Performance

Report

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| Name of service: | Villa Maria Catholic Homes Wantirna Aged Care Residence |
| Service address: | 355 Stud Road WANTIRNA SOUTH VIC 3152 |
| Commission ID: | 4282 |
| Approved provider: | Villa Maria Catholic Homes Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 8 August 2023 |
| Performance report date: | 5 October 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 Wantirna Aged Care Residence (**the service**) has been prepared by L Malone, 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
* the provider’s response to the assessment team’s report received 28 August 2023

# Assessment summary

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| Standard 3 Personal care and clinical care | Non-compliant |
| **Standard 4** Services and supports for daily living | **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

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 3(3)(a) – ensure that clinical care delivered, in particular wound care, pressure area care and pain management is best practice, tailored to the individual and optimises consumer wellbeing.

# 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. | Non-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 |

Findings

The service was found non-compliant with Requirement 3(3)(a) following a Site Audit conducted from 29 March to 31 March 2023. The service was not able to demonstrate each consumer received safe and effective personal and clinical care particularly in relation to wound management and diabetes.

The service had implemented actions in response to the non-compliance with Requirement 3(3)(a) including increasing the number of care managers rostered and improved clinical oversight, a review of communciation process and information sharing and relevant education to staff.

At the Assessment Contact on 8 August 2023, evidence in the form of observations, care file documentation, staff and consumer interviews demonstrated wound care, diabetes management, pain management and the use of oxygen was not occurring in line with documented specialist directives, care plans, or best practice.

The Assessment Team found evidence of pressure area care not attended for consumers identified as at high risk of pressure injury. Recommended equipment was observed to not be in place, and care documentation such as wound assessment and monitoring charts were not reflective of consumer’s current wound status. The Assessment Team found deficits in the documentation of oxygen management and skin integrity and guidance for use of oxygen equipment was not considered.

Care planning documentation for management of diabetes did not include information to guide staff in management of insulin or blood sugar monitoring relevant to the individual consumer. The Assessment Contact report presents examples where care delivered did not align with care planned such as occassions where as required medications were not administered, or consumers blood sugars were not adequately monitored prior to the administration of medication. The Assessment Team found examples where pain assessments had not occurred or equipment advised as inadequate was in place for consumers.

Consumers provided feedback they are not assisted to reposition, were in discomfort due to the equipment in place or prolonged positioning, or reported painful wounds.

The approved provider submitted a response to the Assessment Contact report dated 28 August 2023 in which they provide evidence of review of care of consumers named in the Assessment Contact report. Evidence was also provided of rectified documentation, implementation of specialist and allied health recommendations such as pressure care equipment and engagement with consumers to tailor care and optimise wellbeing. The response includes evidence of some actions taken to improve systems and processes such as inclusion of pain assessment in wound care, increased clinical management oversight, staff education and care audits. I note the further clarifying evidence related to blood sugar monitoring and the administration of medication which addresses the specific examples raised in the Assessment Contact report.

I acknowledge the relevant actions implemented to improve care for individual consumers and to improve systems and processes, however I am not satisfied there is sufficient time for these implemented actions to be fully embedded into practice and evaluated as effective. I am persuaded by the feedback from consumers provided to the Assessment Team and the evidence does not satisfy me that care optimises wellbeing and is best practice for each consumer without time for these actions to be embedded into sustainable best practice. I find Requirement 3(3)(a) non-compliant.

The service was previously found non-compliant with Requirement 3(3)(e) following a Site Audit conducted 29 March 2023 to 31 March 2023. The service was unable to demonstrate that information about consumer conditions, needs and preferences was communicated effectively within the organisation, specifically to care staff.

A range of actions had been implemented in response to the non-compliance including a review of handover process to include a care staff member from each section who then communicates to other care staff on their section, relevant education to staff, and implementation of a weekday ‘huddle’ meeting involving key personnel.

At the Assessment Contact on 8 August 2023, ongoing deficits in relation to Requirement 3(3)(e) were found. Consumers and representatives provided feedback that staff do not know consumer’s needs, goals and preferences in relation to their clinical and personal care, and care needs are not effectively communicated. Staff said they utilise a written handover to keep them informed and provided mixed feedback about the information communicated. Care staff described not always receiving relevant information to support care such as information related to necessary equipment or clinical care. The Assessment Team noted examples of relevant information to support best practice or tailored care not documented on the written handover.

In their response, submitted 28 August 2023, the approved provider demonstrates further actions undertaken including a review of handover processes, staff education, improved staff availability during handovers and written guidance to support information sharing with evidence of evaluation of the effectiveness of these actions. The response includes evidence of consultation with consumers and some positive feedback regarding recent improvements in communication.

I have considered the evidence presented in the Assessment Contact report and the approved provider’s response and I am satisfied the actions undertaken by the approved provider are relevant and effective in addressing the issues found by the Assessment Team. I find Requirement 3(3)(e) compliant.

# Standard 4

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| Services and supports for daily living | |  |
| 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 |

Findings

The service was previously found non-complaint with Requirement 4(3)(a) at a Site Audit conducted from 29 March to 31 March 2023 as the service was not able to demonstrate that information related to the needs, goals and preferences of consumers, to support consumers in activities of daily living, was not effectively communicated.

A range of actions had been implemented to addresss the issues of non-compliance to improve processes of handover and information sharing including review of handover processes, education to staff regarding expected practices and implementation of a weekday ‘huddle’ meeting involving key personnel.

At the Assessment Contact on 8 August 2023, consumers and representatives raised concerns about staff continuity and the effectiveness of information sharing, and said staff do not consistently know their needs, goals and preferences. While staff noted some improvements since changes to clinical management structure, some staff said the information received at handover is not comprehensive to support care or raised other issues with handover processes such as staff availability or regularity of handover meetings on weekends. Care files and handover documents were found to contain information related to activities of daily living such as dietary requirements and allergies to support safe delivery of meals. The Assessment Team recommended this requirement as not met.

The approved provider’s response, submitted 28 August 2023, provides further evidence of improvements made to processes of handover and information sharing. There was information available related to staff education, changes to staff practices and availability during handover, written guidance to support communication of relevant information and care consultations with consumers and consumer feedback survey and positive feedback on the some actions implemented.

I have considered the evidence and am satisfied the actions undertaken by the approved provider address the issues presented in the Assessment Team report related to handover processes and the communication of consumers needs, goals and preferences. I find requirement 4(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)