Performance

Report

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| Name of service: | Performance report date: |
| Scalabrini Village Chipping Norton | 30 August 2022 |
| Commission ID: | Activity type: |
| 2778 | Site audit |
| Approved provider: | Activity date: |
| Scalabrini Village Ltd | 26 July 2022 to 28 July 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 Scalabrini Village Chipping Norton (**the service**) has been considered by Denise McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 Site audit, the Site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives.
* the provider’s response to the assessment team’s report received 25 August 2022.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **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)(g) – the Approved Provider ensures staff practice the correct procedures for the prevention and control of COVID-19 infection when working with a COVID-19 infected consumer in the service.
* Requirement 7(3)(d) – the Approved Provider ensures training and development support for the workforce in relation to COVID-19 infection control to ensure staff are equipped and supported to deliver the outcomes required by these Standards.

# Standard 1

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| Consumer dignity and choice | | Compliant |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected, and personal information is kept confidential. | Compliant |

## Findings

Consumers considered they were treated with dignity and respect, could maintain their identity, make informed choices about their care and services, and live the life they chose. Consumers and representatives provided positive examples of how the service supported consumers to be independent, exercise choice and make decisions about care and services. A consumer described how important their pet was to them and staff supported them to have regular pet visits, this also meant the consumer got lots of exercise, walking their dog.

Consumers felt safe at the service and staff respected their individual needs and preferences. Consumers from culturally diverse backgrounds said their culture was respected and staff were familiar with their cultural preferences; a consumer described how staff knew their favourite cultural song which they played regularly for the consumer.

Staff described how they supported consumers to connect with family and those important to them, a husband and wife couple said the staff ensured they spent time alone together as well as eating meals together. Care planning documentation identified the service supported consumers’ choice and independence through scheduled care plan reviews, staff were aware of the process for updating care plans with new care preferences.

Consumers said they were supported to live the best life they could. Staff said assessment of risk-taking activities occurred in consultation with the consumer, representative and health professionals, staff knew the risk assessment process, areas in which consumers wanted to take risks and how to support these consumers to understand the benefits and possible harm when making decisions about taking risks.

Consumers and representatives said they were provided with information to assist them to make choices about care and lifestyle, including current events occurring inside and outside the service, daily activities, and access to health professionals. Information was communicated via consumer meetings, case conferences, verbal updates and observed throughout the service displayed on noticeboards. Reported improvements in communication included website messaging, activity schedules, meeting minutes and newsletters hand delivered to each consumer; consumers provided positive feedback regarding these improvements.

Staff described ways to communicate effectively with consumers who did not speak English or with other communication barriers, these included using cue cards or hand signals; lifestyle staff said they ensured consumers with mobility issues were assisted to mobilise to the activities room to encourage participation in group activities.

Consumers confirmed their personal privacy was respected by staff and care was taken to maintain their dignity during delivery of clinical and personal care. Staff were observed knocking on doors and waiting for permission before entering a consumers’ room. Consumer information was stored in a digital program which was password protected with individual logins for staff. The service has a privacy policy which detailed how the service handled personal information.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| Requirement 2(3)(a) | 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. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

## Findings

Consumers and representatives confirmed they were involved in assessment and care planning through conversations with staff, family meetings and care plan reviews; care planning documentation demonstrated individualised, comprehensive assessment and care planning processes to identify the needs, goals and preferences of consumers, including any identified risks.

Staff described how consumers and representatives participated in a choice and risk assessment prior to the consumer choosing to have a COVID-19 vaccination, documentation evidenced risks and strategies to reduce infection had been discussed. Staff said they used assessment, planning and handover information to inform the delivery of safe and effective care.

The service had policies to guide staff practice for palliative care and end of life care planning with consumers and representatives confirming advance health care and end of life care needs had been discussed with them; care planning documentation evidenced consumer preferences were personalised for end of life care and support preferences.

Care planning documentation reflected the involvement of others in assessment and planning including allied health professionals such as medical officers and physiotherapists; the service also referred consumers to specialist dementia organisations, where appropriate.

Consumers said staff explained information about their care and services and knew they could access a copy of their care and service plan if they wished. Progress notes and handover processes evidenced information is readily shared amongst staff and other providers of care when changes occurred or for health deterioration, this included scheduled reviews and discussions in monthly staff meetings.

The service had a clinical assessment and care planning policy outlining ongoing assessment and planning in partnership with consumers including reassessment and monitoring processes and responsibilities of staff to ensure assessment and planning reflected consumer care needs. Alert notifications were observed on the electronic care management system for significant changes or if a consumer required a change to their care.

# Standard 3

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| Personal care and clinical care | | Non-compliant |
| 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 |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission-based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Non-compliant |

## Findings

I have found this Quality Standard as non-compliant as I am satisfied the service was not able to demonstrate how it met this Requirement:

* Minimisation of infection related risks through implementing:

1. standard and transmission-based precautions to prevent and control infection; and
2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

The Site Audit Report identified the service has policies and procedures which support the minimisation of infection related risks and antimicrobial stewardship, consumers generally see staff performing hand hygiene and staff demonstrated they understood practices which promoted antimicrobial stewardship, however, several infection control breaches were observed, in relation to correct use of personal protective equipment and inconsistent hand hygiene practices.

The Approved Provider responded on 25 August 2022, acknowledging the deficits raised and submitted a continuous improvement plan to address the identified gaps. I acknowledge corrective actions included within the Approved Provider’s response, however, at the time of the site audit, the service was not able to adequately demonstrate standard and transmission-based precautions to prevent of control infection were being consistently implemented.

Therefore, I find Requirement 3(3)(g) is non-compliant.

Regarding the remaining requirements which I have found compliant, consumers said they received safe and effective personal and clinical care, tailored to meet their individual needs and well-being. Care planning documentation of consumers with complex care needs, reflected individualised care was safe, effective and tailored to the specific needs and preferences of the consumer.

‎‎‎‎Consumers and representatives said the service managed high impact and high prevalent risks effectively; a consumer’s falls assessment identified a high risk of falling out of bed at night and care planning included strategies to minimise this risk included sensors and visual checks. A risk register evidenced consumer risk information was monitored such as those at risk of falls as well as those who had chosen not to be vaccinated against COVID-19.

Consumers and representatives said consumers who were nearing the end of life had their dignity preserved and care was provided in accordance with their needs and preferences. Representatives expressed confidence when the consumer needed end-of-life care, the service supported them to be as free as possible from pain and to have those important to them with them.

Care planning documentation reflected the identification of, and response to, changes in the consumer’s condition or health status. Staff provided examples of when deterioration or change in a consumers’ condition was recognised and responded to such as for the consumer who contracted COVID-19 which required hospitalisation and other adjustments in care when the consumer returned to the service including referrals to the dietician, geriatrician and an outreach palliative team.

Information relating to consumers’ condition, needs and preferences was documented in handover documentation, and communicated where the responsibility for care was shared. Staff attended shift handover to ensure information regarding consumers was consistently shared and understood.

Consumers confirmed they had access to relevant health supports through allied health professionals and staff described the referral process and how allied health professionals provided safe and effective care and services for consumers.

# Standard 4

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| Services and supports for daily living | | Compliant |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

## Findings

Consumers said they felt supported by the service to do things of interest to them, this included participating in lifestyle activities offered at the service and spend time on independent activities of choice. Consumers felt supported to maintain social and emotional connections with those important to them through video calls, phone calls or in-person activities organised by the families or the service. Care planning documentation demonstrated assessment processes captured consumers’ likes and dislikes, preferences and interests.

A consumer described how they were supported to attend cultural events important to them such as Italian Independence Day, staff assisted the consumer to mobilise to participate in social events. Consumers felt connected to pastoral services by attending religious services or engaging with community volunteers from religious organisations when they visited.

Care planning documentation detailed information on consumers’ relationships, personal goals, individual and group activities, as well as their emotional, spiritual, cultural, social, and community needs. Staff knew how to refer to care plans on the electronic care management system for detailed information on consumers interests and preferences and were observed supporting consumers who did not want to engage in group activities by having one on one conversations with them.

Consumers were aware of other providers of care available to them and confirmed referrals were made in a timely and appropriate manner. Lifestyle staff described how they worked with external organisations to supplement lifestyle activities; volunteers often visited the service to lead activities such as yoga sessions with consumers.

Consumers considered their needs and preferences were well communicated between staff and allied health providers, care plan documentation provided adequate information to support safe and effective care delivery. Staff described ways they shared information and were kept informed of the changing condition, needs and preferences of each consumer through handover processes and progress notes captured on the electronic care management system.

Consumers said the meals were of suitable variety, quality and quantity of food and confirmed they could request their own preferred meals; one consumer described how they received crackers and cheese at the end of a meal as per their preference. Care planning documentation reflected consumer dietary needs and preferences such as allergies, likes and dislikes, favourite food or drink.

Consumers advised they had access to equipment to support them in their daily living which was safe to use and well maintained by the service. The equipment was observed to be clean and in good working order. Maintenance documentation confirmed equipment was inspected and serviced routinely. A wide range of lifestyle resources were available for consumers to use such as books, magazines, music, television, books, board games, cards, piano, and hand weights.

# Standard 5

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| Organisation’s service environment | | Compliant |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

## Findings

The service had a main entrance area which was observed to be welcoming with clear signage directing consumers and visitors to various areas of the service. Consumers rooms were personalised with photographs, artwork and personal belongings and staff described aspects of the service which reflected dementia enabling principles of design and safe freedom of movement including wide corridors, adequate lighting and hand railings.

Consumers said they felt at home at the service and it was an enjoyable place to live; consumers and representatives confirmed the service was comfortable, safe, clean and well maintained. Consumers were observed spending time together in communal areas and moving inside and outside to enjoy seating areas in various shaded courtyards.

Furniture, fittings and equipment were observed to be safe, clean and well-maintained, this was confirmed by consumers who also said equipment was suitable and adequate for their use. Staff described maintenance processes for reporting maintenance issues and maintenance documentation evidenced a maintenance program included planned, periodic and ad hoc maintenance was completed.

# Standard 6

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| Feedback and complaints | | Compliant |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

## Findings

Consumers and representatives said they were encouraged and supported to provide feedback and make complaints and appropriate action was taken. Staff knew how to support consumers if they raised an issue or concern with them by talking to management or advocating on their behalf. Information on how to make complaints was observed throughout the service including brochures in several languages, this included details of advocacy and language services available to support consumers.

Consumers and representatives described ways in which they could raise complaints including talking directly with staff, completing a feedback form or survey. A representative confirmed the service responded promptly to an email complaint sent, a case conference was arranged, and an action plan was devised to address the concerns raised by the family. Staff said an open disclosure process was always applied where appropriate, a consumer and representative confirmed an apology had been issued by the service when they raised a complaint regarding how care was provided.

Consumers and representatives described how feedback was used to improve the quality of care and services such as improved levels of cleanliness at the service in response to concerns raised with management. Staff were familiar with how feedback and complaints were used to inform continuous improvement across the service, a feedback and complaints register and a continuous improvement plan demonstrated feedback was used to improve the quality of care and services.

The feedback and complaints policy and procedures reflected processes in place; the open disclosure policy and procedure outlined the service’s commitment to using feedback and complaints as an opportunity to improve services.

# Standard 7

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| Human resources | | Non-compliant |
| 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 |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Non-compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

## Findings

I have found this Quality Standard as non-compliant as I am satisfied the service was not able to demonstrate how it met this Requirement:

* *The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards*

The service demonstrated staff were recruited, trained, equipped and supported to deliver safe and quality care and services, however, the Site Audit Report identified that staff practices in relation to donning and doffing of personal protection equipment for the control and prevention of COVID-19 at the service, were not carried out effectively to meet the outcomes required by these standards.

The Approved Provider has acknowledged the deficits raised and submitted a continuous improvement plan to address the identified gaps.

I acknowledge corrective actions included within the Approved Provider’s response, however, at the time of the site audit, the service was not able to adequately demonstrate it was ensuring staff knew and were applying the correct procedures for the minimisation of infection related risks to prevent and control the risk of COVID-19 infection at the service.

Therefore, I find Requirement 7(3)(d) is non-compliant.

Regarding the remaining requirements which I have found compliant, consumers and staff said whilst there had been staff shortages recently, this was reflective of shortages in the sector and not unique to the service. Management reported they were able to access agency staff consistently where needed, all consumers and staff said staffing levels were adequate to meet consumer’s needs and preferences; consumers confirmed they got quality care and services when they needed them and from people who were knowledgeable, capable and caring.

Consumers said staff engaged with them in a respectful, kind and caring manner, and were gentle when providing care. Consumers described staff as attentive and quick to assist them in whatever they needed, call bell response records confirmed prompt staff responses.

Staff were confident the workforce were competent and adequately skilled to perform their roles. To ensure staff met minimum qualification and registration requirements, the service ensured history checks were completed prior to appointment, position descriptions assisted to orientate new staff to their role, supervised probation periods and buddy shifts matched new staff with experienced staff initially and annual mandatory training and competency assessments ensured ongoing development.

Staff performance was regularly assessed, monitored and reviewed with all staff undergoing 6 monthly performance appraisals. Additionally, staff were monitored through observations of medication competencies, manual handling, and medication administration, as well as through analysis of internal audits and clinical data, feedback and complaints data. Management said staff would be observed closely for adherence to infection control prevention practices and would be provided with further training.

Staff confirmed they felt supported by management, with regular access to training and appraisals. Documentation review confirmed that all active staff are up to date with their mandatory training and appraisal processes.

# Standard 8

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| Organisational governance | | Compliant |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

## Findings

Consumers and representatives said the service was well-run and described their participation in consumer meetings and surveys to provide input on improvements to care and services. Management described how consumers were involved in the planning and evaluation of care, services, food, and activities through regular care planning reviews, feedback and complaints, audits, surveys, consumer and representative meetings, and direct discussions. Recent improvements included improved mobile phone connectivity for staff enabling better communication with representatives and an upgraded call bell system enabled easier trend analysis of call bell data.

Management described how the governing body promoted a culture of safe, inclusive and quality care through regular meetings and monthly reporting on audit findings, key performance indicators, complaints, incidents and clinical indicators.

The service had implemented effective governance systems relating to the management of information, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. Documented policies and procedures guided clinical practices and risk management, and staff demonstrated understanding of policies as the related to and the implementation of practice.

The service had implemented a documented risk management framework, this included policies on high impact and high prevalence risks, abuse and neglect, mandatory reporting including the use of an incident management system. ‎‎‎Management described how consumers identified as being at high risk were listed on a register of consumers to be closely monitored for high prevalence risks such as COVID-19 infection, falls, pressure injuries, swallowing and complex behaviours.

A documented clinical governance framework was in place including policies for antimicrobial stewardship, the minimisation of restraint and open disclosure. Staff had been educated about the policies and were able to provide examples of their relevance to their work such as promoting adequate hydration to reduce the risk of urinary tract infections.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)