Performance

Report

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| Name of service: | Scalabrini Village Chipping Norton |
| Service address: | 199 EPSOM Road CHIPPING NORTON NSW 2170 |
| Commission ID: | 2778 |
| Approved provider: | Scalabrini Village Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 11 May 2023 |
| Performance report date: | 19 June 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 Scalabrini Village Chipping Norton (**the service**) has been prepared by M.Wyborn, 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, observations at the service, review of documents and interviews with staff, consumers/representatives and others

# 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)(g) | Minimisation of infection-related risks through implementing:  (i) standard and transmission-based precautions to prevent and control infection; and  (ii) practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Following a Site Audit conducted 26-28 July 2022, the service was found to be non-compliant with Requirement 3(3)(g). An Assessment Contact was conducted on 11 May 2023 and the Assessment Team found the service had implemented improvements in response to the non-compliance raised in the 2022 Site Audit Report and recommended the service to be compliant with Requirement 3(3)(g).

The Assessment Team reported that the service has appropriate policies and procedures to guide staff in relation to minimising infection-related risks. Consumer and representative feedback about staff infection control practices was positive and staff were knowledgeable about measures they implement to prevent and control infection and about antimicrobial stewardship. Staff were observed following appropriate standard and transmission based precautions, including wearing gloves and hand sanitising between assisting consumers, catering staff were observed wearing hair nets and gloves when plating meals, maintenance demonstrated an efficient auditing process for personal protective equipment, and laundry staff were observed to be folding freshly washed clothing in the clean section of the laundry.

Further, the service had updated their outbreak management plan (OMP) to include doffing stations outside consumers rooms, ensuring doffing bins were in place on the inside and outside of consumers’ rooms, assigning responsibility for registered nurses on each shift with checking doffing stations to ensure these are appropriately stocked for the shift. The service ensured all staff have completed refresher infection control training, and notified staff of their 15 minutes paid time prior to commencement of their shift to complete their Rapid Antigen Test (RAT) on site. The service has displayed donning and doffing posters to support staff knowledge, and focused on effective communication between the management team and the service’s Infection Prevention and Control Lead. During outbreak daily meetings to be held between all relevant parties to ensure clarity of information.

The service also increased rounds by management staff to identify any non-compliance with infection control protocols. Where non-compliance is identified, the service will arrange a fact-finding meeting with the staff member, inform People, Learning and Culture and retain copy of fact-finding outcome in staff file.

Accordingly, I find the Requirement 3(3)(g) compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |

Findings

Following a Site Audit conducted 26-28 July 2022, the service was found to be non-compliant with Requirement 7(3)(d). An Assessment Contact was conducted on 11 May 2023 and the Assessment Team found the service had implemented improvements in response to the non-compliance raised in the 2022 Site Audit Report and recommended the service to be compliant with Requirement 7(3)(d).

The Assessment Team reported that the service implements a comprehensive induction program, and ongoing education and support to enable staff to deliver suitable outcomes against the Quality Standards. Consumers and representatives were complimentary about staff, and staff were knowledgeable about their roles, including their responsibilities relating to infection control practices. Staff indicated they have access to training and education opportunities and were observed undertaking their roles appropriately.

The service has policies and procedures to ensure staff are appropriately supported to undertake their roles. This includes induction processes which lists a comprehensive range of education undertaken as part of each staff member’s induction, the roles and responsibilities of various personnel in supporting staff to undertake their roles effectively and a workbook which is completed and signed off at the end of their probationary period. A performance appraisal is undertaken at the end each new staff members’ probationary period and then on a routine annual basis.

The organisation requires staff to complete a range of mandatory education topics and competency assessments each year, and the Assessment Team’s review of documentation highlighted that the completion of mandatory education and competency is monitored and all staff have completed those requirements.

In addition to mandatory education for staff, the service has an on-site educator and program of ongoing education. This includes education on issues identified through analysis of clinical data and audit processes.

Where deficiencies in staff performance are identified, education and support is provided, to ensure staff are able to effectively undertake their roles. Further, staff confirmed they have access to ongoing opportunities for education and they feel they are supported by management to undertake their roles effectively.

Accordingly, I find the Requirement 7(3)(d) compliant.

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