Scalabrini Village Nursing Home (Austral)

Performance Report

65 Edmondson Avenue   
AUSTRAL NSW 2171  
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**Commission ID:** 2656

**Provider name:** Scalabrini Village Ltd

**Site Audit date:** 31 May 2022 to 3 June 2022

**Date of Performance Report:** 5 August 2022

# Performance report prepared by

Michael Wyborn, delegate of the Aged Care Quality and Safety Commissioner.

# 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

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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 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 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 and others.
* the provider’s response to the Site Audit report received 5 July 2022.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Consumers advised they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

Consumers said staff members understand their cultural needs and preferences and make them feel respected, valued, and safe. They also said they have a say in making their own decisions about how their care and services are delivered and feel confident staff members support their choices.

Consumers said they are supported to take risks to enable them to live the best life they can.

The service demonstrated they have the systems in place to ensure consumers are treated with dignity and respect and can maintain their identity. Consumers are satisfied with the support they received in maintaining their independence and choices. Staff know consumers individual needs and support consumers to live the life they choose.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

This requirement was previously assessed as non-compliant, however the service can now demonstrate it has systems in place to ensure that staff treat consumers with dignity and respect, consider their identity, culture and diversity when delivering care and services. Consumers and representatives advised they are treated with dignity and respect, with their identity, culture and diversity valued. Staff spoke about consumers respectfully and were observed interacting with consumers respectfully. Consumers said they feel heard and that they have a say in their care and services.

I find this requirement is Complaint.

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

This requirement was previously assessed as non-compliant, however the service can now demonstrate it delivers culturally safe care and services recognising, respecting and supporting the cultural identities of consumers. Consumer and representatives provided positive feedback in relation to the service meeting their individual needs and preferences and confirm the staff are familiar with their needs. The service was able to demonstrate it provides effective services to consumers from a culturally diverse background. Staff members showed a sound understanding of what is required to provide culturally safe care and services to consumers from diverse backgrounds.

I find this requirement is Complaint.

### Requirement 1(3)(c) Compliant

*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.*

This requirement was previously assessed as non-compliant, however the service can now demonstrate that staff recognise the importance to consumers to make their own decisions and that those decisions are supported and respected. Consumers said they have a say in making their own decisions about how their care and services are delivered. They feel confident staff members support their choices.

I find this requirement is Complaint.

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*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.*

This requirement was previously assessed as non-compliant, however the service can now demonstrate it communicates clearly information about the care and services they offer, their commitments and their obligations. Consumers and representatives said they get the right information at the right time and in a way they can easily understand. Staff members were able to provide examples of the different ways they communicate information particularly for consumers with poor cognition. Review of documentation showed that consumers and their representatives have all relevant information necessary to make informed choices regarding care and services.

I find this requirement is Complaint.

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT 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

Consumers advised they feel like partners in the ongoing assessment and planning of their care and services.

Consumers and their representatives advised they are involved in assessments and care planning and advised they participate in regular case conferences.

Representatives highlighted that they are kept informed of changes in the consumer’s condition or when an incident occurs and have access to the care plan upon request.

Consumers and representatives advised they are informed about the outcomes of assessment and planning, and that advanced care planning and end-of-life planning occurs on entry to the service and preferences are documented in the advance care directive.

Care planning documents provide evidence of ongoing partnerships with consumers and their representatives about care and services provided by staff or others. In addition, the information in consumers’ assessment and care planning documents is current and reflects the consumers’ needs, goals and preferences.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## 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.*

This requirement was previously assessed as non-compliant, however the service can now demonstrate that assessment and planning include consideration of risks to consumers' health and wellbeing and informs the delivery of safe and effective care and services. Care planning and assessments identify risks to consumers’ health and wellbeing and are reflective of consumers’ current clinical needs, goals and preferences. Consumers and their representatives spoke positively about their experience with assessments and care planning.

I find this requirement is Complaint.

### Requirement 2(3)(b) Compliant

*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.*

This requirement was previously assessed as non-compliant, however the service can now demonstrate that assessment and planning identifies and addresses the consumer’s current needs, goals, and preferences including advance care planning and end of life planning. Consumer care plans showed advance care directives are completed and recorded according to the consumers’ and or representatives’ wishes. Consumers and their representatives advised they are given the opportunity to discuss their current care needs, goals, and preferences including advance care or end-of-life planning.

I find this requirement is Complaint.

### Requirement 2(3)(c) Compliant

*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.*

This requirement was previously assessed as non-compliant, however the service can now demonstrate that assessment and planning are based on ongoing partnership with the consumer and others, including allied health teams and other organisations or providers of care when appropriate. Consumers and their representatives said they are satisfied with the level of consultation and individual input into their care and services.

I find this requirement is Complaint.

### Requirement 2(3)(d) Compliant

*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.*

This requirement was previously assessed as non-compliant, however the service can now demonstrate that the outcomes of assessment and planning are effectively communicated to the consumers and their representatives and documented in the care plan which is readily accessible to consumers, staff and representatives. The care planning documents and staff interviews indicate that consumers’ assessment outcomes are communicated through care conferences and documented in the consumers' care plan. Consumers and their representatives advised that outcomes of assessment and planning is communicated effectively and that copies of care plans are provided if necessary and are readily available upon request.

I find this requirement is Complaint.

### Requirement 2(3)(e) Compliant

*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.*

This requirement was previously assessed as non-compliant, however the service can now demonstrate care and services are regularly reviewed for effectiveness, or when circumstances change, and in response to incidents that impact the needs, goals, or preferences of the consumer. Changes in clinical care needs, goals, or preferences are reviewed in a timely manner to ensure changes in consumers’ needs are communicated to staff for the delivery of safe and effective care services. Consumers and representatives reported they are satisfied with the changes made by staff following incidents that require new directives for consumers’ care.

I find this requirement is Complaint.

# STANDARD 3 NON-COMPLIANT 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

Consumers advised they receive personal care and clinical care that is safe and right for them. Consumers also confirmed they have access to a doctor or other health professional when they need it.

Clinical records for consumers demonstrated they receive appropriate personal and clinical care in relation to their end of life care and where they experience a deterioration or change in their status.

Care documents for the consumers reflected timely and appropriate referrals and input and/or recommendations from medical officers, a range of allied health and other medical professionals.

The service has implemented comprehensive organisational policy and procedures in relation to infection prevention and control, risk management, clinical governance, communication and end of life. Staff were able to describe how they use clinical best practice standards and transmission-based precautions to prevent and control infections, including the appropriate use of antibiotics.

However, the care and service records do not support that every consumer receives safe and best practice clinical care in relation to bowel management, wound management, and restrictive practices management. While there is organisational policy and procedures in relation to infection prevention and control, inconsistent reporting of data occurrences relating to infection incidence and breaches of infection control practices was observed during the audit.

The Quality Standard is assessed as Non-compliant as two of the seven specific requirements have been assessed as Non-compliant.

### Assessment of Standard 3 Requirements*.*

### Requirement 3(3)(a) Non-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.*

Consumers and their representatives provided positive feedback about clinical and personal care. However, the review of care planning documents does not support that care provided to consumers is always safe, effective, best practice, and optimises the consumers’ health and wellbeing. Inconsistencies were identified in staff practices relating to personal hygiene care, bowel management, and wound care which resulted in poor consumer outcomes.

Two consumer’s care records showed use of invasive treatment for bowel management, with no evidence of non-invasive treatment being used prior. Another consumer’s wound records indicated that staff were not following the recommendations of the wound specialist in dressing the consumer’s wound. The consumer’s care plan notes showed that this wound was chronic, and the wound specialist had directed a specific dressing to promote wound management and healing.

In addition, while consumers who are subjected to chemical restraint have behaviour support plans, restraint is not used as a last resort. Restrictive practices such as chemical and environmental restraint have not been managed appropriately to optimise consumer wellbeing and do not demonstrate best practice. Management confirmed they are aware of the gaps in relation to recognition of restraint in the service and appropriate recording and reviewing. Management have committed to action and noted this on the continuous improvement plan.

The approved provider’s response acknowledges the issues identified by the assessment team and outlines improvement actions the service has commenced since the site audit. These actions include specific improvements for individual consumers identified by the assessment team, as well as service wide improvements in personal care and clinical care.

While the approved provider has taken action in response to the information raised in the assessment team report, I was not provided sufficient evidence in the approved provider’s response to satisfy me that the service has addressed all of the deficiencies identified in the site audit; these include having the systems and processes to identify and address deficits in provision of personal care and clinical care, review outcomes and adjust staff practice. The approved provider is still undertaking improvements and I encourage them to embed these improvements into their usual practice to ensure all consumers get personal care and clinical care that is safe and right for each consumer and is in accordance with each consumer’s needs, goals and preferences to optimise health and well-being.

Accordingly, I am satisfied that requirement 3(3)(a) is non-compliant.

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

This requirement was previously assessed as non-compliant, however the service can now demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. Identification of risk to consumers occurs through the services monitoring and assessment processes. In addition, care plans include information about the high impact and high prevalence risks for consumers including interventions to minimise risk.

I find this requirement is Complaint.

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

This requirement was previously assessed as non-compliant, however the service can now demonstrate that the needs, goals, and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. Whilst no consumers are currently on palliative care at the service, the review of consumers’ documents who recently died at the service showed they are cared for according to their needs and preferences. Staff provided examples of how they vary the care of consumers’ when they are nearing the end of life and the support they provide.

I find this requirement is Complaint.

### Requirement 3(3)(d) Compliant

*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.*

This requirement was previously assessed as non-compliant, however the service can now demonstrate that deterioration or change of consumers’ mental health, cognitive or physical function, capacity or condition is recognised and managed in a timely manner. Review of care documents of consumers who experienced deterioration also shows that processes for the escalation and response to deterioration have been recognised and managed in a timely manner. Consumers and their representatives were positive regarding the service’s effectiveness in responding to deterioration in a consumer’s condition.

I find this requirement is Complaint.

### Requirement 3(3)(e) Compliant

*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.*

This requirement was previously assessed as non-compliant, however the service can now demonstrate effective sharing of information about the consumer’s condition, needs, and preferences within the organisation and with others where the responsibility of care is shared. The review of consumers’ clinical and care documents showed care conferences are occurring. Consumers and representatives said they are kept informed of the changes in the consumers’ care.

I find this requirement is Complaint.

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

This requirement was previously assessed non-compliant, however the service can now demonstrate timely and appropriate referrals to individuals, other organisations, and providers of other care and services for consumers. Clinical and care documents indicate appropriate referrals according to the consumers’ current needs. Consumers and representatives spoke positively about processes taken by the service to access other medical and allied health services.

I find this requirement is Complaint.

### Requirement 3(3)(g) Non-compliant

*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.*

While the service has systems to minimise infection-related risks through standard and transmission-based precautions, and consumers and their representatives spoke positively of the actions taken by the service in response to infections experienced by the consumers, the audit observed inconsistent reporting of data occurrences relating to infection and appropriate use and management of antibiotics within the service. An infection control breach during the audit was also observed which involved an ongoing issue with clinical waste management.

There were 64 incomplete infection records between February 2022 and May 2022 resulting in incorrect reporting of infection-related data experienced by consumers and the appropriate use and management of antibiotics within the service.

An infection prevention and control facility audit completed on 17 March 2022 noted issues such as overfilled clinical and cytotoxic waste bins with open lids. During the period of the audit the environment the Assessment Team observed the clinical waste bins were still overfilled and unlocked. In addition, the Assessment Team observed some staff not wearing face masks correctly in common areas.

The approved provider’s response acknowledges the issues identified by the assessment team and outlines improvement actions the service has commenced since the site audit. These actions include review and updating of infection records, education and training for staff and increased monitoring of staff practices.

While the approved provider has taken action in response to the information raised in the assessment team report, I was not provided sufficient evidence in the approved provider’s response to satisfy me that the service has addressed all of the deficiencies identified in the site audit; these include having the systems and processes to identify and address practices in infection control and to adjust staff practice. The approved provider is still undertaking improvements and I encourage them to embed these improvements into their usual practice to ensure the minimisation of infection related risks at the service.

Accordingly, I am satisfied that requirement 3(3)(g) is non-compliant.

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

Consumers advised they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

Consumers and representatives advised consumers are supported by the service to do the things they want to do and they are supported to keep in touch with people who are important to them. There is a wide range of formal activities available and lifestyle equipment provided in their rooms such as televisions, digital video disc devices and radios. A representative expressed high satisfaction with the benefits of consumers’ being able to interact with skilled care staff, wellbeing staff and the pastoral care team. Consumers confirmed there is a variety of food available of suitable quality and quantity.

The audit observed a wide range of formal activities for consumers including excursions outside of the service. A major strength for consumer lifestyle is the vast experience and knowledge of the pastoral care team and the wellbeing care team in their roles. They know what is important to individual consumers and how to assist them to meet their lifestyle goals which is recorded in the care planning documentation. There is also a co-located church at the service.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*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.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

This requirement was previously assessed as non-compliant, however the service can now demonstrate how it successfully promotes individual consumer’s emotional, spiritual and psychological wellbeing.

Consumers and their representatives confirmed they can talk to staff when they are feeling low and their emotional, spiritual and psychological wellbeing needs, goals and preferences are supported.

Care planning documents includes information about the services and supports each consumer needs to support their emotional, spiritual and psychological wellbeing. Each care plan contains a consumer profile with details of the top five things that is important to them and what support is required to achieve their desired outcome. There is also a dedicated lifestyle domain and a dedicated spiritual domain in the care plan describing observations, needs, goals and interventions for each consumer.

The pastoral care team are also present in the service seven days a week and available for consumers or staff to talk to on an informal basis, in the dining and lounge rooms, as they pass by in the corridors, in the large reception area furnished with several couches and chairs, at the church or in the outdoor walkways and gardens.

There are lifestyle, spiritual and emotional wellbeing specific policies and procedures to guide staff practices in addition to language, cultural and spiritual resources.

I find this requirement is Complaint.

### Requirement 4(3)(c) Compliant

*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.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

This requirement was previously assessed as non-compliant, however documentation and interviews with staff now confirmed information about the consumer’s condition, needs and preferences is communicated effectivley within the organisation and with others where responsibility for care is shared.

Consumers confirmed they feel their condition, needs and preferences are effectively communicated in the service and with others. In addition, care planning documentation is being reviewed in a timely manner and contains up to date and accurate information.

Staff advised they have embedded a revised handover process requiring communication from registered nurse to registered nurse only, with the incoming registered nurse communicating information to the care staff.

The service has relevant policies and procedures for sharing information in relation to services and supports for daily living, and these processes are generally similar to personal and clinical care policies, particularly with care planning information.

I find this requirement is Complaint.

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

This requirement was previously assessed as non-compliant, however current observations and interviews now confirmed that preventative maintenance procedures are effective and consumer equipment is safe, suitable, clean and well maintained.

There are no outstanding work orders in relation to equipment for daily services and supports.

Consumers advised the furniture and fittings in the common areas are clean and well maintained.

Care staff confirmed they have access to lifestyle and other equipment when they need it and they are cleaned after each use with sanitising wipes. All staff confirmed they report any issues with equipment to the registered nurse or log a work order directly on the electronic maintenance system.

I find this requirement is Complaint.

# STANDARD 5 NON-COMPLIANT Organisation’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

Consumers advised they feel they belong in the service and feel safe and comfortable in the service environment.

Consumers explained they feel safe in the service environment, they feel at home and they think the service is clean and well maintained. Consumers said they can move freely inside and outside and that the furniture and fittings are safe, clean and well maintained. Representatives indicated the service is generous with providing equipment to consumers and ensure that the equipment is appropriate, suitable, kept clean and well maintained.

The audit identified the service environment is not always safe for consumers as there are several outstanding work orders yet to be completed and are overdue. Additionally, the system and processes for identifying and reporting service environment issues is lagging. Several maintenance issues identified were not recorded on the electronic maintenance schedule. Maintenance logs are not being recorded and prioritised correctly. A new corporate maintenance manager commenced at the beginning of May 2022 and is still orientating the role.

The Quality Standard is assessed as Non-compliant as one of the three specific requirements have been assessed as Non-compliant.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### 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.*

### Observations and document review of the maintenance schedule evidenced several outstanding work orders are yet to be completed. Observations of the environment identified work which needed to be completed to maintain a safe and well-maintained environment, however this work had not been identified through the service’s maintenance system or recorded on the maintenance schedule.

### Maintenance logs are not being recorded and prioritised correctly. A new corporate maintenance manager commenced at the beginning of May 2022 and is still orientating the role.

### The corporate maintenance manager provided a comprehensive annual environmental audit conducted by an external contractor but was unable to detail how this is to be applied to their role. The village manager acknowledged that they had not seen this document before.

### The maintenance team leader provided general information about the service’s maintenance system but was unable to explain why the electronic maintenance schedule was not up to date with current information, how reports for outstanding work orders are filtered, how overdue work orders are filtered and how outstanding and overdue work orders are reported to management. It was identified there was often incorrect information entered into the priority ranking field for each work order or no priority ranking at all. The administration manager responsible for maintenance reporting was unable to explain how outstanding and overdue work orders are reported to the corporate maintenance manager and/or the village manager.

### The approved provider’s response acknowledges the issues identified by the assessment team and outlines improvement actions the service has commenced since the site audit. These actions include review of outstanding maintenance orders, education and training for staff and increased monitoring of staff practices.

### While the approved provider has taken action in response to the information raised in the assessment team report, I was not provided sufficient evidence in the approved provider’s response to satisfy me that the service has addressed all of the deficiencies identified in the site audit. The approved provider is still undertaking improvements and I encourage them to embed these improvements into their usual practice to ensure all consumers are provided a safe clean, well maintained and comfortable environment.

### Accordingly, I am satisfied that requirement 5(3)(b) is non-compliant.

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

This requirement was previously assessed as non-compliant, however observations and review of the preventative maintenance schedule now confirm furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

Consumers, representatives and staff confirmed furniture, fittings and equipment are safe, clean and well maintained.

I find this requirement is Complaint.

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

Consumers advised they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

Consumers and representatives said they felt safe and confident to make a complaint. They were familiar with the ways in which they could do this, from speaking directly to staff, raising concerns with management, documenting on feedback forms or raising their concern or query at the consumer representative meetings.

Consumers and representatives said they are confident that feedback and complaints are used to improve services. Consumers who recalled raising an issue gave examples where their concerns were responded to and resolved promptly.

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

This requirement was previously assessed as non-compliant, however the service can now demonstrate an effective system which allows consumers and representatives to raise issues of concerns through feedback forms, discussion with staff, discussion with management or via external services. Consumers are aware of the ways they can make their dissatisfaction known internally and externally. Staff know how to encourage and support consumers and their families to make complaints and can explain the actions required and the processes taken to resolve the matter.

I find this requirement is Complaint.

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

This requirement was previously assessed as non-compliant, however the service can now demonstrate an effective complaint/feedback record management system. This includes an ongoing review of feedback to support improved quality of care and services. Consumers and representatives said they feel comfortable raising issues with management. Review of the service’s systems showed feedback is consistently recorded and monitored to drive continuous improvement. In addition, information provided on the external complaints’ mechanism available to consumers and representatives was current and readily accessible.

I find this requirement is Complaint.

# 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

Consumers advised they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

Consumers advised they were satisfied with the staff at the service and that they attend to their needs in a respectful and timely manner. Consumers advised that staff are always kind and caring.

Consumers also advised that staff know what they are doing and felt confident that they had the skills and knowledge to meet their care and lifestyle needs.

Consumers and representatives confirmed there are adequate staff and spoke positively about the staff at the service. They made statements such as “the staff are beautiful”, “it is like family here”, “I have never had anything to complain about since living here”.

Staff were observed attending to consumers in a calm and kind manner. Staff advised they can complete their allocated tasks each day and meet consumer’s needs. In addition, staff demonstrated that they receive the training and education necessary to fulfil their roles when providing care and services to consumers. They also confirmed they undertake performance review annually in conjunction with management.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## 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.*

This requirement was previously assessed as non-compliant, however the service can now effectively demonstrate that the workforce is planned and the number and mix of deployed members enables the delivery and management of safe and quality care and services.

The call bell data is comprehensive and is monitored and used to ensure consumers are receiving timely care. The service has a process to ensure they have registered nurses rostered to support the delivery of safe and quality care to consumers in accordance with their assessed needs. There has been a review of the roster which included a consultation process with consumers, representatives, staff and other stakeholders. The chief executive officer also has scheduled face to face meetings with staff.

Consumers advised they do not have any issues regarding the adequacy of staff numbers.

I find this requirement is Complaint.

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

This requirement was previously assessed as non-compliant, however work force interaction with consumers was now observed as always kind, caring and respectful of each consumer’s identity, culture and diversity.

Consumers and representatives spoke positively about the staff at the service and said things like “it is like family here”, “the staff are beautiful”, “we have never had any concern’s since moving here” and “the staff go above and beyond”.

The Assessment Team observed staff interactions with consumers during the site audit were respectful, kind and caring.

I find this requirement is Complaint.

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

This requirement was previously assessed as non-compliant, however the service can now demonstrate that the members of the workforce were competent and had a sound knowledge to effectively perform their roles.

The village manager has extensive human resource experience and, since commencing their role four months prior to the audit, has implemented improvements to the human resource processes, specifically training and development opportunities at the service.

The organisation has a comprehensive recruitment process that includes value-based questions during the interview, reference checks and police checks. The organisation has an orientation process that includes buddy shifts, code of conduct training, competency assessments to be completed and performance reviews.

The service has a full-time educator role dedicated only to Scalabrini Austral to support and train staff.

I find this requirement is Complaint.

### Requirement 7(3)(d) Compliant

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

This requirement was previously assessed as non-compliant, however the service can now demonstrate that there are systems in place to ensure the workforce is recruited, trained, equipped and supported to deliver the outcomes required to meet the Standards.

Documentation evidenced that all staff have completed mandatory training modules, including the Department of Health COVID-19 modules. Other mandatory annual training include; Serious Incident Response Scheme (SIRS) and National Disability Insurance Scheme mandatory reporting, infection control including annual handwashing competency assessment and donning and doffing competency assessment, work health and safety, workplace bullying and harassment, fire safety, manual handling, antimicrobial stewardship, rapid antigen testing (RAT) and polymerase chain reaction (PCR) testing (for registered nurses) and medication competencies.

Documentation reviewed demonstrates that training has been undertaken in relation to the Quality Standards and newly introduced legislation and that this training is ongoing.

External educators also provide education for staff, for example medication management, continence management and wound management.

Behaviour management training has been provided which provided clear guidance on incidents that need to be documented under SIRS legislation. Education has been delivered on restrictive practices.

I find this requirement is Complaint.

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

This requirement was previously assessed as non-compliant, however the service can now demonstrate that there are systems in place for the regular assessment, monitoring and review of the performance of each member of the workforce. A performance feedback review is conducted annually or when it is identified that a member of staff requires a review of their skills and/or knowledge.

I find this requirement is Complaint.

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

Consumers advised the organisation is well run and that they can partner in improving the delivery of care and services.

Consumers and their representatives explained they are involved in the development, delivery and evaluation of care and services.

Management described the comprehensive range of consumer feedback and engagement strategies used by the service and how the service is part of the organisation wide governance structure and framework. Board members, the Chief Executive Officer and the executive management team were able to demonstrate the governance systems through which the board ensures and engages in the provision of safe, quality and effective consumer care compliant with legislative requirements and the Quality Standards.

The service has effective organisation wide governance systems in the key areas of information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints. The service demonstrated that it has sound local governance systems that feed into and are supported by the overall organisational governance framework and accountability structure.

The service has risk management systems in place for high impact, high prevalence risk, identifying and responding to abuse and neglect of consumers, and supporting consumers to live the best life they can. Staff demonstrated they can apply the risk framework in their day-to-day practice.

The organisation provided documented risk management policies and procedures as part of its overall governance framework. The governance framework outlines the responsibilities, structures and expectations regarding the provision of quality clinical care to ensure the safety, health and wellbeing of consumers.

The organisation was able to provide a documented clinical governance framework that included a policy for antimicrobial stewardship, minimising the use of restraint and an open disclosure policy.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

This requirement was previously assessed as non-compliant, however the service can now demonstrate that consumers are supported to engage in the development, delivery and evaluation of care and services and are supported to do so through a broad range of consultative strategies.

Consumers and their representatives were able to describe how they engaged in the development, delivery and evaluation of services by engaging in feedback mechanisms, participating in consumer and staff meetings and utilise the management ‘open-door’ policy. Consumers and their representatives confirmed that during meetings and at other times, they feel that management actively seek their feedback and that their opinions are heard and valued. The consumer meeting is an open forum.

I find this requirement is Complaint.

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

This requirement was previously assessed as non-compliant, however the organisation’s governing body can now demonstrate that it promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery by effectively responding to consumer feedback, experience and significant safety incidents. The organisation demonstrated how it ensures the service meets the Quality Standards by establishing a structure that is supported by committees including; clinical and governance committee, order and risk committee, finance committee and pastoral care committee to ensure that they are well informed.

I find this requirement is Complaint.

### Requirement 8(3)(c) Compliant

*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.*

This requirement was previously assessed as non-compliant, however the service can now demonstrate effective organisation-wide governance systems in the key areas of information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. A sound local governance system has been embedded that feeds into and is supported by the overall organisational governance framework and accountability structure.

The clinical governance committee reviews opportunities for continuous improvement by communicating with the village managers. They review feedback from all stakeholders to continually improve the safety and quality of care provided to consumers, review outcomes and evaluate continuous improvement activities.

High risk, high prevalence meetings are held regularly. The village manager and care managers’ report any critical incidents to be discussed with the clinical governance committee and identify areas for improvement and strategies to put in place. Individual consumers incidents and needs are discussed at these meetings.

Each board member “adopts a service”, including the chair of the board. The board member allocated to each service places a focus on that service and visits it more often than the other board members. The chair of the board stated that they are striving to “give the voice back to the residents”.

I find this requirement is Complaint.

### Requirement 8(3)(d) Compliant

*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.*

This requirement was previously assessed as non-compliant, however the service can now demonstrate compliance and provided a documented risk management framework as part of its overall governance framework. This includes policies describing how high impact or high prevalence risks associated with the care of consumers is managed; the abuse and neglect of consumers is identified and responded; and how consumers are supported to live the best life they can.

The organisation demonstrated how it effectively manages identified risks, and the audit observed how these risks are escalated appropriately to management.

Management and staff could describe the actions they need to take, relevant to their role, if they witness an incident involving a consumer. They could describe the steps taken to respond to the immediate needs of those impacted, record, report and analyse incidents and implement remedial actions.

All staff have received training on serious incident response scheme (SIRS) and incident management. Staff interviewed demonstrated a sound understanding of the legislation, policies and procedures implemented at the service.

I find this requirement is Complaint.

### Requirement 8(3)(e) Compliant

*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.*

This requirement was previously assessed as non-compliant, however the service can now demonstrate that it has a clinical governance framework that outlines the responsibilities, structures and expectations regarding the provision of quality clinical care to ensure the safety, health and wellbeing of consumers.

The organisation was able to provide a documented clinical governance framework that included a policy relating to antimicrobial stewardship, a policy relating to minimising the use of restraint, and an open disclosure policy.

Registered nurses provided an explanation on antimicrobial stewardship consistent with best practice and were able to describe how this applies to their day to day practices. They were able to clearly explain how they work with the staff to prevent infection in consumers and work with the medical officers for appropriate antibiotic prescribing.

I find this requirement is Complaint.

# 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)(a)

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

*(i) is best practice; and*

*(ii) is tailored to their needs; and*

*(iii) optimises their health and well-being.*

The service should:

* Provide ongoing education and training to staff to ensure consumers are provided with personal hygiene care, bowel management and wound care that is safe and effective for each consumer.
* Ensure ongoing education and training for staff on restrictive practices and restraint to ensure staff understand restrictive practices and the use of restraint as a last resort.
* Ensure monitoring of staff practice to ensure consumer are provided safe and effective personal care and clinical care including in the areas of personal hygiene, bowel management, wound care, restrictive practices and restraint.

# 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.*

The service should:

* Ensure their improvement actions to address the inconsistent reporting of data relating to infection is addressed.
* Provide relevant education and training on the management of antibiotics within the service. This should to include information on how staff should report on infections and antibiotic use.
* Ensure their improvement actions on education and training around infection control are completed and there is ongoing monitoring of staff practice.

### Requirement 5(3)(b)

*The service environment:*

*(i) is safe, clean, well maintained and comfortable; and*

*(ii) enables consumers to move freely, both indoors and outdoors.*

# The service should:

# Ensure maintenance logs are being recorded and prioritised correctly.

# Provide ongoing education and training to staff to ensure they understand and use the maintenance priority system effectively.

# Ensure improvement actions to address maintenance concerns as outlined in the approved provider response are completed.