The Italian Village

Performance Report

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**Commission ID:** 6018

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

**Assessment Contact - Site date:** 15 July 2021

**Date of Performance Report:** 2 September 2021

# Publication of report

This Performance Report **will 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

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(b) | Non-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
* the provider’s response to the Assessment Contact - Site report received 4 August 2021

# STANDARD 2 Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Assessment Team assessed Requirement (3)(a) in this Standard at the Assessment Contact. All other Requirements in this Standard were not assessed. Therefore, an overall assessment of this Standard has not been provided.

The Assessment Team have recommended Requirement (3)(a) in this Standard as met. The Approved Provider submitted a response to the Assessment Team’s findings in relation to this Requirement. The Assessment Team found the service was able to demonstrate initial and ongoing assessments are completed to ensure all relevant information is captured and the workforce and others, work together in developing a safe and effective care and services plan for consumers in accordance with their needs goals and preferences. Further, the Assessment Team found that the service was able to demonstrate policies and procedures are in place to guide staff in the assessment and planning process.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 2 Requirement (3)(a) and find the service compliant with Requirement (3)(a). The reasons for my finding are detailed in the specific Requirement below.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

The Assessment Team found the service demonstrated a range of clinical, personal and lifestyle assessments were completed when consumers entered the service, and had been routinely reviewed every six months or when changes were identified. The assessments and planning included: consideration of risks to the consumer’s health and wellbeing; assessments undertaken by specialists (such as allied health) and recommendations informed by the assessments are incorporated into care planning. Further, the Assessment Team found that consumers and their representatives are consulted and informed regarding the assessment and planning process. The process at the service is supported by policies, procedures and the use of validated assessment tools. The Assessment Team provided the following information and evidence including (but not limited to):

* + - * The Assessment Team reviewed the files of nine consumers which demonstrated initial and ongoing assessment that informed care planning which included consideration of risks and the use of validated, evidence based assessment tools.
* The Assessment Team interviewed eight consumers and five of their representatives who confirmed that they are involved and informed in the assessment and care planning process. For example, one consumer (Consumer B) interviewed stated they were supported by the service to go shopping independently.
* The Assessment Team interviewed seven clinical and three care staff who were able to demonstrate knowledge of the assessment and care planning process and their role in the process. For example, care staff explained how they escalated changes to a consumer’s condition which triggers a re-assessment.

* The Assessment Team interviewed one Allied Health team member, who demonstrated knowledge of the assessment process related to falls risk, preventing falls and harm for falls. The Allied Health team member explained how changes are communicated to the workforce to ensure care provision in alignment with care planning changes.

The provider submitted a response to the Assessment Team’ report which provided additional information in relation to how they support Consumer B ‘s independence in going shopping and manage the risks related to this activity (although minimal). This has included providing the emergency contact information of the service for the consumer on their outings.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the additional supporting information provided by the service in response to the Assessment Team’s report. Based on the Assessment Team’s report and the provider’s response, I consider the service has demonstrated initial and ongoing assessment and planning, including consideration of risks to the consumer’s health and well-being. The assessments inform the delivery of safe and effective care and services for consumers.

For the reasons detailed above, I find the Italian Benevolent Society SA Inc. in relation to, The Italian Village, Compliant with Standard 2 Requirement (3)(a).

# STANDARD 3 Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Assessment Team assessed Requirement (3)(a) in this Standard at the Assessment Contact. All other Requirements in this Standard were not assessed. Therefore, an overall assessment of this Standard has not been provided.

The Assessment Team have recommended Requirement (3)(a) in this Standard as met. The Approved Provider submitted a response to the Assessment Team’s findings in relation to this Requirement. The Assessment Team found the service was able to demonstrate they have systems and processes in place to ensure each consumer gets safe and effective personal clinical care, or both personal and clinical care that is best practice, is tailored to their needs and optimises their health and wellbeing. Specifically, the Assessment Team found that three consumers care in relation to pain management, skin integrity (management of incontinence associated dermatitis) and restrictive practices (physical restraint) reflected best practice, and was tailored to their needs.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 3 Requirement (3)(a) and find the service compliant with Requirement (3)(a). The reasons for my finding are detailed in the specific Requirement below.

### Assessment of Standard 3 Requirements

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

*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.*

The Assessment Team found the service demonstrated they have systems and processes in place to ensure each consumer receives safe and effective personal and clinical care that reflects best practice, is tailored to the consumer’s needs and optimises their wellbeing. The Assessment Team found that policies, procedures and a clinical governance framework supports staff to deliver care for consumers that is tailored to their needs. Further, the Assessment Team found that for three consumers, care in relation to pain management, skin integrity (management of incontinence associated dermatitis) and restrictive practices (physical restraint) reflected safe and effective care in accordance with their needs, goals and well-being. The Assessment team provided the following information and evidence in relation to their recommendation of met in this Requirement.

* The Assessment Team reviewed nine consumer files which demonstrated evidence based and validated assessment tools are utilised to inform care planning. Care plans were personalised, for example, including consumer quotes where possible.

* The Assessment Team interviewed eight consumers who confirmed that staff were familiar with their care needs and they received the support and care they required.
* The Assessment Team interviewed seven clinical and three care staff who demonstrated knowledge of consumers care needs, care plans and preferences. The staff described how they maintain and update their skills, and receive training in relation to clinical care.

The Assessment Team found that the service was able to demonstrate that three consumers received personal and clinical care that reflected best practice, and was tailored to their needs. For example:

In relation to physical restrictive practices (bed rails), the Assessment Team found that one consumer (Consumer C) had bed rails in place. The Assessment Team reviewed the file and while the family had requested the bed rails, the Assessment Team found the service demonstrated consultation with the representatives and medical officer that reflected informed consent, including discussion relating to the risks to the consumer with the use of bed rails. Further, the service demonstrated that staff are aware of when the restraint is used, and the service reviewed the restrictive practice every three months.

In relation to the management of skin integrity for one consumer, the Assessment Team reviewed the file for Consumer D who experienced incontinence associated dermatitis (IAD). The Assessment Team found the service identified the risks to Consumer D’s skin due to medical conditions and incontinence and planned care to minimise the risk of Consumer D experiencing skin breakdown. The Assessment Team found that on an occasion that Consumer D experienced a perineal infection (related to a known medical condition) and IAD, the service demonstrated timely medical referral, ongoing assessment, monitoring and management of the Consumer’s infection and IAD which resolved.

In relation to the pain management for one consumer, the Assessment Team interviewed a consumer (Consumer E) who stated that their pain is managed effectively. The Assessment Team reviewed the file for Consumer E and found that the service demonstrated multi-disciplinary assessments in relation to pain, care planning that addressed pharmacological and non-pharmacological strategies, ongoing pain assessments and evaluation of Consumer E’s pain management plan, which was determined to be effective. The Assessment Team interviewed two care staff in relation to the management of Consumer E’s pain, who were able to describe non-pharmacological strategies they implemented when the consumer expressed pain, and that these strategies were usually effective.

The provider submitted a response to the Assessment Team’ report which provided additional information in relation to Consumer D. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the additional supporting information provided by the service in response to the Assessment Team’s report. Based on the Assessment Team’s report and the provider’s response, I consider that the service has demonstrated that they have systems and processes in place to ensure each consumer receives safe and effective personal and clinical care that reflects best practice, is tailored to the consumer’s needs and optimises their wellbeing. In addition, I find that the service has demonstrated that three consumers received safe and effective care in relation to restrictive practices (physical), skin integrity and pain management in accordance with their needs, goals and well-being.

For the reasons detailed above, I find the Italian Benevolent Society SA Inc. in relation to, The Italian Village, Compliant with Standard 2 Requirement (3)(a).

# STANDARD 5 NON-COMPLIANTOrganisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

The Quality Standard is assessed as Non-compliant as one of the three specific requirements have been assessed as Non-compliant. The Assessment Team assessed Requirement (3)(b) in relation to Standard 5. All other Requirements in this Standard were not assessed.

The Assessment Team have recommended Requirement (3)(b) in this Standard as not-met. The Approved Provider submitted a response to the Assessment Team’s findings in relation to this Requirement. While the Assessment Team found that the service environment was considered safe, clean and well maintained, consumers did not have free movement both indoors and outdoors. Closed doors prevented consumer access to courtyards and consumers bedrooms in the memory support were locked, due to the responsive behaviours of other consumers. As such, consumers did not have free access to their own bedrooms.

I have considered the Assessment Team’s findings, the provider’s response and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 5 Requirement (3)(b) and find the service Non-compliant with Requirement (3)(b). The reasons for the finding are detailed in the specific Requirements below.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(b) Non-compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

The Assessment Team found that the service is safe, clean and well maintained. The Assessment Team viewed maintenance and cleaning documentation that demonstrated preventative and responsive processes in place to ensure the environment remains clean, safe and well maintained. In addition, the environmental cleaning schedule was observed to be up to date. Further, the Assessment Team observed cleaning and maintenance staff attending to the service environment.

The Assessment Team interviewed eight consumers who considered they felt they belonged in the service and felt safe and comfortable. Consumers enjoyed utilising the various gardens, courtyards and indoor facilities.

However, the Assessment Team found that the service was unable to demonstrate that the environment enabled consumers to move freely, both indoors and outdoors, specifically in relation to consumers residing in the memory support unit. The Assessment team provided the following information and evidence in relation to their recommendation of not-met in this Requirement.

* The Assessment Team observed the bedrooms of five consumers in the memory support unit were locked and the service staff explained this was to prevent consumers with responsive behaviours (such as Consumer A) from entering other consumer’s rooms, who could urinate or take items not belonging to them. The Assessment Team discussed this with the service management who stated that a Behaviour Management Working Party has been established following the legislative changes to restrictive practices on 1 July 2021. This group is reviewing restrictive practices at the service in light of the updated legislation.
* The Assessment Team reviewed meeting minutes of the Restrictive Practices Working Party, which considered that locking doors in the memory support unit was a restrictive practice and ‘that this be addressed with families and no longer the practice’.
* Management informed the Assessment Team that information is provided to consumers, families and authorised representatives in a Residents’ Information Pack related to room security and consent to have bedroom doors kept locked.
* The Assessment Team reviewed the files of one of the consumers, and there was no consent documented for the restrictive practice of locking their bedroom door.

* The Assessment team observed one Consumer (Consumer A) walking purposefully, carrying a chair and climbing on it to attempt to gain access to locked doors that lead to a staff access pathway.
* The memory support unit has an internal garden courtyard accessed by double doors. These doors were observed by the Assessment Team to be closed, and were difficult to open.

The Approved Provider submitted a response to the Assessment Team’s report which provided information and supporting documentation directly addressing information in the Assessment Team’s report. The provider’s response included, but was not limited to:

* Acknowledged that the doors to the courtyard were not open on the day of the Assessment Contact due to inclement weather and they are being reviewed by maintenance staff in relation to ease of opening. Further, a new door security work instruction is being developed regarding open access to the courtyards.
* In regard to the consumer in the memory support unit that did not have consent documented to lock their bedroom door, consent has now been obtained from their representative and documented.
* Stated that access to consumer bedrooms in the memory support unit is controlled in a direct response to consumer representatives electing to do this to prevent people living with dementia entering the rooms. However, acknowledged this is a restrictive practice and the matter is under review by the Bene Behaviour Management Team.
* Supplied a continuous improvement plan aimed at improving consumer access around the facility, reviewing policies and procedures related to restrictive practices and service environment, and ensuring that the service complies with legislative responsibilities related to restrictive practices.

* Explained that the built environment of the service presents risks to consumers, due to sections (wings) of the service being built on various levels requiring ramped corridors to connect the wings. As this presents a risk to consumers overbalancing, every consumer does not have free access to these areas as a risk management strategy. The service makes every effort to accompany consumers to the main function area so no-one is excluded from group activities. Keys are provided to consumers who wish to move through the areas freely.

I acknowledge the provider’s response in relation to the legislative changes to restrictive practices implemented on 1 July 2021. However, prior to this, the Quality of Care Amendment (Minimising the Use of Restraints) Principles introduced in 2019 outlined and defined restraint, the responsibilities of the provider and referred providers to existing guidance on best practice in restraint, restraint being defined as any practice, device or action that interferes with a consumer’s ability to make a decision or restricts a consumer’s free movement.

I have considered the provider’s response, their acknowledgement of restrictive practices (environmental restraint) in place at the time of the Assessment Contact that does not enable consumers to move freely, both indoors and outdoors. Further I have considered the actions being undertaken and being planned, to ensure the service enables consumers to move freely, both indoors and outdoors and meet their legislative responsibilities, while also considering the safety of consumers due to the built environment. However, at the time of the Assessment Contact, I find that the free movement of consumers to their own personal spaces was restricted due to the responsive behaviours of other consumers.

For the reasons detailed above, I find the Italian Benevolent Society SA Inc. in relation to, The Italian Village non-compliant with Standard 5 Requirement (3)(b).

# Areas for improvement

* Ensure the service understands restrictive practices, including (but not limited to) requiring that consumers are assessed as requiring the restraint, alternatives to the restraint had been trialled; restraint is the least restrictive form possible and the consumer representatives has provided informed consent, understanding the assessment, the need for restraint, risks to the consumer and alternatives trialled.
* Ensure consumers with responsive behaviours (such as wandering, entering into other consumers rooms, taking belongings and voiding in inappropriate places) have sufficient and comprehensive psychosocial and behavioural assessments to identify potential triggers to the responsive behaviours. Further, ensure consumers have a behavioural support (management) care plan that addresses the triggers and promotes consumer wellbeing, for example, considering meaningful activities, continence promotion and facilitating consumer desire to walk.