Performance

Report

**1800 951 822**

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| Name: | Villa Maria Catholic Homes Willowbrooke Aged Care Residence |
| Commission ID: | 3110 |
| Address: | 9A Willow Road, UPPER FERNTREE GULLY, Victoria, 3156 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 26 September 2023 |
| Performance report date: | 31 October 2023 |
| Service included in this assessment: | Provider: 433 Villa Maria Catholic Homes Limited  Service: 1869 Villa Maria Catholic Homes Willowbrooke 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 Willowbrooke Aged Care Residence (**the service**) has been prepared by S Byers, 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 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 7** Human resources | **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 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 |

Findings

Consumers and representatives were satisfied they receive tailored clinical and personal care that optimises their health and well-being. Staff demonstrated understanding of each consumer’s individual care needs that aligned with the consumers documented assessed care needs and medical directives. Care planning documents detailed individualised care that is safe, effective and tailored to the needs of the consumer in collaboration with a multidisciplinary team including medical practitioners, specialist services and allied health professionals. Consumers subject to restrictive practices had behaviour support plans in place, with evidence of informed consent and ongoing medical review. Staff demonstrated understanding of the services clinical care policies and procedures in relation to falls and wounds and provided examples where they have applied them in practice.

Based on the evidence, summarised above, Requirement 3(3)(a) 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

All consumers and representatives said they were satisfied with the services and supports for daily living they receive to meet their needs, goals, and preferences. The monthly activity calendar is informed by consumer preferences and one-to-one activities are available for consumers who choose not to attend group activities. The service has processes in place to ensure consumers can provide feedback about services and supports for daily living through meetings, surveys and care consultations. Lifestyle care plans were individualised and reviewed regularly to ensure the consumers goals, interests and preferences are current. Participation records are maintained and evaluated to identify trends in consumer engagement and to guide the planning of the lifestyle program. Staff demonstrated knowledge of consumers lifestyle preferences and described how they support consumers to engage in preferred activities. A copy of the monthly activities calendar was on display and readily available to consumers. Consumers were observed to be engaged in both individual and group activities in accordance with the activities calendar during the assessment contact.

Based on the evidence, summarised above, Requirement 4(3)(a) is 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 |

Findings

Most consumers and representatives expressed satisfaction there is enough staff to enable the delivery of safe and quality care and services. All staff were satisfied with staffing levels and said they can complete their required tasks and spend quality time with consumers. Staff provided positive feedback about an additional floater shift rostered in the morning, and how it has assisted them in managing their work more efficiently. Management described the strategies in place to manage unplanned leave or vacancies. Roster documentation reflected most shifts were filled for the two-week period prior to the assessment contact with a sufficient number, mix and skill of the workforce with a registered nurse rostered on each shift. Management described the process to monitor call bells, including a monthly audit and follow up investigation for excessive delays in response times.

Based on the evidence, summarised above, Requirement 7(3)(a) is 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)