Performance

Report

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| Name of service: | Performance report date: |
| Villa Maria Catholic Homes Willowbrooke Aged Care Residence | 24 August 2022 |
| Commission ID: | Activity type: |
| 3110 | Site Audit |
| Approved provider: | Activity date: |
| Villa Maria Catholic Homes Limited | 13 July to 15 July 2022 |

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 Willowbrooke Aged Care Residence (**the service**) has been considered by Melissa Frost, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 re 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
* other information and intelligence held by the Commission in relation to the service.

# 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 | | Compliant |
| 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 their representatives said consumers are always treated with dignity and their identity and culture is respected. Staff are familiar with consumers’ backgrounds and described how consumers’ culture influences care. Care planning documents include details regarding consumers’ identity, preferences and spiritual practices. The service hosts activities that celebrate consumers’ culture.

Consumers said they are supported to maintain their independence and make decisions about their care. Consumers are supported to maintain relationships, including married consumers. Staff said they respect consumers’ independence and choices.

Staff described how they support consumers to take risks. Staff identify consumers’ preferences and conduct risk assessments with consumers, their representatives and other health professionals where relevant.

Consumers said meetings, activity calendars, menus and notices provide information and enable them to make choices. Staff explained how they assist consumers with varying language or communication needs.

Consumers said their privacy is respected. Staff were observed knocking on consumers’ doors before entering and closing doors when providing care. All nurses’ stations were locked, and confidential information was secured and restricted to relevant staff.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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 their representatives said they are involved in the assessment and care planning process, that staff explain information and they can access care plans if they wish. Care plans reflected effective assessment and planning occurs to identify consumers’ needs, goals, preferences and relevant risks. Advance care and end of life preferences are discussed and documented. Care plans reflect input from medical officers, health professionals and other providers.

Staff described conducting monthly care plan reviews and communicating any changes with consumers and their representatives. Care plans reflected review occurs when consumers’ condition changes or an incident occurs.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 their representatives said consumers receive personal and clinical care that is safe and meets their needs. Staff provided examples of how they tailor care to optimise consumers’ health and well-being. Consumers subject to restrictive practices have appropriate consent, behaviour management plans in place and regular review occurs. Staff monitor skin integrity effectively and engage wound care specialists when required. Care plans reflected tailored pain management strategies.

Care documentation showed effective management of high impact and high prevalence risks occurs, including risks relating to falls and weight loss. Staff described strategies and interventions implemented to mitigate risks.

Care planning documents reflected consumers receive end of life care in line with their preferences, that maximises comfort.

Staff described how they recognise and respond to deterioration or change to consumers’ condition. Consumer representatives said staff keep them informed of changes.

Information about consumers’ needs and condition is shared through electronic progress notes and at staff handovers. Handover sheets are regularly updated, including following reviews from medical officers and other health professionals.

Consumers and their representatives said timely referrals to other services occur. Staff described how they monitor consumers’ condition and initiate referrals when relevant.

Staff described how they minimise infection related risks and had a shared understanding of the service’s procedures for infection control and minimising the use of antibiotics.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 they are supported to engage in activities of interest to them and stay in contact with people who are important to them. Care planning documents identified consumers’ needs and preferences. Staff described what is important to consumers, and how activities are planned and tailored to suit consumers’ interests and levels of ability. Staff support consumers to maintain contact with family and participate in community activities. Consumers were observed engaging in a variety of group and independent activities, including pet therapy.

Consumers said their emotional, spiritual and psychological wellbeing is supported consistent with their preferences. Care planning documents include information about consumers’ social supports, spiritual beliefs and strategies to support their emotional needs. Pastoral care and volunteers are utilised. Staff were observed providing support to consumers.

Information about consumers’ condition, dietary and lifestyle preferences, and additional support they receive is reflected in care planning documents and communicated between staff. Care documents also reflect lifestyle support referrals. The service has community connections and engages other services to supplement the lifestyle program.

Overall consumers and their representatives said the service provides meals that are suitable quality, portion size and meet their dietary needs and preferences. Staff described how they accommodate consumers’ preferences and utilise feedback to inform the menu. The kitchen environment was observed to be clean and tidy.

Equipment provided for consumers to engage in activities of daily living was observed to be safe, suitable, clean and well maintained. Consumers and staff said they had access to sufficient and suitable equipment.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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

The service environment was observed to be welcoming, with handrails and signage to support consumers to move independently. Consumers said they are satisfied with the environment and described how they make it feel like home by personalising their rooms and having pets.

Consumers were observed to freely mobilise around all areas of the service. Hallways and external pathways were clear of trip hazards. Staff described cleaning and maintenance procedures, including preventative maintenance. Maintenance schedules showed regular maintenance occurs. The indoor and outdoor environment was observed to be clean. Most consumers and representatives were satisfied with cleanliness, and the service has extended cleaning shifts to address feedback.

Furniture, fittings and equipment throughout the service were observed to be safe, clean, well-maintained and suitable. Consumers and representatives said they were satisfied with the cleanliness and safety of equipment. Staff described how shared equipment is cleaned and how maintenance requests are made. Maintenance logs reflect safety checks and maintenance occur regularly.

# Standard 6

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| Feedback and complaints | | Compliant |
| 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 their representatives said they feel safe and supported to give feedback and make complaints. They knew about advocacy and external complaint services. Staff said they assist consumers or representatives to complete the service’s feedback form and described how they escalate consumer’s concerns. The service provides varied options for consumers to give feedback, with secured boxes available for feedback forms. Information is displayed on noticeboards regarding the complaints process, language and advocacy services.

Most consumers and representatives said their concerns are heard and promptly responded to. Staff gave examples of how they have resolved complaints, including the use of open disclosure. The service’s feedback and complaints register reflected all complaints filed were actioned with an appropriate response.

Complaints are recorded and trends are identified to inform continuous improvement. Staff gave examples of actions taken following past complaints that have resulted in improvements. The service’s continuous improvement plan reflected ongoing action occurs.**Standard 7**

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| Human resources | | Compliant |
| 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

Most consumers and representatives said there are sufficient staff and care is timely. Staff said generally staffing levels are suitable to deliver care. The service has increased its staffing levels, plans rosters to address the needs of consumers and has processes to fill vacant shifts. Call bell response times are monitored, and records reflected responses are generally prompt. Staff education was delivered to address instances of extended waiting periods.

Consumers and their representatives said staff interactions are caring and gentle and they considered staff are competent. Staff were observed interacting kindly and gently with consumers and respecting their identity.

The service has position descriptions for each role, which set out required qualifications, competencies, expectations and registrations. Staff competency is regularly assessed. Staff attend annual mandatory training, with the service’s records reflecting all staff have completed required training. Staff considered they receive sufficient training to deliver safe and quality care.

Staff performance is monitored through formal performance appraisals and informal monitoring and review. Staff are supported to identify improvement and training opportunities.

# Standard 8

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| Organisational governance | | Compliant |
| 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 their representatives said the service is well run and they are engaged in improving the delivery of care and services. Consumers are invited to meetings to contribute to evaluation of services. Regular communication occurs via surveys and newsletters.

The service’s governing body promotes a culture of inclusive and quality care and demonstrates accountability through regular communication and monitoring of care and service delivery. Action is taken in response to consumer feedback or following incidents to ensure continuous improvement.

The service has effective organisation wide governance systems in place. Staff have access to relevant information, and regulatory compliance is maintained. Continuous improvement is applied, informed with feedback and complaint data. Financial and workforce governance are suitably addressed.

The service’s risk management framework includes policies on high impact and high prevalence risks, addressing abuse and neglect, supporting consumers to take risks and managing incidents. Staff described how they apply the policies, such as reporting incidents. Analysis of incidents occurs to inform risk management and mitigation strategies.

The service has a clinical governance framework. Staff described how they implement relevant policies to minimise the use of restrictive practices, apply open disclosure and practice antimicrobial stewardship.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)