Performance

Report

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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: | 16 May 2023 |
| Performance report date: | 04 July 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 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 conducted on 16 May 2023, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the following information given to the Commission, or to the assessment team for the Assessment Contact - Site of the service: Non-Compliance Notice dated 17 October 2022 following an Assessment Contact conducted 8 September 2022 to 9 September 2022, Performance Report dated 30 September 2022 following an Assessment Contact conducted 8 September 2022 to 9 September 2022; Directions Notice dated 17 September 2021 following a Site Audit conducted 13 July 2021 to 16 July 2021, Performance Report dated 12 August 2021 following Site Audit conducted 13 July 2021 to 16 July 2021.

# Assessment summary

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| Standard 3 Personal care and clinical care | 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

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. One of the seven specific Requirements have been assessed and found compliant.

This Requirement was found to be non-compliant following an Assessment Contact on 8 September 2022. On that occasion the Assessment Team identified that behaviour support plans (BSP) for consumers were not in line with legislative requirements, medications were listed for consumers, however, the side effects, including how they would be monitored, were either generic or not recorded. Dementia Support Australia (DSA) recommendations were not incorporated into BSPs, with non-pharmacological interventions limited and not individualised. Further, there was very limited information indicating that DSA recommendations have been implemented, with no information indicating that, when implemented, DSA recommendations were monitored or evaluated for effectiveness.

The Service did not have a process for reporting, investigating, monitoring, or trending consumer bruising. Skin assessments were occurring monthly, with staff acknowledging this resulted in the inability to identify bruises at the time they occurred, identify bruises that had occurred but healed, or facilitate a timely root cause analysis. The Assessment Team identified consumer skin integrity issues had not been followed up with incident reports, wound charts, or monitoring.

During the Assessment Contact conducted on 16 May 2023, the Assessment Team found that overall, sampled consumers and representatives interviewed indicated they are satisfied the personal and clinical care the service delivers is safe and right for consumers. A review of sampled consumer care documentation demonstrates individualised care delivery that is, overall, safe and tailored to the specific needs and preferences of consumers.

The Assessment Team conducted interviews with consumers and representatives, clinical staff and reviewed documentation included sampled consumer files which identified that the service has a diabetes management plan for consumers with type 1 and type 2 diabetes. The management plan includes diabetes monitoring requirements, diabetes management strategies, referrals, and other observations such as urinalysis and vital signs.

The Assessment Team identified that although the diabetes plan for consumers was comprehensive, there was no staff instruction about what to do if the consumer’s BGL was outside the acceptable range. Management acknowledged this will be rectified and will include instructions for the care and clinical staff.

Interviews with sampled consumers and representatives, clinical staff and review of associated documentation including sampled consumer files identified the service includes non-pharmacological and pharmacological strategies to assist consumers with pain management. Medical officers and allied health professionals are consulted to assist with consumer pain management. Staff said they ask consumers if they have pain before attending any potential painful procedures such as wound dressings.

The Assessment Team identified that the service has up to date and thorough behaviour support plans, with sampled plans including behaviour history, present issues, behaviour influences, behaviours of concern and suggested strategies. The behaviour support plans also included strategies and suggestions from Dementia Support Australia (DSA). Further review of the progress notes and the behaviour assessment monitoring demonstrated that staff are documenting behavioural concerns and documenting the strategies used, and their effectiveness. Care staff and clinical staff interviewed were able to describe the consumers behavioural concerns and were also able to describe strategies that are effective for behaviour management.

The Assessment Team identified that the service overall has a comprehensive wound management process. This includes pressure injuries, skin tears and bruises. The Assessment Team sampled consumer plans and found that the wounds had a wound management plan which included photos, dressing requirements, strategies to avoid making the pressure injuries worse and a referral to a wound consultant. A review of the documentation showed pain assessments being conducted, analgesia as required and repositioning and monitoring of skin integrity.

The service now has a system in place to document, treat and investigate bruises, which was not evident on the previous Assessment Contact. The service has a bruising policy, and the option of ‘bruising’ is now part of the wound management documentation.

# 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

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. One of the five specific Requirements have been assessed and found compliant.

This Requirement was found non-compliant following an Assessment Contact on 8 September 2022. On that occasion several consumers interviewed express concern that there was insufficient staff to adequately meet their care needs in a timely manner, and a review of the service’s call bell data confirmed significant delays in call bell response times. However, all consumers and/or their representatives interviewed for this requirement during the Assessment Contact on 16 May 2023 indicated they are currently satisfied that their clinical and care needs are being met, and that staffing levels and skills are adequate to provide good quality care. They also stated that staff respond quickly to their call bell requests.

The service provided evidence of how it plans the number and mix of staff, which includes one or more registered nurses on all shifts, and at least one enrolled nurse on most shifts. Management said that while they are not always able to guarantee that the skill mix is optimal when there is unplanned leave, they ensure there are additional staff members from other designations available to provide supplementary coverage within their scope of competency, to adequately meet the care needs of consumers. Management indicated that any shortages in clinical and care staff rosters are addressed by engaging agency staff. Consumer feedback and corroborating call bell data indicates that the service has significantly improved its call bell response times and systemic oversight.

The Assessment Team interviewed consumers and representatives who mostly expressed satisfaction with the quality and promptness of the care currently being delivered by staff. One consumer advised the Assessment Team that previously the ‘staff were always very busy at certain times of the day – usually in the morning and at mealtimes’ and said that for the last few months has not experienced any delays in call bell responses, or with the timeliness and quality of the care delivered by staff.

One representative stated that staffing levels and practices have improved since earlier in the year and that they are generally satisfied with the care currently being delivered to the consumer and that they are now kept adequately informed about any deterioration or other changes in the consumer’s condition.

The Assessment Team interviewed staff who stated that most clinical, care and service shifts have been filled consistently within the last 3 months. Staff said that previously, due to staffing shortages, they would be asked by management to undertake additional work hours on their existing shift if there was unplanned staff leave, or to cover national and cultural holiday periods when a higher proportion of staff applied for annual leave. The staff interviewed stated that they are not currently requested by management to perform additional shifts, and that agency staff are employed to cover any unplanned shift vacancies.

Management stated that the service has an ongoing recruitment process across all staff designations to ensure that staffing levels are consistently maintained throughout the service. Senior management is currently overseeing all shift allocations to ensure there is a balanced skill and gender mix of clinical and care staff across all service areas. It indicated that the registered nurses are currently being supported by management with senior operational oversight, and with ongoing training to assist them with developing their staff management skills.

Management said the service’s call bell policy aims to have all calls responded to within 10 minutes. The current call bell system can be monitored in ‘live time’ by senior management, and call bell response time reports are reviewed weekly, which can also identify whether any calls are originating from sensor mats. Call bell data indicates that from September 2022 to April 2023 there has been a significant decrease in calls responded to in over 5 minutes. Management stated that until recently, all call bell responses in excess of 10 minutes generated an incident report to provide management with a full oversight of the cause and required response to each situation. That process was recently suspended due to the significant improvement in the call bell response times at the service and is subject to re-implementation if there are adverse changes in the call bell data.

The Assessment Team reviewed the service’s training documentation, including toolbox training schedules and participation rates for clinical and care staff, which indicated that the service provides staff with regular role specific training and the overall monitoring of their skills and work practices.

The Assessment Team observed clinical, care and service staff assisting consumers in a professional and respectful manner.

1. The preparation of the performance report is in accordance with section 68A – assessment contact, of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)