Performance

Report

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| Name of service: | Villa Terenzio |
| Service address: | 33 Kent Road MARANGAROO WA 6064 |
| Commission ID: | 7088 |
| Approved provider: | Italian Aged Care Incorporated |
| Activity type: | Site Audit |
| Activity date: | 3 April 2023 to 5 April 2023 |
| Performance report date: | 16 May 2023 |

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 Terenzio (**the service**) has been prepared by M Glenn, 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.

# 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 did not submit a response to the Assessment Team’s report.

# 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

Staff treated consumers with dignity and respect by addressing them by their preferred name, knocking on doors before entry, closing doors when personal care tasks were being performed and speaking to consumers in a respectful tone. Staff know consumers well and provide care as per the consumer’s cultural needs and preferences. Consumers and representatives felt staff respected consumers’ culture and diversity.

Specific cultural and religious needs are detailed in each consumer’s care file and staff were observed preparing for a gathering for consumers and representatives promoting cultural celebration and socialising. Consumers and representatives confirmed consumers’ receive care and services that are right for them and culturally safe.

Care planning documents identify consumers’ individual choices for care delivery. Consumers and representatives said consumers are encouraged to make choices, communicate their decisions, and maintain relationships of choice.

Consumers felt supported to take risks and live the way they choose. Consumers are educated to understand the benefits and possible harm when making decisions about taking risks and staff involve them in problem-solving solutions to reduce risk where possible.

The service demonstrated how current and accurate information is provided to consumers and their representatives in a timely manner and staff regularly communicate with consumers to inform them about food and activities choices for the day. Consumers interviewed said information is available to them to help make choices about personal and clinical care, food options and lifestyle activities.

Consumers and representatives said staff respect consumers’ privacy and confidentially is maintained within the service. The service has policies and procedures for staff to follow in relation to privacy and confidentiality of consumer information and when care is provided. Consumers’ records and information data is stored in an electronic care management system which was observed to be password protected.

Based on the Assessment Team’s report, I find all Requirements in Standard 1 Consumer dignity and choice compliant.

# 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

Staff use a variety of risk tools and assessments to identify risks to consumers and plan care. Consumers and representatives confirmed risk assessments and risk management discussions have been conducted.

Consumer care files documented current needs, goals and preferences with care plans being developed approximately 6-8 weeks from admission. When consumers enter the end of life phase, the service initiates further discussions to ensure current end of life wishes are documented. One consumer had been at the service since January 2023 and still had not been assessed for their lifestyle preferences, such as social, cultural or spiritual needs. However, staff were able to describe what is important to the consumer and their changed behaviours.

Consumers and representatives stated that they are satisfied with their level of involvement in the planning of care and had either seen a care plan or had it discussed with them regularly, especially when incidents or changes occur. Documentation confirmed most care plans have been reviewed over the last 12 months. Management stated they are monitoring and prioritising a few plans that are outstanding. If requested, a copy of a care plan is provided to consumers and representatives.

Based on the Assessment Team’s report, I find all Requirements in Standard 2 Ongoing assessment and planning with consumers compliant.

# 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 and representatives are satisfied consumers receive safe and effective personal and clinical care that is best practice, tailored to their needs and optimises their health and well-being. Staff were able to describe how they tailor care to consumers’ needs and preferences and ensure best practice. Observations showed if a consumer was resistant to having personal care attended, they will leave them and retry later. One consumer had complained that they did not receive female support staff as per their preference and this had been rectified.

Staff were able to identify consumers at risk through assessments and describe the management strategies used to minimise risks to the satisfaction of consumers and representatives. The service implements improvements where current strategies are not effective or issues are identified.

Representatives and feedback received confirmed consumers are kept comfortable, and their dignity preserved nearing end of life and the preferences of consumers met. Documentation demonstrated monitoring of symptoms, pain and timely interventions to ensure comfort and dignity was maintained.

Staff recognised and responded to changes or deterioration in consumer condition in a timely manner. The service has escalation processes in place to guide staff on how and when to increase frequency of monitoring. Consumers and representatives stated they were satisfied the service identifies and responds to changes in condition in a timely manner.

Verbal and written handovers relating to care management for changes to consumers’ health were observed and improvements have recently been made to handover sheets. At one location, however, staff were still using an old version of the handover sheet. Documentation demonstrated referrals to other service providers were actioned in a timely manner.

The service demonstrated it has effective practices to minimise infection related risks. Staff were able to describe how they reduce the risk of infection in their everyday practice. Consumers and representatives stated they were satisfied overall with how the service manages infection related risks. To minimise the transmission of infection between consumers, hand gel is placed at the entry to all areas and at the lifts to allow for hand hygiene between areas and observations showed staff performing hand hygiene appropriately.

The service has introduced guidelines to reduce the amount of antibiotic prescribing and documentation evidenced the service supports the visiting General Practitioners in appropriate antimicrobial prescribing.

Based on the Assessment Team’s report, I find all Requirements in Standard 3 Personal care and clinical care 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 |
| 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 have been supported with the provision of mobility and adaptive equipment and exercises, which helped them optimise their independence and well-being. Care plans reflected consumers’ goals, needs, preferences and the supports they needed. Observations demonstrated appropriate strategies by staff to assist consumers with mobility issues and language barriers.

A gap was observed where support for daily living provided to consumers was not being documented. Management were receptive to implementing improvements in this area and provided evidence of communication reminding staff of the importance of accurate documentation of consumer engagement.

Consumers also felt supported to maintain their emotional, spiritual and psychological well-being. Feedback provided by consumers indicates they are able to do things they enjoy, build and maintain relationships and can participate in the internal and external community as they wish.

To ensure consumers’ needs are met, the service has appropriate processes in place to share information amongst staff relating a consumer’s condition, needs and preferences. Consumers were referred to individuals, organisations and providers of care and services, where appropriate, and observations showed referrals were effective in providing additional support and strategies for consumers requiring further assistance.

Systems are in place to record consumers’ preferences and dietary requirements, including allergies and intolerances. Feedback is sought through various mechanisms and used to develop new menus. Consumers said they enjoyed the food and there was plenty to eat.

Observations showed consumer equipment was clean, well maintained and in good working order and consumers did not have any concerns about the equipment. Staff cleaned shared equipment after each use and any maintenance issues were documented in an electronic maintenance system and prioritised and actioned daily by maintenance staff.

Based on the Assessment Team’s report, I find all Requirements in Standard 4 Services and supports for daily living compliant.

# 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

The service environment was observed to be welcoming and easy to navigate, encouraging the self-expression of each consumer’s independence, engagement, and functionality. Consumers said they felt welcome and at home in the environment which had communal areas where they could gather and spend time with family and friends. The service environment showed a homelike setting, with signage, pathways, handrails, assisting with consumer wayfinding. Consumers and representatives stated that while the service was not ‘home’, it was welcoming and consumers were able to personalise their rooms to make them feel at home.

Each area of the service was observed to be clean and consumers were observed moving freely within the service both indoors and outdoors. Cleaning staff advised they have a clear task list to guide them in completing their work. Documentation confirmed all scheduled cleaning tasks were completed with evidence of regular cleaning audits being conducted.

All furniture, fittings and equipment was observed to be safe, clean, and well maintained. The service has an effective system in place to ensure furniture, fittings are cleaned regularly and as required. Furniture and fittings in a state of disrepair or considered no longer suitable for use are replaced. Consumers felt the furniture, fittings and equipment were clean, safe and suitable for their needs and observations confirmed this.

Based on the Assessment Team’s report, I find all Requirements in Standard 5 Organisation’s service environment compliant.

# 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 and representatives said they were encouraged to make a complaint and/or provide feedback. Consumers felt comfortable speaking directly to management and the service has a suite of policies relating to feedback and complaints to guide staff to compliance with this requirement.

Although most consumers and staff could not clearly describe other services available to them, they all felt staff and management resolve their complaints in a timely manner and do not feel the need to access external advocacy services. Throughout the service a selection of information is displayed regarding advocacy services and the front entrance door displays information about feedback and complaints in English, Italian and Spanish languages. Information on the complaints and feedback process is also provided in the admission packs.

Consumers said they were satisfied with the way complaints were managed and confirmed staff uses open disclosure principles when things go wrong. Staff and management follow up consumer complaints to ensure they have been resolved to the consumer’s satisfaction. Management said where the service is not able to reach an agreement acceptable to the consumer and/or their representative, the service escalates complaints to the Chief Executive Officer.

The plan for continuous improvement demonstrated the service made a number of changes to improve complaints and feedback processes as a result of consumer feedback.

Based on the Assessment Team’s report, I find all Requirements in Standard 6 Feedback and complaints 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 |
| 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

Consumer feedback indicated satisfaction with the mix and level of staff at the service and most feel staff respond when called for assistance. One representative felt the service needed more staff as the consumer was often left in bed for long periods of time, however, care records and observations showed the consumer was being assisted to get up at their preferred time. Management review staffing levels regularly and any short notice unfilled shifts were advertised to all staff electronically to be filled by the internal casual staffing pool.

Interactions observed were compassionate, appropriate and respectful. Staff showed patience and calm when de-escalating agitated behaviour and were caring whilst assisting with meals and demonstrated knowledge of consumers’ identity, culture and diversity. Consumers stated staff were kind and caring and treated them with respect.

Consumers felt safe and confident staff were properly skilled to deliver care and services that met their needs. Mandatory training for all staff includes topics to ensure basic competence in the delivery of safe, quality care is achieved. Staff were satisfied with the support provided to them and observations showed management actively supporting staff to manage issues and incidents. All recruitment is undertaken by management and new applicants must satisfy strict recruitment requirements.

Performance discussions occur at regular intervals and provide an opportunity for staff to discuss their role and what professional development they feel they require. There are policies and procedures in place to ensure performance management processes are initiated following concerns raised and where incidents have occurred.

Based on the Assessment Team’s report, I find all Requirements in Standard 7 Human resources compliant.

# 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 and representatives are invited to attend Residents and Relatives meetings where they can comment on the delivery of services. A Resident Advisory Committee is currently being developed to formalise engagement.

Consumers and representatives felt the service was well run and stated staff know consumers’ needs and management are approachable. Documentation showed management act on issues and seek to prevent reoccurrence of incidents and complaints. The service demonstrated it has embedded reporting and monitoring systems to ensure the quality of care being delivered by the service is monitored at an organisational level.

Staff confirmed they have access to policies, information about consumers through the electronic care records, shift to shift handover meetings, handover documents, and communication books. A staff newsletter is also used to inform staff of recent developments, areas for improvement and promote best practice. Management is currently reviewing all policies.

The plan for continuous improvement for the service is regularly reviewed to incorporate any opportunities for improvement that are identified following incidents, near misses, adverse findings from regulatory bodies, changes to legislation and feedback received.

Rosters and allocations are based on the needs of the consumers and a system is in place to ensure the right number and mix of staff are deployed to enable safe and quality care and services.

The complaints register shows complaints are actioned in a timely manner, open disclosure is utilised and checks to ensure the complainant is satisfied with the outcome. Consumers and representatives were satisfied their feedback is used to improve the quality of care and services.

The service uses a range of processes to ensure staff are identifying, managing, escalating, and mitigating risks to consumers. These include risk registers, validated assessments and quality meetings where issues are discussed. However, whilst the service monitors and maintains comprehensive records of consumer risks, the service was unable to provide specific details requested to answer all the risk questions during the entry meeting. Management acknowledged this information was not captured in a format that was immediately accessible and are working to rectify this issue.

Staff were able describe how to respond to suspected abuse or neglect of a consumer. Staff undertake training and the service has a suite of policies to support staff to manage incidents appropriately, including risk management.

The service has an incident management system, with incident report forms embedded into the electronic care management system. However, the Assessment Team found whilst staff completed forms immediately post incident, detailing what happened and the initial actions taken to ensure the safety of the consumer, incident reports did not include information on what investigation had been undertaken and what root causes had been identified in order to prevent reoccurrence. This made it difficult to determine if all incidents are being appropriately analysed and managed.

Discussions with staff and management and a review of progress notes and emails, demonstrated the service conducts investigations and does seek to identify root causes to prevent reoccurrence. Management stated they are in contact with the electronic care record provider to look at options for incident forms that enable investigation and management of the incidents to be documented in one place.

The service demonstrated it has a clinical governance framework to support the delivery of care and services for consumers. Data is collected and analysed to inform improvements in clinical care and services delivered and open disclosure is part of standard practice when negative events occur. Oral antibiotic usage is reviewed, along with the clinical indicators to ensure appropriate management of infections and use of antibiotics. Staff were knowledgeable with the policies and procedures in place to monitor the use of restrictive practices.

Based on the Assessment Team’s report, I find all Requirements in Standard 8 Organisational governance compliant.

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