consumers expressed satisfaction in the service’s ability to respect their privacy and felt confident in the service’s ability to maintain confidentiality. Care staff described how they respect consumer choice and privacy when delivering personal care. Care staff were observed by the Assessment Team to knock on consumer doors and request entry prior to providing personal care.

# 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 are satisfied staff plan care that is safe and meets consumer health and well-being needs. Staff described the assessment and care planning process, and how this contributes to safe and effective care and services. Care documentation showed risks to consumer health and well-being are identified and used to inform care. The service has clinical resources such as policies and procedures to guide staff in the priority of assessments on admission and when consumer needs change.

Consumers and representatives are satisfied consumer needs and preferences for advance care planning are reflected in care documentation. Clinical staff review advance care directives with consumers to ensure these reflect current goals and preferences in relation to end-of-life care and are indicated on the staff handover information sheet. Review of sampled consumer care documentation demonstrated staff have assessed and planned care to meet the current needs and preferences of consumers.

Consumers and representatives said they participate in the care planning process. Clinical staff described how they collaborate with consumers, representatives and other providers of care and services to plan consumer care. Each consumer’s care documentation demonstrated the service integrates assessment and care planning involving other organisations, individuals, and service providers when developing the consumer’s care plan.

Consumers and representatives were satisfied with the communication they receive when discussing assessment and planning with staff. While some consumers and representatives did not recall being offered a copy of the care plan, they said assessment and planning is discussed with them quarterly, so they are aware of the care plan content. Staff explained that as part of the monthly resident of the day process, clinical staff contact either the consumer or their representative with a summary of clinical and care events for the month.

Consumers and representatives were satisfied the service reviews care and services regularly and following changes to consumer condition. Staff described how they review consumer care needs as part of a regular schedule, when consumer needs change, or following an incident. Care documentation demonstrated staff review monitoring charting, assessments and care plans.

# Standard 3

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

Findings

Consumers and representatives said they are satisfied with the personal and clinical care consumers receive. Care documentation demonstrated assessments were conducted with consumers and representatives, and care plans contained individualised instructions and strategies where required. Management, clinical and care staff described how they deliver care that is safe and effective and meets individual consumer needs. Where required, the local in-reach service, general practitioner, allied health, wound specialists and cognition support services are consulted to assist with clinical care needs such as restrictive practices, and the management of wounds, pain and diabetes.

Consumers and representatives were satisfied the service provides safe care in relation to high impact and high prevalence risks to consumers. Staff and management identified, and incident data showed responsive behaviours and falls as the most common high prevalence or high impact risks in the service. Care documentation demonstrated preventative, or harm minimisation strategies are used. The service provides resources to guide staff on high impact and high incidence risks.

Clinical staff described how they recognise when a consumer is nearing end of life and the service is supported by a community palliative care service. The service recently provided end of life care to a consumer. Symptom management including pain, agitation, nausea, and respiratory difficulties were documented every 2 hours. Comfort routine documentation included positioning, continence care and skin and mouth care. The service also demonstrated spiritual, religious and cultural needs were identified and facilitated.

Consumers and representatives said they were confident the service responds to changes in consumer condition in a timely manner. Care documentation demonstrated staff take appropriate action in response to changes or deterioration in consumer health and well-being. Staff said they know consumers well and described how they identify, address and report changes or deterioration. They provided examples of consumers who have deteriorated due to changed behaviours, infections, a fall, pain or other medical conditions. Management described the availability of general practitioners, the in-reach service and the virtual emergency department.

Consumers and representatives are satisfied staff provide consistent care. Staff described how they share information about consumers within the service and with other individuals or organisations who deliver care. Consumer care documentation included detailed progress notes, monitoring and charting, and individualised care plans. Care documentation included reports from external services such as medical specialists, diagnostic services, behaviours and cognition support services, wound specialists and allied health providers. The service demonstrated it obtains consent from consumers to share their personal and health information when necessary.

Consumers and representatives said they were satisfied with access and referrals to their general practitioners, allied health, and other specialist health care providers. Management and staff described the service’s referral processes and provided examples of referrals made and the process for updating assessment and care plans following specialist review. Care documentation confirmed timely and appropriate referrals to providers of other services when consumers experience changes.

Consumers and representatives said they felt confident the service takes action to minimise infection related risks. Staff explained how to prevent, recognise and minimise infections and their spread, and most staff were able to describe the principles of antimicrobial stewardship. The service has an Infection Prevention & Control lead staff member and an outbreak management plan for respiratory and gastrointestinal infections.

# 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 and representatives stated consumers are provided with support which optimises their independence, health and well-being. Staff provided examples of how consumers are supported to engage in activities and maintain their independence and quality of life. Lifestyle staff develop a monthly calendar of group activities based on consumer preferences. The Assessment Team observed consumers actively engaging in several activities throughout the audit. Care staff were observed engaging consumers one-on-one for consumers who do not wish to participate in group activities.

Consumers said the service supports them in activities that are meaningful to them, and support their spiritual and emotional well-being. The service’s policies and procedures support staff in promoting spiritual and emotional well-being, recognising consumer-centred care and using inclusive language. Management said they regularly sought verbal and written feedback from consumers to ensure lifestyle activities are satisfying and engaging.

Consumers and representatives expressed satisfaction with the support consumers receive to participate in the community, maintain relationships, and do things they enjoy. Staff outlined group activities provided at the service and how consumers are also supported with individual pursuits. Consumer care documentation included information regarding likes and dislikes, social and cultural preferences, relationships of importance, and social activities of interest to them. The service’s activities calendar demonstrated exercise classes, shopping visits, and bus outings are regularly offered to consumers.

Consumers and representatives were satisfied others involved in consumer care are updated regarding changes. Consumers expressed confidence that staff communicate appropriately with their representatives. Staff said they receive adequate information and outlined how consumer information is shared within the service. Consumer files reflect care plans are updated with communication alerts, including data from allied health professionals, and input from relevant staff members as well as the consumers themselves. The Assessment Team observed consumer care plans and handover sheets containing necessary information.

Consumers and representatives said they were satisfied with the service’s ability to engage other organisations to support their health and well-being. Staff and management demonstrated knowledge of consumer needs and supports for daily living and the referral process to external organisations. Documents reviewed by the Assessment Team demonstrated timely referrals.

Consumers expressed satisfaction with the quality, quantity and variety of food available. Care and catering staff demonstrated knowledge of individual consumer needs and preferences and how to access updated information. Catering staff described the process for checking consumers’ dietary restrictions, maintaining a pleasant dining room experience, and the delivery of hot meals to consumers in their rooms. Any change in consumer needs or preferences is immediately communicated to kitchen staff, a printed copy of dietary needs is provided to the chef and the electronic health management system is updated.

Consumers were satisfied with the quality and effectiveness of the equipment supplied by the service. They described in detail the process for reporting safety concerns to staff regarding faulty equipment. Staff demonstrated knowledge of identifying risks and suitability regarding equipment provided to consumers. Documentation showed regular review and maintenance of equipment including slings and hoists. Management outlined processes and schedules for maintenance and cleaning of care equipment.

# Standard 5

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

Findings

Consumers said they feel welcome at the service and that it ‘feels like home’. Staff described how they support consumers to navigate the service environment with dignity and at their own pace. The service environment was well lit, easy to navigate and accessible for consumers with varied cognitive and mobility abilities.

Consumers described the service environment as safe, clean and well maintained. Care staff demonstrated knowledge of cleaning schedules and how they recognise and escalate safety and maintenance issues. Documentation demonstrated use of electronic maintenance systems to record and action maintenance requests. The Assessment Team observed consumers moving around freely both indoors and in outdoor areas, with assistance where required.

Consumers said the furniture, fittings and equipment were clean and well maintained and they feel safe when staff use equipment to assist them. Care staff indicated they had access to sufficient equipment to support the delivery of consumer care and demonstrated knowledge of cleaning and maintaining equipment. Documentation evidenced use of the service’s electronic maintenance system to log requests for maintenance and ordering equipment to meet changing consumer needs. The Assessment Team observed staff and consumers using equipment such as wheel walkers, wheelchairs and hoists throughout the audit.

# Standard 6

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

Findings

Consumers and representatives stated they were comfortable providing feedback and making complaints. Management and staff described how consumers and representatives can provide verbal feedback, complete ‘have your say’ forms, phone or email the service. The Assessment Team noted information on how to make a complaint was available in the reception area and in the consumer handbook. Management and staff said they encourage consumers to provide feedback. Documentation, including meeting minutes and feedback systems, showed the service encourages and actions feedback.

Sampled consumers stated they were aware of ways to make complaints, including speaking with staff, completing a ‘have your say’ form, and attending the resident and representative meeting. Staff demonstrated their knowledge of complaint and advocacy services. Information about advocacy, feedback and language services is promoted throughout the service and is supplied to consumers in the consumer information pack.

Consumers and representatives expressed satisfaction with how complaints are managed at the service. Staff reported that when a complaint is raised, they try to resolve it themselves otherwise they refer it to their manager. Management stated they manage complaints as they arise, including performing open disclosure. Documentation reviewed showed the service is taking appropriate action in response to complaints and uses open disclosure.

Consumers and representatives stated the service reviews feedback and complaints to improve the quality of care and services. Management and staff reported they generally respond to feedback immediately. Management said they identify consumer issues and improvements occur through discussions with consumers, representatives, and staff. The feedback register and plan for continuous improvement demonstrate improvements have been made based on consumer feedback.

# 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

Overall, consumers and representatives were satisfied with staffing levels at the service, noting there were less staff on weekends and overnight, however this did not have an impact on the provision of care. Staff said there are generally enough staff rostered for shifts. Management said rostering is based on consumer numbers and care needs. When there is unplanned leave, shifts are electronically offered to permanent and casual staff and agency staff are used as a last resort.

Consumers and representatives said staff are kind and caring. Staff demonstrated knowledge of each consumer's needs and identity. Management said consumer preferences are considered when allocating care staff, with the service aiming to ensure consumers have consistent staff members providing care. Care documentation contained information about consumer identity and interests to assist staff in understanding their preferences, needs and culture. The Assessment Team observed staff discussing consumers respectfully.

Consumers and representatives said staff perform their duties effectively and they are confident staff have the skills to meet consumer care needs. Management described the onboarding process and how the organisation checks workers' qualifications, professional registrations and obtain police checks. Staff described the onboarding and orientation process, including completing competencies and mandatory training including abuse and neglect, dementia, code of conduct and mandatory reporting obligations.

Consumers and representatives expressed confidence in the ability of staff to deliver quality care and services. Sampled staff were satisfied with the training the service provides and with the ongoing support they receive. Management described orientation programs, role specific training, and staff being supported to engage in ongoing training. Training is role specific and includes manual handling, infection control and identifying abuse.

The service demonstrated staff performance is regularly reviewed and monitored. The service conducts annual staff performance reviews. Management said they monitor internal staff performance through regular supervision and meetings. Performance monitoring includes consideration of incidents and feedback. Performance issues are escalated and actioned as required.

# 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 said they are engaged in care planning and service provision and confirmed they are invited to attend resident and relative meetings. They said they are kept informed of any changes that are occurring at the service. The service demonstrated it has effective systems to involve consumers and representatives in the planning, delivery and evaluation of care and services. The organisation has a consumer advisory board and consumers from the service are invited to represent the service.

Consumers and representatives expressed satisfaction with the quality and safety of care and services provided. The service has a range of policies and procedures to support and guide staff and management. Staff said they have received inclusion and diversity training. Organisational documentation demonstrated governance structures and processes are in place, including operational and clinical governance frameworks, and quality, safety and organisational governance committees.

Documentation, staff and management interviews demonstrated governance systems are in place relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. Management outlined information management systems including use of an electronic consumer information management system. Documentation review reflected the service identifies opportunities for improvement via a range of measures, including clinical data, complaints, incident reporting data, performance appraisals, sector reform requirements, and surveys. Management reports the service’s financial position to the board every month and a central office oversees workforce qualifications, registrations, competency assessments. The organisation maintains up-to-date information on regulatory requirements via bulletins from government departments, peak organisations, and service industry advisory groups. The service uses open disclosure and analyses complaints and feedback data to inform the plan for continuous improvement, improve consumer outcomes and the quality of care and services delivered.

The service has risk management systems to monitor and assess high impact and high prevalence risks associated with consumer care. Risks are reported, escalated, and reviewed by management at the service and organisational level. Feedback is communicated through meetings which leads to improvements to care and services for consumers.

The service has a clinical governance framework which incorporates various clinical care considerations, including anti-microbial stewardship, the use of restraint and open disclosure. Staff have received training regarding restrictive practices and open disclosure. Staff demonstrated an awareness and understanding of the service’s policies and procedures including open disclosure and antimicrobial stewardship.

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)