Performance

Report

**1800 951 822**

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| Name: | Scalabrini Village Griffith |
| Commission ID: | 2755 |
| Address: | 650 Oakes Road, YOOGALI, New South Wales, 2680 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 28 November 2023 |
| Performance report date: | 20 December 2023 |
| Service included in this assessment: | Provider: 268 Scalabrini Village Ltd  Service: 1111 Scalabrini Village Griffith |

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 Griffith (**the service**) has been prepared by Katrina Platt, 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, consumers/representatives and others.
* the provider’s response to the assessment team’s report received on 20 December 2023.
* the Performance Report dated 19 March 2023 for the Site Audit conducted from 31 January 2023 to 2 February 2023.

# 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 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 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 |
| 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 |

Findings

Requirements 3(3)(a) and 3(3)(e) were found to be non-compliant at a Site Audit conducted from 31 January 2023 to 2 February 2023. An Assessment Contact occurred on 28 November 2023, and I acknowledge the improvements made in relation to the previous non-compliance.

Consumers and consumer representatives were satisfied their personal and clinical care provision was safe and right for them. Personal care provision reflected consumer needs and preferences and was tailored to the individual. Wounds were individually assessed and charted and evidenced dressing changes, frequency, photographs and tailored interventions to support healing. Falls management used a multidisciplinary approach, with individual and group physiotherapy provided for strength and mobility improvements and mitigation strategies were implemented for falls reduction. Diabetes management included management plans completed by medical officers and reflected effective blood glucose monitoring, medication administration and escalation actions.

Pain assessments were completed for consumers with acute and long-term chronic pain, with non-pharmacological interventions available, appropriate assessment tools used and non-verbal pain cues recognised. Changed behaviours were managed effectively, with individualised strategies for behaviour management and safe management of restrictive practices as a last resort. Care documentation evidenced personal and clinical care provision consistent with consumer needs and preferences. Staff were familiar with consumer preferences for personal care, individualised pain and diabetes management plans, behaviour triggers and management strategies and associated escalation actions.

Consumers and consumer representatives provided positive feedback about communication of their needs and preferences between staff and other providers of care. Care planning documentation evidenced adequate information about consumer conditions, needs and preferences and effective communication to consumer representatives, and other services which included medical officers, allied health professionals and hospitals. Staff described several ways effective communication was achieved, through shift handover, daily huddle, weekly risk meetings and monthly clinical meetings and how information was exchanged through handover sheets, communication alerts and electronic messages.

# Standard 7

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| Human resources | |  |
| 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 |

Findings

Requirement 7(3)(a) was found to be non-compliant at a Site Audit conducted from 31 January 2023 to 2 February 2023. An Assessment Contact occurred on 28 November 2023, and I acknowledge the improvements made in relation to the previous non-compliance.

Consumers and consumer representatives indicated there were appropriate staff numbers with sufficient skill mix to provide safe and quality care and services. Majority of shift allocations and rosters were filled, and a registered nurse was rostered in accordance with legislative requirements. Call bells were answered well below the services’ own ‘best practice’ response times. Management discussed strategies for ongoing recruitment and workforce planning which ensured ongoing levels and mix of staff for continued delivery and management of safe and quality care and services delivery.

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)