

**Performance Report**

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| Name: | Villaggio Sant Antonio Hostel |
| Commission ID: | 2909 |
| Address: | 35 Burkitt Street, PAGE, Australian Capital Territory, 2614 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 30 January 2025 |
| Performance report date: | 4 March 2025 |
| Service included in this assessment: | Provider: 1658 Villaggio Italiano Ltd Service: 1196 Villaggio Sant Antonio Hostel |

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 Kimberley Reed, 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 (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, older people/representatives and others
* the provider’s response to the Assessment Team’s report received 19 February 2025
* the Performance report dated 11 July 2024, following a Site audit conducted 28-30 May 2024
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all Requirements were assessed |
| **Standard 4** Services and supports for daily living | **Not applicable as not all Requirements were 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

This requirement was found non-compliant following Site Audit conducted 28 May 2024 to 30 May 2024. The service was unable to demonstrate each consumer received safe and effective clinical care related to psychotropic medication management, restrictive practices and pain management, and it was assessed care did not always optimise consumer health and wellbeing.

The service completed a range of actions to address the deficiencies identified at the Site Audit and managed these actions through a plan for continuous improvement.

Completed actions have included:

* Policies and procedures were reviewed and additional processes implemented to improve consumer oversight, this included monthly skin integrity reviews, photographs of any bruising and the commencement of a wound chart for bruises. Incident reports were completed for all new wounds, skin tears, bruises and excoriation. All consumers with chronic wounds were referred to their medical officer or a wound consultant.
* To address deficiencies in behaviour support plans, they have now been completed to include recommendations for Dementia Support Australia. Medications used to manage consumers’ changed behaviours were reviewed and updated in the behaviour support plan.
* A referral process was established with the Geriatric Rapid Acute Care Evaluation team to facilitate urgent clinical review of consumers and to reduce the need to transfer consumers to hospital for assessment.
* Psychotropic medication reviews by their medical officer were conducted with consumers and their representative or enduring power of attorney every three months to ensure consent forms were signed.
* Heat packs were purchased to assist pain management for consumers that may be affected by the need to isolate during an outbreak, to ensure their pain management strategies continued.
* Nurse initiated medication charts were noted to have omissions in the recording of administration, frequency and dose. This was addressed, endorsed by the consumers’ medical officer, and in place in line with best practice.
* Unplanned weight loss and weight gain was closely monitored, food and fluid charts recorded where necessary, and early referrals were made to the dietitian and speech pathologist as clinically indicated.
* A dental hygienist visited the service regularly and referrals to a dentist were made where indicated.
* Mobility and falls risk assessments were completed regularly by physiotherapists and management plans were put in place in consultation with the allied health team, clinical staff and treating medical officer.
* A ‘Resident of the Day’ program was in place to remind staff to complete and update all consumer assessments in a timely manner.

The above actions were verified onsite as having been completed during the Assessment contact – site.

Consumers and representatives confirmed the service effectively delivered personal and clinical care aligned with consumer needs and promotes overall consumer well-being. Representatives stated risk to consumer health and wellbeing and strategies to mitigate risks were identified and consultation and communication occurred when there was a change in consumers’ clinical care needs, and following incidents. The service demonstrated care needs were effectively reviewed when consumers' circumstances changed, such as blood glucose monitoring, pain assessment, psychotropic medication usage, weight loss or change in consumers’ health. Consumers and representatives felt assured about staff knowledge and interactions in providing care.

Staff demonstrated an understanding of each consumer and their preferences. Consumer files reflected individualised care that was safe, effective, and tailored to the specific needs and preferences of the consumer. Handover documentation reflected each consumer’s choices and preferences regarding their hygiene care needs.

The service had up-to-date policies and procedures in place to guide staff practice in relation to fall risk assessments, prevention and post incident assessment, monitoring, and review. Care and service documentation evidenced consumers who have had falls had been managed as per the organisation’s policies and procedures.

For consumers requiring pain management, assessments were undertaken according to the service’s policies and procedures. Pain assessments were undertaken, and a pain monitoring application was used to scan and identify pain for consumers who were nonverbal via scanning their facial expressions. Non-pharmacological interventions, such as massage and heat pack therapy were used by skilled staff as alternative strategies to manage pain.

The service had policy and procedure documentation for skin integrity, wound and pressure injury management. For consumers who had compromised skin integrity, chronic wounds and pressure injuries, care and service documentation evidenced appropriate wound and pressure area care according to the consumers' care plans.

The service’s psychotropic register evidenced all medications prescribed had corresponding consumer diagnoses or rationale for prescribing the chemical restraint. Documentation demonstrated legislative requirements in relation to the *Quality of Care Principles 2014* relating to the regular review and informed consent when restrictive practices were implemented, had been followed. Consumer care plans reflected the consideration of restrictive practices and strategies to manage them.

Behaviour documentation for consumers who had responsive or challenging behaviours evidenced behaviours were assessed, monitored, and referred to specialists such as Dementia Support Australia or geriatricians. Behaviour support plans and behaviour charts were completed regularly to effectively capture, and review consumers’ changed behaviour.

The service was effectively managing has consumers with specialised nursing care needs including diabetes management, stoma care and catheter care. Clinical and care staff had sound knowledge regarding consumer needs and preferences in relation to their complex care needs. Consumer and representative feedback were positive regarding the management of consumers’ specialised care needs and staff knowledge of consumer’s specialised needs.

Based on the above information and evidence, it is my decision consumers receive safe and effective care and services, and therefore this Requirement is now Compliant.

# Standard 4

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| Services and supports for daily living |  |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

This Requirement was found to be Non-compliant following a Site Audit conducted 28 May 2024 to 30 May 2024. The service was unable to demonstrate meals provided met the expectations of consumers relating to variety, quality and quantity. The majority of consumers and their representatives expressed dissatisfaction, citing meals that did not align with consumers’ dietary requirements or personal preferences. Additionally, concerns were raised about temperature, portion sizes, and a lack of flavour.

The service completed a range of actions to address the deficiencies identified at the Site Audit and managed these actions through a plan for continuous improvement.

Completed actions have included:

* Engagement of a new catering company who prepares meals fresh on-site and outsources texture modified food.
* Strengthened oversight of food satisfaction and complaints, through the Catering manager monitoring mealtimes, gathering feedback and collecting data for further improvements.
* Analysis of complaint data to identify any trends relating to food quality satisfaction.
* Menus have been reviewed and varied and themed menus have been introduced.
* Meals are sampled daily for quality assurance.
* Texture modified diets have enhanced meal quality and variety.

The dining experience has been enhanced through making improvements to dining environments and kitchen serveries, including more dining space and digital menu displays.

The above actions were verified onsite as having been completed during the Assessment contact – site.

The new catering contractor was responsible for all food services, preparing meals fresh on-site while outsourcing texture-modified food. The catering manager, in collaboration with the head chef and dietitian, has been working towards providing nutritious, high-quality meals which include high energy high protein options. Consultation for the Autumn menu was in progress, with consumers participating through menu surveys. The finalised menu, based on the consumer choice surveys, will be reviewed and approved by a dietitian before implementation.

To address weight loss concerns, the service introduced targeted care plans that included dietary plan reviews, appetite monitoring, nutritional supplements, high-calorie snacks, hydration strategies, and comprehensive staff training on topics such as standardised dysphagia diets, dysphagia, modified diets, and recognising deterioration in consumers. The Quality Care Advisory Committee meeting minutes from 23 January 2025, indicated an improvement in unplanned weight loss figures and ongoing staff engagement with consumers to ensure food satisfaction.

Most consumers and representatives interviewed during the Assessment contact expressed satisfaction with meal service. The Approved provider in its written response evidenced the feedback system used by the service to track consumer feedback and evidenced actions taken to address any negative feedback provided.

Observations of meal service included meals being served in a timely manner and consumers enjoying their meals together. Meals to rooms were provided on covered and heated plates. Consumers requiring assistance received respectful support from staff. The daily menu featured two hot meal options and one vegetarian choice, which were visibly displayed. Dietary profiles were available on trolleys and serveries. Alternative meal options such as sandwiches, salads, and snacks, like fruit and yoghurt were stocked in the kitchen. The kitchen was clean and organised, and staff adhered to food safety protocols.

Based on the above information and evidence, it is my decision consumers received meals which were of suitable quality and quantity. Therefore, it my decision this Requirement is now Compliant.

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