Performance

Report

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| Name of service: | Villa Maria Eastern Heights |
| Service address: | 33B Robertson Rd Eastern Heights QLD 4305 |
| Commission ID: | 5056 |
| Approved provider: | Catholic Healthcare Limited |
| Activity type: | Site Audit |
| Activity date: | 21 November 2022 to 23 November 2022 |
| Performance report date: | 14 December 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 Eastern Heights (**the service**) has been prepared by Denise 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.
* the provider’s response to the assessment team’s report received 5 December 2022.

# 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 felt they were treated with dignity and respect in all interactions with staff, and were able to maintain their identity, make informed choices about their care and lived the life they chose. Staff were observed interacting with consumers in a respectful way. Staff reported they had completed training on consumer dignity and choice and were guided by policies in their everyday practices.

Consumers said they felt their cultural and religious needs were valued within the service. Consumer’s care plans included information on their cultural and religious needs and preferences. Consumers were observed attending the chapel and the cultural calendar was displayed and included cultural activities, such as Men’s Club, and religious services.

Consumers stated they were supported to make their own choices, to maintain their independence and maintain relationships with partners, family, and friends. Staff explained how they supported consumers to stay connected to those important to them. Policies and procedures were in place to support consumers independence with their care and services and to make informed choices.

Consumers described feeling supported to take risks, live the life they chose and do the things important to them. Staff described areas in which consumers wanted to take risks, and how they were supported to understand the benefits and possible harm when making decisions around risk. Consumer files showed the use of practical assessments and risk acknowledgement forms.

Consumers provided positive feedback about the information provided by the service with respect to meals, activities, or upcoming events, and said information was received in a timely manner. Staff reported the service provided information to consumers via consumer meetings, newsletters, and flyers. A current activities calendar was displayed throughout the service.

Consumers said they felt their privacy was respected by staff who always knocked on their doors before entering their rooms. Care staff described how they maintained consumer’s privacy and dignity whilst providing care, and how they ensured the confidentiality of consumer’s information. Staff were guided by a privacy policy which was displayed in the front foyer and published in the both the consumer handbook and employee guide.

# 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 said they were involved in assessments and the review of their care plans. Staff described their role in the assessment process, tools used and how they involved the consumer in the planning to meet their needs. Policies and procedures guided staff practice around entries, planning and assessment.

Consumers spoke about being involved in planning care to meet their needs; stating they were involved in discussions with staff about end-of-life planning, and their wishes were documented. Staff described the needs and preferences of consumers when discussing how their care was delivered. Policies on palliative and end of life care provided guiding principles and guided staff in discussions, decisions and documentation of advance care planning and end of life planning.

Consumers advised they were involved in care planning when they entered the service, and at regular intervals thereafter. Staff advised they always involved the consumer’s representative if the consumer wished, or if the consumer had limited capacity to make decisions. Care planning documentation confirmed the inclusion of the individuals and other providers in assessment and care planning.

Consumers confirmed care plans were discussed with them, and they were offered a copy. Staff confirmed a copy of the care plan was always offered and provided if requested. Care plans included the outcomes of assessment, were available electronically and could be printed.

A schedule is used to ensure care plans are reviewed regularly and evidenced all care plans reviewed had been completed. Consumer files evidenced care plans were reviewed quarterly and more often when circumstances changed, and care plans were updated to reflect the changing needs or preferences of consumers. Consumer confirmed staff regularly enquire with to assess the care and service being provided is effective.

# 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

Consumers provided positive feedback with the care provided by the service. Staff described processes for how they ensured care and support was safe and effective. Care documentation demonstrated timely identification, and effective assessment, management and evaluation of consumers’ skin integrity, wounds, pain, and behaviours of concern. The service had guiding documentation to support staff in care and service provision.

Consumers and representatives stated they were happy with the level of care consumers received and provided examples of their own risk management. A review of care plans demonstrated effective management of consumers who required complex care and management. The service had a range of clinical policies and procedures to guide staff in the areas of urinary catheter management, falls prevention and management, psychotropic medication, and chemical restraint.

Consumers and representatives confirmed completing of end-of-life care planning documents. Staff explained polices and processes to support end of life care including involvement of family, medical practitioners, and pastoral care. Consumer records demonstrated consumer’s end of life preferences were documented and care provided ensured their comfort.

Consumers advised changes in their health and condition were recognised, and they received the treatment they needed. Staff described practices in place to monitor and respond to changes in consumers’ conditions, including routine vital signs monitoring, observing general behaviour and activity, completing assessments, and providing relevant referrals. Consumer’s care documentation showed where deterioration and changing conditions occurred, assessment, referral and treatment were timely and documented.

Consumers and representatives advised they were informed about any changing conditions or needs for consumers and reported staff were aware of their needs and preferences. Staff described how consumer information was accessed and shared via the electronic record system and handover meetings. Care planning documents evidenced the information recorded was comprehensive and included key information about personal and clinical needs.

Staff described the referral process including policies and processes used to guide their practice. A review of care documentation demonstrated appropriate and timely referrals to external health providers, and supporting documents were available to staff.

Consumers reported they saw staff using good hygiene practices. Staff understood precautions to prevent and control infections and processes in place to minimise the need for antibiotics. The service had implemented policies and procedures related to antimicrobial stewardship, infection control management, and the management of a COVID-19 outbreak.

# 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 services and supports for daily living met their needs, goals, and preferences, maintained their independence, quality of life and wellbeing. Staff understood what consumers liked to do and what was important to them. Care plans identified consumer’s needs, choices, and preferences, and how these were supported.

Consumers described how their emotional, spiritual, and psychological well-being was promoted and supported. Staff showed a good understanding of how to support consumer’s emotional, psychological, and spiritual needs. Care planning documents showed consumer’s individual emotional support strategies and how these were implemented.

Consumers were supported to attend activities within the service, and in the community. Care documentation identified the people important to individual consumers and the activities they enjoyed. Consumers were observed participating in group and individual activities, sitting out in the garden area with visitors and staff, sharing meals together and chatting with each other.

Consumers said their services and supports were consistent, and staff knew their preferences and the way they liked things to be done. Staff described how any changes to care plans were communicated through handovers, the service’s electronic management system and emails. Handover was conducted and oncoming staff were advised of any relevant information related to services and supports, upcoming observations and any changes in consumer’s health.

Consumers said they felt confident they would be appropriately referred to an external provider. Staff said the service completed timely and appropriate referrals to external supports and other care services when there was a request, or a need was identified. Consumers and staff stated, and documentation confirmed consumers were referred to external support services and volunteers.

Consumers gave positive feedback in relation to the meals provided by the service, stating they were of sufficient quantity, variety and reflected their dietary requirements and choices. Staff stated consumers had a choice when selecting meals and gave input into the menus through giving feedback at consumer meetings. Documentation evidenced the service had relevant practices to ensure safe food delivery, storage, and preparation.

Consumers said equipment they used, such as mobility aids, were clean and well maintained. Staff reported they had access to appropriate equipment they required to support consumer’s daily activities. Equipment used to support consumer’s activities of daily living was observed to be clean, safe, and in good working order.

# 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 stated they felt at home and safe, the service was clean, welcoming, and easy to navigate. Staff explained the features of the service environment designed to support for consumers with a functional impairment. Observations included appropriate signage, indoor and outdoor spaces for consumers and visitors to access, as well as consumer rooms being individually personalised to suit.

Consumers stated they felt the environment was safe, clean, and well maintained, and they were able to access all areas both inside and out. Staff explained what they did when they identified a hazard or safety issue and explained how preventative and essential maintenance was managed at the service. Documentation, such as cleaning logs and maintenance schedules, demonstrated effective maintenance being completed.

Consumers felt safe and comfortable when using equipment. Staff explained the procedure if equipment did break and stated any repairs were undertaken in a timely manner. The preventative maintenance schedule showed how often equipment was serviced and demonstrated regular maintenance was completed and up to date.

# 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 said they were encouraged and supported to raise concerns or provide feedback through various methods. Staff described the different ways for consumers to provide feedback, comments, suggestions, compliments, or complaints as per the service’s feedback and complaints management policy. Feedback and complaints boxes were located in the dining rooms, main reception, and cafe.

Consumers and representatives reported they were informed about how to access advocacy, interpreter, legal services, as well as external complaints through policies and the resident handbook. Staff were familiar with how to access advocacy and interpreter services for consumers and were guided by the complaint management process. Information on advocacy, interpreter, legal, and external complaints services was displayed at reception and on noticeboards throughout the service.

Consumers and representatives said they felt the service responded to their complaints appropriately and the service engaged with them about their concerns. Staff were aware of the complaint management and open disclosure process. An electronic management system was used to capture feedback and record actions taken in response. Policies and procedures guided staff in the management of complaints, open disclosure and promoted a transparent approach.

Consumers said feedback and complaints were reviewed and used to improve the quality of care and services. Staff described how service improvements had been made in response to feedback, including the purchase of equipment to keep meals hot. The plan for continuous improvement register detailed the changes made in response to feedback and complaints to improve services.

# 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 reported there were adequate staff, and staff responded to call bells almost immediately. Staff described processes and practices used to ensure staffing levels were maintained including filling vacant shifts. A review of the rosters and other documents demonstrated the service had sufficient staff to fill shifts to delivered safe and quality care and services.

Consumers felt the workforce interacted with them in a kind, caring and respectful way regardless of cultural background. Staff were observed addressing consumers by their name and using respectful language when assisting consumers.

Consumers said staff knew what they were doing and believed staff were skilled and knowledgeable. Management described the process which ensured staff were suitable for, and competent in their role. Documentation demonstrated staff had appropriate qualifications, knowledge, and experience to perform their duties.

Consumers advised staff were adequately trained and equipped to do their jobs. Management said they had an annual education/training program which covered key included areas. Staff training records demonstrated the workforce was recruited, trained, equipped, and supported to deliver the outcomes required by these standards.

Management said they monitored staff performance through performance assessments every 12 months in accordance with policies and frameworks. An electronic system was used to record and monitor the completion of performance assessments. Documentation evidenced assessments included the identification of training needs, and evaluation of the staff members performance.

# 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 were engaged in the development, delivery and evaluation of care and services. Staff described the various mechanisms used to engage consumers such as consumer and authorised representative meetings, surveys and feedback from consumers and representatives. Documentation demonstrated consumers were engaged and supported in providing input on service delivery.

Consumers said felt safe and received the care they needed. Management described how the Board, was involved in the delivery of care and services as indicated in its organisational chart and outlined in its clinical governance policies. A review of the Clinical Governance Framework indicated the organisation’s governing body plays a role in promoting a culture of safe, inclusive, and quality care and services and was accountable for their delivery.

Appropriate governance systems were in place including a governance and reporting structure, electronic information management, workforce management, continuous improvement, policies and procedures, management meetings, reports including information for the governing body to satisfy itself the Aged Care Quality Standards were met. Policies, procedures, and consumer information were observed to be accessed via an electronic information management system. Changes to legislation, regulatory requirements or aged care law were discussed in Management and Quality Meetings, Staff Meetings and Registered Nurse and Clinical Risk Management Meetings.

A Risk Management Framework established the foundations and arrangements to identify current and emerging risks with their potential consequences understood and steps taken to mitigate and manage the identified risks. Staff described the processes in identifying and managing high impact and high prevalence risks, prevention of abuse and neglect, and incident management. Reporting lines were in place where risks were escalated to management and further to the governing body.

The organisation had a clinical governance framework in place which included policies, procedures, service delivery practices, and staff training requirements across areas such as antimicrobial stewardship, restrictive practices, and open disclosure. Staff described the policies and procedures used to guide their practice in risk management. Documentation reviewed showed implementation and compliance with policies in place.

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)