Performance

Report

**1800 951 822**

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| Name: | Villa Maria Catholic Homes Wantirna Aged Care Residence |
| Commission ID: | 4282 |
| Address: | 355 Stud Road, WANTIRNA SOUTH, Victoria, 3152 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 30 April 2024 |
| Performance report date: | 20 May 2024 |
| Service included in this assessment: | Provider: 433 Villa Maria Catholic Homes Limited  Service: 2803 Villa Maria Catholic Homes Wantirna 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 Wantirna 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 (performance assessment) – 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 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)(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 |

Findings

Consumers and their representatives were satisfied with the support consumers receive to exercise choice and independence when making decisions about care. Staff demonstrated an understanding of consumer preferences and choices when it comes to their care and maintaining relationships. Care planning documentation recorded information regarding consumer preferences for maintaining relationships of choice. Staff support consumers in connecting both internally and externally to the service and in maintaining relationships with family and friends. Staff were aware of individual consumer’s key relationships and how to support the relationships being maintained. The Assessment Team observed a consumer led group activity. It was enjoyed by many consumers who were encouraged to participate by lifestyle staff and volunteers.

# 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 |

Findings

Consumers were satisfied with staffing numbers and the care received at the service. Consumers confirmed call bells were answered promptly. Management ensures there is enough staff to provide safe and quality care. The service effectively plans its workforce to enable the delivery of safe and quality care and services to consumers. The service rosters in advance to ensure the best staff coverage, continuity of care and an ongoing commitment to maintaining the care minutes. The service uses agency staff to fill shifts; however, it prefers to use casual and full-time staff due to their knowledge and familiarity with the consumers. Clinical and care staff confirmed staffing levels enable them to meet the care needs of consumers.

# 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 |

Findings

The service demonstrated effective organisation-wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

All staff confirmed they can readily access the information they need and have noissues accessing information through the electronic management system.Information is available through handovers, care plans and discussions withclinical management. Any policy changes or updates are communicated to staff,and staff can access policies on the service's intranet.

The service’s clinical governance framework feeds into the Continuous Improvement Plan. Management discussed and demonstrated how opportunities for improvement are identified through quality trend analysis, feedback and complaints, incidents, audits, general discussions, and meetings.

The organisation’s financial structure is led by a chief financial officer who is responsible for overseeing finance, assets, facilities, information and communications technology and financial systems. Examples of financial decisions and outcomes were provided including resultant improvements for consumers.

The organisation is provided with regular updates and notification of changes in legislation from the Department of Health and the Aged Care Quality and Safety Commission. Policies are updated when required. Examples of updated policy and outcomes was provided.

The service is supported by an organisational People and Culture team to facilitate the processes and systems for staff recruitment. The organisation has policies and procedures relating to workforce planning, staff recruitment and screening, orientation and mandatory training, performance monitoring and staff retention.

Regulatory compliance is managed by the Quality and Risk team as well as a legal and compliance area that receives updates to legislative changes. Staff explained the reportable incident system and outlined their responsibilities based on their position. The service is aware of its reporting requirements relating to the Serious Incident Response Scheme (SIRS) and reportable and non-reportable events and appropriate registers are maintained.

The service has a feedback and complaints management system in place and staff can access the complaints management procedure electronically on the organisation’s platform. The system enables management and the quality and risk team to oversee trends, which feed into the Continuous Improvement Plan. Documentation demonstrated feedback and complaints are acknowledged, documented, and actioned, with improvements identified.

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)