The Italian Village

Performance Report

6 Mumford Avenue   
ST AGNES SA 5097  
Phone number: 08 8397 0200

**Commission ID:** 6018

**Provider name:** Italian Benevolent Foundation SA Inc

**Assessment Contact - Site date:** 13 July 2020

**Date of Performance Report:** 4 August 2020

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this 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.

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Assessment Team recommended requirement (3)(a) as met, the other requirements in Standard 7 were not assessed. I find the requirement (3)(a) in relation to Standard 7 Compliant and have provided my reasons for my decision in the body of the report.

The Assessment Team found that all consumers and representatives interviewed said that always or most of the time staff are kind and caring and know what they are doing. The following examples were provided by the consumers and/or representatives during interviews with the Assessment Team:

* confirmed staff are kind and caring.
* confirmed staff know what they are doing.
* confirmed they think there are adequate staff.

The Assessment Team found there has been key management restructuring which involved the creation of one Care manager position and two CN roles. This has replaced two Care manager positions. An experienced rostering officer has been recruited and works closely with the Agency staff supplier.

Data provided by the Human resources manager to the Assessment Team indicates a significant decrease in the service’s usage of agency staff in the last seven months. Agency usage in November 2019 was 656.42 hours. This has reduced to 130.75 hours in June 2020. Data also shows there has been a significant improvement in the Enrolled nurse and Personal care worker roster coverage.

The service’s call bell data reviewed by the Assessment Team indicate most call bell and sensor mat alerts are answered within the service’s KPI 10-minute time frame. Records show follow up and communication/counselling by management with staff, following significant long wait times for consumers.

All staff interviewed by the Assessment Team stated they have had training with call bell monitoring and were aware of the importance of attending to call bells in a timely manner. In addition, they stated even though there are a lot of new staff, there is a significant reduction in Agency staff usage and their work runs more smoothly.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the service’s last assessment and have recommended this requirement as met. Assessment Team’s report identified the following actions and improvements since the Assessment contact:

* Following a workforce strategy meeting on 31 January 2020, a Management advisory consultant was engaged.
* Management has communicated the importance of call bell monitoring and what the process involves, with staff through their electronic messaging system. Individual staff are counselled should they be identified as not responding to call bells in a timely manner.
* Call bell escalation times were altered from 20 minutes to 10 minutes. The Care manager now receives a text message on their mobile should a call bell go over the 10 minutes.
* A call bell report is provided weekly by the Quality manager and staff are notified of the results.
* Management conduct spot checks around the site.
* Graph mapping has been done to monitor and show trends in agency coverage.
* All vacant Personal care worker shifts were mapped out and a recruitment drive was conducted. Documentation provided indicated 49 new staff were recruited.
* All new staff receive a two week on-boarding period and are not placed on night duty until management is confident staff understand the needs of the consumers.
* The organisation has a workforce strategy plan to improve recruitment of staff and volunteers, training and education and personal development and to introduce a stronger system of performance indicators for more positive staff engagement and service delivery.
* A consumer is now a member of the Quality Committee to enhance collaboration and consumer participation

For the reasons detailed above, I find that the approved provider does comply with this requirement.

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.