Performance

Report

**1800 951 822**

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| Name of service: | Villaggio Sant Antonio Hostel |
| Service address: | 35 Burkitt Street PAGE ACT 2614 |
| Commission ID: | 2909 |
| Approved provider: | Villaggio Italiano Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 8 September 2022 to 9 September 2022 |
| Performance report date: | 30 September 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 Villaggio Sant Antonio Hostel (**the service**) has been prepared by Melissa Buhagiar, 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 - Site; the Assessment Contact - Site 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 29 September 2022.
* the following information given to the Commission, or to the Assessment Team for the Assessment Contact - Site of the service: Eight consumers and 6 representatives provided feedback to the Assessment Team.

# Assessment summary

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| Standard 3 Personal care and clinical care | Non-compliant |
| **Standard 7** Human resources | **Non-compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

Requirement 3(3)(a) The approved provider must demonstrate that each consumer has individualised, and effective personal and clinical care and that best practice care is delivered in relation to skin integrity, incident management, nutrition and hydration, diabetic management and management of restrictive practices in relation to the use of chemical restraint and behavioural supports.

Requirement 7(3)(a) The approved provider must demonstrate that there are sufficient staff to attend to consumers and that consumers are not waiting for excessive periods of time when call bells or assistance is required.

# 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. | Non-compliant |

Findings

The Assessment Team interviewed consumers and representatives who mostly indicated that they are satisfied with their clinical and personal care provided, however some consumers and representatives raised concerns. The Assessment Team identified practices related to the personal and clinical care of a number of consumers that is not best practice, tailored to the consumer’s needs and which does not optimise their health and well-being. This included in relation to skin integrity, incident management, nutrition and hydration, diabetic management and management of restrictive practices in relation to the use of chemical restraint and behavioural supports.

The Assessment Team reviewed Behaviour Support Plans for consumers and noted that their Behaviour Support Plan was not in line with legislative requirements. While the name of the medications is listed, the side effects are generic and do not record all side effects and how they will be monitored. Recommendations from Dementia Support Australia have not been incorporated in the Behaviour Support Plan, non pharmological interventions are limited and not individualised. There is very limited information to demonstrate that Dementia Services Australia recommendations are implemented and no information to indicate they are monitored or evaluated for effectiveness. The Behaviour Support Plan does not include details regarding alternatives to the use of the restrictive practice that have been tried or how they have been monitored and evaluated.

The Assessment Team reviewed incident forms which included limited or no investigation of contributing factors. While the development of preventative measures was evident for some incident reports reviewed, others did not include consideration of measures to prevent future incidents or there was not information to indicate that the measures are implemented.

The service does not have a process for reporting, investigating, monitoring or trending bruising incidents. Skin assessments are done monthly, however this would not identify bruises at the time they occurred, identify bruises that had occurred but healed, and would not facilitate timely root cause analysis.

The Assessment Team identified skin integrity issues which had not been followed up with incident reports, wound charts or monitoring.

The approved provider responded to the Assessment Team’s report detailing improvements to address the findings of the Assessment Team, this includes education in Behaviour Support Plans, with all Behaviour Support Plans to be updated by 30 November 2022, a new policy on bruise management and a continuous improvement plan.

I have considered the approved providers feedback and accept that it will take some time to reflect compliance for this requirement.

I find that the approved provider is Non-compliant with this requirement.

# 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. | Non-compliant |

Findings

The Assessment Team interviewed consumers and representatives who provided feedback that there is not enough staff and consumers need to wait a long time for assistance. Call bell response reports confirm that some consumers wait for extended periods of time for staff to respond to their requests for assistance. The service does not have a formal process for monitoring call bell response times.

Feedback from consumers included that they sometimes have to wait a long time for call bells to be responded to. They said this mostly happens around meal times and has left the consumer feeling uncomfortable when in desperate need for the toilet and at times they have been left in pain. One consumer advised that he would prefer to stay up later, however is advised to go to bed at 6pm, as there are not enough staff to assist later on.

Feedback from one representative was that there are insufficient staff and that the staff are stretched but do their best. The representative provided feedback to the team that on the day of the site assessment, staff kept advising the representative that they would come back and check on the consumer but had not by the time that the representative left, this caused distress to the consumer and representative. The representative advised that the service usually make contact when incidents occur, but they don't always ring promptly; sometimes they will tell the representative something has happened straight away and other times is just told in passing when visiting the consumer, which is concerning. The representative has raised this with staff and they have advised they will update the representative; however, this has not happened.

The Assessment Team reviewed call bell response times which demonstrate that some consumers wait extended period for staff to attend to their needs. For a one-week period 2 September 2022 to 8 September 2022 there were 261 call bell wait times over 10 minutes.

The approved provider responded to the Assessment Team’s report and provided a list of improvements that they have initiated to respond to the Assessment Team ‘s findings. The service is also recruiting for additional staff to fill vacancies.

I have considered the approved providers response, however find that it will take time to reflect compliance with this requirement.

I find that the approved provider is Non-compliant with this requirement.

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)