Performance

Report

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| Name of service: | Performance report date: |
| Villa St Hilarion-Fulham | 27 July 2022 |
| Commission ID: | Activity type: |
| 6145 | Site Audit |
| Approved provider: | Activity date: |
| The Society of St Hilarion Inc | 30 March 2022 to 1 April 2022 and 21 June 2022 to 22 June 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 St Hilarion-Fulham (**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 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.
* 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 said they are treated with dignity and respect, their culture is valued and they make informed choices about their care and services. Care planning documents include details of consumers’ identity and cultural practices. Staff described how they support consumers’ choices and preferences, engage with consumers in their preferred languages and host multicultural activities. Staff were observed interacting with consumers in a friendly manner and assisting consumers respectfully.

Consumers and their representatives said consumers are supported to exercise choice and independence and maintain relationships (including married consumers). Staff described how they support consumers to maintain relationships and make their own decisions.

Consumers said they are supported to take risks of their choice. Staff described how they assist consumers to understand risks and make decisions. Consumers’ decisions to take risks are documented.

Consumers said they receive current information to assist them in making choices about their care and lifestyle. Staff described how they communicate with consumers who have hearing, vision or cognitive impairments. A newsletter, menus, notices and activity planners were available throughout the service.

Consumers said their privacy is respected, and staff knock before entering consumers’ rooms. Consumers’ confidential information is stored securely.

# 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

Care planning documents reflected comprehensive assessment and planning occurs when consumers enter the service. Care plans include consumers’ needs, goals, and preferences (including for advance care and end of life). Care plans reflect risks to consumers’ wellbeing and identify mitigation strategies and interventions.

Consumers and their representatives said they were involved in assessment and planning processes, and most were aware of how to access care plans. Other providers such as medical officers, allied health professionals, dementia specialists and palliative care services are also involved. Staff said they meet with consumers and their representatives periodically to discuss changes to meet consumers’ goals and preferences.

Care planning reviews occur when deterioration or changes to consumers’ health and wellbeing are identified. Staff described how reviews are completed following incidents and scheduled reviews occur every 6 months. The service monitors clinical indicator data and reviews incident reports, to inform the aspects of care to be reviewed.

# 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 right for them. Care planning documents reflected consumers receive care that is safe, effective and tailored to their needs and preferences. Staff described how they measure effectiveness of care and implement strategies to optimise consumers’ wellbeing.

Consumers who are subject to restrictive practices have consent in place and arrangements are reviewed regularly. Consumers requiring pain management said they receive prompt care. Staff described how they prevent pressure injuries and deliver wound care.

Care plans reflect strategies and directives to manage high impact and high prevalence risks, such as falls, behaviour and swallowing. Staff described how they discuss risks at handover and apply strategies consistent with care planning documents when delivering care.

Consumer feedback and care plans reflect consumers receive end of life care consistent with their goals and needs. Staff monitor consumers’ condition and inform representatives of changes.

Care plans and progress notes reflect staff identify and respond to deterioration or changes in consumers’ condition. Consumers’ representatives said they are notified of changes. Consumers are referred to other services and allied health providers when relevant, and care plans reflect review dates and directives.

Information regarding consumers’ needs and condition is documented and shared electronically with other health professionals. Staff share information via handovers, meetings and through progress notes.

Staff receive training to minimise infection related risks and described how antibiotics are used only when clinically necessary.

# 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 optimise their independence, health, and quality of life, including through assisting with activities and tasks at the service. Staff described what is important to consumers and what they like to do, consistent with care plan information. The activity schedule is developed using consumers’ feedback, and includes religious and cultural events.

Consumers said they receive support if they are feeling low, and have opportunities to socialise with others. Care plans reflect consumers’ important relationships and spiritual preferences. Staff described the religious and psychological services available to meet consumers’ needs, including for Italian language speaking consumers, and how they engage with consumers to support emotional wellbeing.

Consumers said they are supported to participate in the community and maintain relationships, through attending outings and hosting visitors. Staff described how they support consumers to keep in contact with their family and friends and were aware of consumers’ preferred outings.

Staff described how they communicate consumers’ changing conditions, needs and preferences within the service and with others. Referrals occur to other relevant providers, including psychologists. The service engages volunteers, entertainers and pet therapy to supplement the lifestyle program.

Consumers were satisfied with the portion size of meals. Consumers provided mixed feedback regarding meal quality and variety, with concerns raised with staff or provided at meetings. The service uses an electronic system to manage consumers’ dietary requirement and preference information, which alerts staff regarding changes. The kitchen environment was observed to be clean and tidy.

Equipment was observed to be safe, suitable, generally clean and well-maintained. Staff described equipment cleaning and maintenance processes.

# 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

Consumers said they feel safe, comfortable and welcomed at the service. Consumers reside in self-contained units and they are supported to personalise their environment, including their outdoor area. Consumers are supported to mobilise with handrails, wide and unobstructed corridors and signage, to access communal and outdoor areas.

Consumers and their representatives were generally satisfied with cleanliness, and said cleaning issues raised were addressed. Staff described cleaning and maintenance schedules, including monthly preventative maintenance that occurs in line with instructions.

Furniture, fittings and equipment are monitored to ensure they are safe, clean and suitable. Staff described how shared equipment is cleaned and maintained. The service records safety checks on an equipment register.

**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 are encouraged and supported to make complaints. They understand feedback methods and were comfortable approaching staff for assistance. Staff said they assist consumers with making complaints, and accessing advocacy and language services where relevant.

Information about complaints, including external complaints, advocacy and language services, is available to consumers in their welcome pack, information book and displayed on posters. Feedback forms and a collection box were observed at the front entrance and complaints can be made on the service’s website.

Consumers and their representatives said action is taken following complaints or incidents and were satisfied with how management addresses concerns. Staff receive training in open disclosure and described how they resolve complaints.

The service maintains a complaint and feedback register. Staff described how they review complaints and feedback data to improve the quality of care and services, and gave examples of initiatives such as a food survey that led to the implementation of the electronic menu system.

**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

Consumers said there are sufficient staff rostered to meet their care needs, and staff attend promptly when the call bell is used. Consumers said staff are kind and gentle, and consumers’ identity is respected. Staff were observed speaking to consumers in a patient and respectful manner, including in consumers’ preferred language.

The service experienced rostering challenges attributed primarily to unplanned leave, and staff considered there were insufficient staff available to fully complete duties. However, no negative consumer impact was brought forward and call bell records reflected consumers do not regularly experience extended waits. The service has implemented strategies to mitigate staffing concerns.

Position descriptions set out expectations and criteria for roles. Staff competency is assessed through annual reviews, with any observed concerns addressed by management. Staff registrations are up to date.

Staff said they receive suitable training, with access to mandatory and role-specific topics through online learning and meetings. Management identifies training needs through analysing trends, feedback and appraisal results. The service uses an electronic training record to monitor training completion.

Staff are required to undertake annual performance appraisals and said they receive sufficient supervision and support to perform effectively. Some performance appraisals were outstanding at the time of the Site Audit.

**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 said the service is well run, they have input in decision making and are engaged in delivery of activities. Staff described how consumers contribute to activities. The service uses feedback, consumer meetings and surveys to obtain consumers’ suggestions.

The governing body meets regularly to discuss the service’s performance against the Quality Standards, informed by reports and feedback. Communication occurs between the service and the Board regarding concerns or complaints. Initiatives are implemented to improve the quality of care and services.

The service has effective governance systems for information management, regulatory compliance and workforce governance. Feedback and complaints are used to inform continuous improvement, as reflected by the Continuous Improvement Register. The service monitors its financial status and takes action to address deficits while maintaining consumer care needs.

The service has a risk management framework and a risk escalation process which includes reporting to the Board. Data and reports regarding high impact and high prevalence risks are analysed, and initiatives are introduced to reduce risk and recurrence. Staff were aware of the service’s policies on how to report incidents, support consumers to live their best lives, and identify abuse and neglect, and gave examples of how the policies are applied.

The service has a clinical governance framework. Staff described how they apply the open disclosure policy and promote antimicrobial stewardship. Staff receive training and follow procedures to minimise the use of restrictive practices.

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-2)