Performance

Report

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| Name of service: | Villa Maria Catholic Homes St Bernadette's Aged Care Residence |
| Service address: | 17 Park Drive SUNSHINE NORTH VIC 3020 |
| Commission ID: | 3323 |
| Approved provider: | Villa Maria Catholic Homes Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 31 May 2023 |
| Performance report date: | 28 June 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 St Bernadette's Aged Care Residence (**the service**) has been prepared by L Glass 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 Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

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 |

Findings

Requirements 1(3)(a) and 1(3)(b) were found non-compliant following a Site Audit conducted between 22 February 2022 to 28 February 2022.

Not all consumers reported they were being treated with dignity and respect, could maintain their identity, and make informed choices about their care and services and live the life they choose. Care planning documentation included information about the consumer’s individual preferences, however, service delivery did not always reflect these choices.

The service was unable to demonstrate cultural safety was considered when allocating staff to ensure understanding of each consumers’ cultural preferences for their personal care.

The service has implemented several actions in response to the non-compliance identified at the Site Audit from 22 February 2022 to 28 February 2022 which have been effective. These include, memorandums to increase understanding of expectations about respect of consumers and dignity of choice, training and education in cultural awareness, reviewing staffing and auditing and updating care plans to reflect consumer preferences and ensuring implementation.

During the Assessment Contact on 31 May 2023, the Assessment Team observed respectful interactions between the consumers and staff. Consumers had consented for their doors to their rooms to display a picture of their choice, and consumer’s rooms contained personal belongings that represented things of importance to them. All consumers and representatives interviewed reported the staff were very respectful, kind, and caring. Consumers were observed to be well groomed and dressed and/or accessorised according to their style or cultural preference. Staff encouraged consumers to make choices and decisions about the care and services provided.

The Assessment Team also found the service demonstrated the care and services were sensitive to the consumers’ cultural safety. All consumers interviewed who identified a preference for female care attendants told the Assessment Team that these needs are respected by the staff and management is informed if there is an occasion when this preference is not followed. Lifestyle staff demonstrated good knowledge of the diversity in culture. Care plans guide service delivery in a culturally safe manner. Management demonstrated a proactive commitment to recognising the cultural backgrounds of consumers. I find Requirements 1(3)(a) and 1(3)(b) Compliant.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

Requirement 3(3)(b) was found non-compliant following a Site Audit from 22 February 2022 to 28 February 2022.

The service was unable to demonstrate effective management of high impact or high prevalent risks in relation to falls prevention and fluid restrictions. Fluid balance charting was not effectively assessed and monitored, and weekly weighs were not completed in line with care directives for a consumer on a fluid restriction. Furthermore, the service did not demonstrate falls prevention strategies were implemented to mitigate falls risks for a consumer needing mobility assistance, or timely response of staff to respond to the consumer’s call bell.

The service has implemented several actions in response to the non-compliance identified at the Site Audit from 22 February 2022 to 28 February 2022 which have been effective. These include a range of education activities including identifying clinical risk, ongoing auditing to monitor staff compliance with changes in the procedure for nutrition and hydration and fluid balance management and installing new and enhanced call bell monitoring and a new call bell infrastructure.

During the Assessment Contact on 31 May 2023, the Assessment Team conducted file reviews of consumers identified as high risk of falls, pressure injuries and fluid imbalance. Care planning documentation was observed to be current and comprehensive. Risk minimisation strategies were being implemented and charting was accurate and reviewed consistently by the care manger, with trends analysed and data used to evaluate the effectiveness of interventions. Clinical and care staff acknowledged the training and education in high impact, high prevalence risks and demonstrated an understanding of effective risk mitigation and reporting. The staff have access to the electronic health management system on a computer installed in the service’s communal space and staff can complete relevant charting and progress notes whilst supervising consumers. Most staff members carried a cordless telephone through which the call bell system signals an alert to respond. Care staff to respond to the needs of consumers quickly. I find Requirement 3(3)(b) is Compliant.

# 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 |

Findings

Requirement 4(3)(a) was found non-compliant following a Site Audit from 22 February 2022 to 28 February 2022.

Consumers with cognitive and physical impairment had limited in engagement in the range of activities offered by the service. Individualised strategies to stimulate and engage with consumers were not implemented and one-on-one interaction was inconsistent. Lifestyle participation registers demonstrated low rates of involvement occurring for some consumers, notably in the one wing of the service, with the majority of activities planned in the another area of the service.

The service has implemented several actions in response to the non-compliance identified at the Site Audit from 22 February 2022 to 28 February 2022 which have been effective. These include conducting 3 monthly lifestyle care plan reviews, personalising care planning, using external agencies to provide strategies and guide and advise about suitable activities for consumers with complex care needs, involving consumers and representatives in proactively planning and reviewing activities.

During the Assessment Contact on 31 May 2023, the service was able to demonstrate the practices implemented to optimise consumer involvement and participation in social and recreational activities. All consumers expressed satisfaction with the opportunities they have to participate in activities that are meaningful to them. Lifestyle staff were utilising resources from external services to enhance consumers’ comfort and wellbeing, implementing suggestions from consumers about activities offered, and providing individual one-on-one visits as appropriate. Care staff demonstrated their understanding of the consumers’ needs and preferences and which individuals benefitted from certain interactions and activities. I find Requirement 4(3)(a) Compliant.

# Standard 6

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| Feedback and complaints | |  |
| 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

Requirements 6(3)(c) and 6(3)(d) were found non-compliant following a Site Audit from 22 February 2022 to 28 February 2022.

The service provided some evidence of informal complaints, but did not demonstrate how the complaints were actioned, and feedback provided to the complainant. At that time, management demonstrated there were complaint handling processes in place, however, acknowledged the difficulty in assessing the actions to complaints without a current and complete feedback and complaints register. The Assessment Team also found that most staff could not explain the principles of open disclosure.

Most consumers and representatives were not satisfied that feedback and complaints were used to improve the quality of care and services. Management was unable to demonstrate how they have actioned the concerns raised by the consumers and representatives. Management could not demonstrate how the complaints were reviewed or acted on to improve the quality of care and services for consumers

The service has implemented several actions in response to the non-compliance identified at the Site Audit from 22 February 2022 to 28 February 2022 which have been effective. This includes training sessions regarding customer service, consumer dignity and risk, feedback process, and complaints handling, open disclosure. The service also documents feedback and raises awareness about the feedback process with consumers, representatives and families. The service followed up and actioned all complaints. The service conducts a monthly audit of all the complaints and current trends, including an audit to ensure full resolution is reached.

During the Assessment Contact on 31 May 2023, all consumers and/or representatives interviewed were satisfied with the complaint management process. Management and staff described the open disclosure process when handling complaints, including working collaboratively with consumers and representatives and apologising when necessary. Complaints were categorised and triaged according to the severity of risk and records included the feedback given and the resolution of each complaint.

Feedback is raised through resident meetings, consumer surveys, ‘Have your say’ forms, emails and daily communications with the consumers and their representatives. The feedback and complaints from consumers and the representatives were recorded in an online system and then actioned by the service appropriately to improve the care and services provided to the consumers. I find Requirements 6(3)(c) and 6(3)(d) Compliant.

# 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 |

Findings

The service was found non-compliant with Requirements 7(3)(a) and 7(3)(b) following a site audit conducted from 22 February 2022 to 28 February 2022.

The service was not able to demonstrate that the workforce was well planned in its ability to respond to call bells in a timely manner and meet the care needs of consumers. The service was not able to demonstrate that workforce interactions were respectful of each consumers identity, culture and diversity. The Assessment Team also observed that care staff did not engage appropriately with consumers during the meal service and care consultations were not completed in a timely manner.

The service has implemented several actions in response to the non-compliance identified at the Site Audit from 22 February 2022 to 28 February 2022 which have been effective. These include staff education about responding to call bells and employing extra staff at peak times, auditing and addressing the reasons for delayed call bell responses and communicating to consumers and representatives. Staff also undertook training and development specific to complaint handling, consumer management and dignity of risk. Consumer care consultations and care plans are completed and updated every 3 months by clinical staff as part of the resident of the day process.

During the Assessment Contact on 31 May 2023, the service was also able to demonstrate it had reviewed rosters and undertaken an audit of call bell data. Additional staff have been employed to assist consumers with their care needs and respond efficiently to call bells. Management provided the quality report outcomes to care staff at toolbox training and handover meetings to communicate improved response times. Care staff explained that they have undergone a series of meetings and training relating directly to consumer care and responding to consumer care.

The service was also able to demonstrate it had implemented several practices to ensure that care consultations are undertaken and that consumers are shown dignity and respect at all times. Consumers and/or representatives were satisfied staff are kind and caring, showing respect particularly around cultural needs. The service has developed an audit process to manage care consultations. The service has developed a strong focus on training in relation to complaint handling, consumer management, and the Aged Care Quality Standards. Care staff are supported by management through access to training and high-quality resources. I find Requirements 7(3)(a) and 7(3)(b) Compliant.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

The service was found non-compliant with Requirements 8(3)(c) and 8(3)(d) following a site audit conducted from 22 February 2022 to 28 February 2022.

The service was not able to demonstrate how it records, monitors and actions feedback. Further to this the service did not maintain a current and accurate feedback and complaints register. The service was not able to demonstrate how high prevalent risks are monitored and reviewed and effective strategies implemented to effectively manage and reduce the risk to consumers.

The service has implemented several actions in response to the non-compliance identified at the Site Audit from 22 February 2022 to 28 February 2022 which have been effective. These include an effective process in place to receive, record and manage complaints and feedback including an audit process and subsequent trend analysis. The process is now well established within the service and is both accurate and current. The service receives feedback and complaints verbally, in writing and via online portals and manages and records all forms of communication. Staff have undertaken training and development specific to complaint handling, and open disclosure.

The service has an effective organisational continuous improvement and risk management framework in place to reduce risk to consumers and utilises an electronic database to record, manage and identify trends and issues and respond accordingly where needed. The service also has a well-developed clinical management outbreak plan, policies and procedures to manage risk to consumers.

During the Assessment Contact on 31 May 2023 management outlined that they have embedded a process to receive, record and manage complaints and feedback made to the service. The service undertakes audits of all complaints and feedback and produces reports in relation to outcomes, trends, and benchmarking of complaint data. The service has undertaken broad ranging education of staff in relation to complaint handling and open disclosure which has been reinforced by clinical staff and management.

The service has reviewed and clarified roles and responsibilities for various positions related to governance and continuous improvement to ensure accountability at the service. The service undertakes audits to ensure complaints are closed and trend analysis is undertaken and has undertaken a broad ranging education of staff in relation to high risk injuries including pressure injury management. I find Requirements 8(3)(c) and 8(3)(d) Compliant.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)