Performance

Report

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| Name of service: | Villa Maria Catholic Homes St Catherine’s Aged Care Residence |
| Service address: | 1 Clayton Road BALWYN VIC 3103 |
| Commission ID: | 3072 |
| Approved provider: | Villa Maria Catholic Homes Limited |
| Activity type: | Site Audit |
| Activity date: | 23 January 2023 to 25 January 2023 |
| Performance report date: | 17 February 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 Catherine’s Aged Care Residence (**the service**) has been prepared by D. McDonald delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

Consumers and representatives said staff treated consumers with dignity and respect. Staff were observed interacting with consumers in a kind, friendly and respectful manner, and demonstrated an understanding of consumers’ preferences by tailoring care to suit their needs. Care documentation reflected consumers’ backgrounds, identities, and preferences.

Consumers said the service recognised and respected their religious and cultural background and provided care consistent with their practices, traditions, and preferences. Staff demonstrated knowledge of consumers’ cultural and religious preferences and the service celebrated cultural and spiritual events. Care documentation reflected consumers’ diverse practices and choices.

Consumers said they were supported to exercise choice and independence and were comfortable communicating their decisions. Consumers were observed undertaking various recreational, social, and religious activities inside and outside of the service. Care documentation evidenced consumers had exercised choice regarding their care and services and staff were aware of such choices.

Consumers said they were supported to take risks and live their best life. Care documentation evidenced discussion of risks with consumers, associated mitigation strategies, and consumer consent to undertake activities that carried potential risks. Staff supported consumers who wished to undertake activities that risks and were guided by a dignity and risk policy to encourage and support consumers.

Consumers gave positive feedback regarding information provided by the service. Staff advised they kept consumers informed of meals, activities, and events and were observed communicating this information to consumers. A range of avenues were used to communicate new and updated information including emails, the consumer handbook, newsletters, menus, activity calendars, and noticeboards.

Consumers and representatives said staff respected consumer privacy and personal information. Staff described various practices to respect consumers’ personal space or privacy such as knocking on doors and seeking consumer permission before entry and conducting handovers inside the nurses’ station. Consumer information was observed to be secured in the service’s password protected electronic management system and hard copy consumer files were locked inside the nurses’ station.

# 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 gave positive feedback regarding assessment and care planning resulting in care tailored to the consumer. Staff described the assessment and planning processes, including ongoing consultation with the consumer, and how this informed the delivery of care and services. Care documentation evidenced consumers’ needs, goals, and preferences, including appropriate management of medical conditions.

Consumers and representatives confirmed staff were aware of consumers needs and preferences, including end of life care, and staff demonstrated knowledge of this information. Care documentation reflected up to date needs, goals, and preferences including for advance and palliative care.

Consumers and representatives said they were involved in assessment and care planning processes through formal conversations and regular feedback. Staff confirmed they scheduled case conferences with consumers every 3 months to discuss care needs. Care documentation evidenced integrated and coordinated assessment and planning, inclusive of medical officers, specialists, and allied health professionals.

Consumers and representatives said outcomes of assessment and planning, including changes to care and referrals to allied health professionals were communicated. Care documentation was current, accurate and was made available to consumers and representatives. Staff confirmed they were able to access consumer’s care documentation by accessing the secure electronic care management system.

Consumers and representatives gave positive feedback regarding their inclusion in care plan reviews and changes to care. Staff confirmed they included consumers and representatives in the review process and contacted representatives following any incidents. Care documentation reflected reviews undertaken every 3 months, in response to changes to consumer health, or following incidents.

# 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 documentation evidenced individualised care which was safe, effective and tailored to consumers’ needs and preferences. Care staff said they consulted senior clinical staff for support and guidance to enable the delivery of best practice care. The staff were guided by systems and processes to manage falls, pain, skin integrity, and appropriate use of medication.

Consumers and representatives said high-impact or high-prevalence risks, such as falls, weight loss, skin integrity and pain were effectively managed by the service. Staff identified risks to consumers and appropriate mitigation strategies were in place. Care documentation evidenced identification, intervention and monitoring of risks, resulting in positive outcomes.

Staff described palliative care which recognised the needs and preferences of consumers, reduced discomfort and preserved dignity. Care documentation evidenced consultation with representatives as consumers neared the end of their life, and engagement of external palliative care providers. Staff were guided by procedures and practice standards for palliative care and clinical deterioration.

Consumers and representatives said staff recognised deterioration or changes to a consumer’s health or well-being and promptly responded. A clear escalation pathway was established which guided staff on how to respond to changes in a consumer’s condition, including medical officer review and hospital admission, when required. Staff used various methods to identify and escalate changes including progress notes, scheduled reviews, incident reports and clinical charting.

Consumers provided positive feedback regarding staffs’ understanding of their needs and preferences and were confident information was shared between those involved in their care. Staff described sharing information regarding consumer needs or changes at handover and within the electronic care management system. Care documentation evidenced communication between relevant staff and providers regarding consumers’ condition, treatment, appointments and interventions.

Consumers and representatives were familiar with the service’s referral process when engaging allied health professionals. Staff were knowledgeable of referral pathways and appropriate selection of specialists in response to individual circumstances. Care documentation reflected timely and appropriate referrals, including records of specialists’ ongoing review of consumers’ progress.

Staff demonstrated consistent use of infection control practices, including personal protective equipment and hand hygiene. The service monitored antibiotic use through pharmacy and clinical governance reporting and staff were appointed to conduct daily checks of infection control practices. Staff were guided by a suite of policies and procedures regarding infection control and records demonstrated all consumers and staff had been vaccinated against Influenza and COVID-19.

# 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 said the services and supports for daily living were safe, effective and met their needs, goals and preferences. Staff were knowledgeable of what was important to consumers and their preferred activities. Care documentation reflected consumers interests and consumers were observed undertaking a range of activities supportive of their quality of life, health and independence.

Consumers said the service supported their spiritual, emotional and psychological well-being. Pastoral care including religious services, emotional, psychological and spiritual support was available. Care documentation evidenced consumers’ emotional, spiritual and psychological needs and the service’s responsive support strategies.

Consumers said they were actively engaged in their local community and supported to maintain relationships and interests. Staff supported consumers to communicate with representatives through video, phone calls and emails. Volunteers visited the service to guide activities or accompany consumers into the community.

Consumers said staff effectively communicated their needs and preferences. Staff shared consumer care information during handovers and meetings and management confirmed leadership team meetings were held each morning to share information and discuss issues. Care documentation evidenced information to support safe and effective services and supports for daily living.

Consumers said they were connected to other organisations, support services and care providers. The service supported consumers’ needs and preferences by organising visits from religious and cultural community members and volunteers who brought therapy pets into the service or took consumers outside for walks. Care documentation reflected referrals to other individuals or organisations to support consumers.

Consumers gave positive feedback regarding the variety, quality and quantity of meals provided by the service. Staff were knowledgeable of consumers’ preferences, dietary requirements and were observed assisting consumers during mealtimes, where required. Care plans reflected consumer dietary needs and preferences.

Consumers said they had access to safe, suitable, clean and well-maintained equipment and were aware of the reporting process for equipment requiring maintenance. Staff said maintenance requests were electronically logged and attended to promptly. Documentation evidenced current and scheduled maintenance activity and all equipment was observed to be safe, clean and well-maintained.

# 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 enjoyed the quiet atmosphere of the service and were able to easily move between various areas. Features included open, bright and airy communal spaces with wide corridors and well-kept outdoor areas and gardens, to gather and relax. Staff encouraged consumers to decorate their rooms with personal belongings including religious ornaments, furniture and family photographs.

Consumers said the service was clean, well-maintained and comfortable. Staff were observed cleaning consumer rooms, communal areas, staff rooms and high touch points while referring to cleaning schedules. The environment was observed as clean and well-maintained, enabling consumers to move freely inside and outside of the service.

Consumers said equipment was well-maintained, safe and clean. Staff were observed checking, cleaning and repairing equipment used by consumers and were knowledgeable of the scheduling process for routine, preventative and corrective maintenance. Records evidenced maintenance was identified and completed in a timely manner, including completion of a recent fire inspection by external contractors.

# 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 said they understood how to provide feedback or make a complaint and were encouraged to do so by staff. Staff described the feedback and complaint processes available which included consumer meetings, with feedback forms and lodgement boxes available at reception. Posters detailing complaint mechanisms were displayed around the service and meeting minutes evidenced staff encouraged consumer feedback.

Consumers and representatives said they were aware of external advocacy and complaints services and how to access them. Management described the service’s links to advocacy, language and external complaint services to support diverse consumer needs. Brochures, posters and consumer handbooks detailed the contact information for external services and feedback forms were translated into multiple languages.

Consumers said appropriate action was taken in response to their complaints and the service practiced open disclosure. Staff described the complaints process and provided examples of the service taking prompt action to reach a resolution. Documentation evidenced complaint and incident registration, investigation and application of open disclosure principles throughout the process.

Consumers provided positive feedback regarding improvements to the service in response to their feedback or complaints. Documentation evidenced the service examined complaints data, identified key issues and responded appropriately. The service maintained a continuous improvement plan to monitor and respond to complaints, which was routinely provided to the service’s governance board.

# 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 said staff appeared busy, but this did not adversely impact care delivery. Management advised the service was actively recruiting and vacant shifts were filled by staff from an affiliate service or through a staffing agency. Rostering documentation evidenced a mix of staff scheduled across a six-week rotating period.

Consumers and representatives said staff treated consumers with dignity and respect and were caring and considerate of consumers’ needs. Staff were knowledgeable of consumers’ needs and preferences, and positive interactions between staff and consumers were observed. Care documentation reflected consumers’ individual needs and staff were guided by processes for the provision of respectful and inclusive care.

Consumers and representatives were confident staff were qualified to meet the consumer’s care needs. Records demonstrated the service recruited appropriately qualified applicants who held current registrations, security clearances and were vaccinated. Staff credentials were monitored by the service and reported to the governance board to ensure ongoing validity.

Consumers and representatives were confident staff had the necessary knowledge, training and skills to deliver safe and quality care and services. Training records confirmed staff participated in orientation, annual mandatory training and responsive training for topics including, but not limited to, manual handling, weight management and infection control practices. Training completion rates were monitored by management and staff were reminded of upcoming training during routine meetings.

Management described an annual staff appraisal process is used to monitor staff performance. Staff provided positive feedback regarding the process, noting it was an opportunity to evaluate their performance and receive feedback, including areas for improvement. Records evidenced appraisals were up to date, and actions taken to schedule those that were outstanding.

# Standard 8

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

Findings

Consumers said they could speak to staff regarding issues or concerns and were informed of improvements to service delivery resulting from their feedback. Management advised consumers were involved in the design and delivery of services through feedback, meetings, and routine reviews which ensured consumers were provided opportunity to raise concerns. Feedback and incidents were recorded in the service’s continuous improvement plan for analysis and action.

The service’s governing body promoted a culture of safe, inclusive and quality driven care and services by regularly attending the service to discuss operational matters and reviewing audit outcomes and clinical indicators. Management advised the organisation communicated policy or legislative changes to staff through meetings, emails and training. Documentation evidenced operational and clinical data were reported to relevant governance bodies which identified and addressed trends across all services.

The service had an established suite of systems and processes to support information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. Staff confirmed they were supported by an effective information management system and the continuous improvement plan was monitored to ensure appropriate action in response to feedback and complaints.

The service demonstrated systemic management of high-impact and high-prevalence risks to identify, report, escalate and review risks and incidents to improve care delivery. Staff were knowledgeable of their reporting obligations, and the service’s procedures, to manage and mitigate risk. The service monitored risks and completed incident reports to inform further investigation and appropriate responses.

The service’s governance framework, policies and procedures ensured staff understood the processes to enable delivery of safe, quality care. Staff were knowledgeable of antimicrobial stewardship, using restrictive practices as a last resort, and the principles of open disclosure. To ensure oversight by the organisation’s clinical governance bodies, the service monitored, analysed and reported on care processes.

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)