Performance

Report

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| Name of service: | Scalabrini Village Nursing Home (Austral) |
| Service address: | 65 Edmondson Avenue AUSTRAL NSW 2171 |
| Commission ID: | 2656 |
| Approved provider: | Scalabrini Village Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 23 March 2023 to 24 March 2023 |
| Performance report date: | 2 May 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 Nursing Home (Austral) (**the service**) has been prepared by Melissa Buhagiar, 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 conducted 23 to 24 March 2023, 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 14 April 2023
* the following information given to the Commission, or to the Assessment Team for the Assessment Contact - Site of the service: Non-Compliance Notice issued on 2 September 2022 following Site Audit conducted 31 May to 3 June 2022; Performance report for Site Audit conducted 31 May to 3 June 2022.

# Assessment summary

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| Standard 3 Personal care and clinical care | Non-compliant |
| **Standard 5** Organisation’s service environment | **Non-compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

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)** The approved provider must demonstrate that each consumer receives effective personal and clinical care that enables them to feel safe, with behavioural incidents dealt with appropriately and incident management and investigation completed to minimise the risks of the incidents reoccurring. Staff should be responsive to call bells and consumers personal care at all times.

**Requirement 5(3)(b)** The approved provider must demonstrate that consumers rooms are clean, well maintained and comfortable and there are preventative actions to address malodour in rooms. That maintenance is conducted on rooms that have outstanding work orders, so consumers can make their rooms comfortable and personal.

# 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. | Non-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. | Compliant |

Findings

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

The service had an accreditation Site Audit on 31 May to 3 June 2022. A decision was made that requirement 3(3)(a) was Non-compliant. The reasons were review of care planning documents did not support that the care provided to consumers was always safe, effective, best practice, and optimised consumer health and well-being. Inconsistencies were identified in staff practices relating to personal hygiene care, bowel management, and wound care which resulted in poor consumer outcomes.

Management provided Plans for Continuous Improvements with information about related improvements made since that time. The improvements include a plan to improve wound management and address gaps in documentation. Other improvements include a plan to address the practice of showering all consumers living in particular wing before breakfast with a review of showering preferences of all consumers. Further education has been provided on recognition and recording of chemical restraint and ensuring consent forms have been completed with the number of consumers on chemical restraints reduced. The service included actions to review the psychotropic medication register and medication charts to ensure indications for use are consistently recorded.

The service included a plan regarding environmental restraint, including an action to ensure consent forms have been completed.

During this Assessment Contact the Assessment Team gathered information through interview with consumers, representatives, care staff, clinicians and the service’s management team, through observations made and the review of consumer care and service records and other records.

The Assessment Team found that the information gathered about the care experience of some consumers sampled shows that their personal and clinical care is safe and effective. The areas of care covered included falls management, pressure injury prevention and wound care, pain management, specialised nursing care (diabetic management, enteral nutrition management), and other nutritional management when there had been unplanned weight loss. No concerns were identified in relation to bowel management.

However, some consumers and representatives expressed dissatisfaction with the personal and clinical care for the consumer and/or provided information about the care of the consumer not being safe and effective.

The Assessment Team interviewed consumers and representatives who provided feedback that response times to call bells can be lengthy when consumers require assistance for personal care and upsetting for consumers. Representatives advised that there has been change in care managers which effects the continuity of care for consumers. They said there are not enough Registered Nurses and as a result when something happens that care staff should get advice on, they do not, rather try to deal with it themselves but are not qualified. The representative said the lack of staff has led to a lack of assistance with hydration, a lack of assistance for their relative to get to the bathroom, which their relative finds greatly upsetting and rushing with showering which results in their relative often declining a shower. The representative also advised there is a lack of follow up and had to request their relative to be reviewed by the medical officer on three occasions before it was actioned. The representative said the staff do not know their relative’s needs in relation to texture of meals, despite these having been clearly communicated.

Another representative provided feedback about a consumer entering other consumer’s rooms and the staff not doing anything about this, it was reported to management, however the representative does not feel that the issue is resolved permanently.

The Assessment Team identified that behaviour support and behaviour incident reporting and investigation is not best practice and has not optimised consumers’ health and well-being and care has not been safe and effective. It was identified that there are ongoing issues of aggression with consumer-to-consumer incidents, with one consumer assaulted and sustaining injury. There is risk of harm and distress to other consumers from consumers behaviour. There has not been a critical incident review or investigation of the incident proportionate to its severity noting the serious nature of the incident, the serious injuries sustained by one consumer and the history of incidents between the consumers and the lack of timely referral to Dementia Services Australia.

The service’s ongoing Plan for Continuous Improvement includes an open improvement activity related to behaviour incidents. An entry noted the increased trend in consumer to consumer and consumer to staff behavioural incidents and includes that training was to be arranged for the staff.

The approved provider responded to the Assessment Team’s report with the Plan for Continuous Improvement, with the entry noted that Dementia Training Australia training would be organised for the staff with full day training each week for 4 weeks commencing on 12 April 2023 with the planned completion date of 29 June 2023. The glass wall partition was also removed between the dining room and the lobby to improve noise levels in the dining room in an attempt to address the aggressive incidents that have occurred between consumers with noise as a trigger. Serious Incident Reporting (SIRS) training will be organised for all Registered Nurses detailing the type of SIRS and effective incident management and reporting. The provider also advised that the care manager and clinical care coordinator have initiated and completed a review of all consumer’s assistance for daily living preferences.

I have reviewed the actions of the provider’s Plan for Continuous Improvement and acknowledge the actions, however I am not satisfied that all effective actions have been addressed and feel that due to the seriousness of the some of the incidents, it may take some time to reflect and demonstrate compliance.

I find that the approved provider is Non-compliant with requirement 3(3)(a).

The requirement 3(3)(g) was previously found to be non-compliant following the Site Audit on 31 May to 3 June 2022. The reasons were inconsistent reporting of 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 some staff not wearing a face mask correctly in common areas and an ongoing issue with clinical waste management.

During this Assessment Contact the Assessment Team gathered information through observations, review of key documents and interview with consumers, representatives, staff and the service’s management team.

This showed that standard and transmission-based precautions are being implemented with staff observed wearing surgical masks correctly, washing or sanitising their hands after leaving consumer rooms, and wiping down shared consumer and staff equipment between uses. Staff could describe how they limit the spread of infection throughout the service by ensuring good hand hygiene, wearing appropriate PPE, such as gloves and masks and not attending work when they are unwell. A care staff member was observed conducting daily temperature checks for the consumers.

The service delivery manager and village manager described a ‘bug control audit’ external review was conducted on 13 March 2023 with 14 actions identified, relating to dirty utility rooms, hand wash basins and alcohol hand rub availability, storage of single use sterile medical products, bathrooms, shower and equipment cleanliness. The Assessment Team observed a draft Plan for Continuous Improvement with proposed actions and completion dates to address the items identified from the external audit. Training records show that 97% of staff have completed the training about infection prevention and control, which includes topics on hand hygiene, cough etiquette, PPE and the environment (cleaning, waste and linen).

I find that requirement 3(3)(g) is Compliant.

# Standard 5

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| Organisation’s service environment | |  |
| 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. | Non-compliant |

Findings

The Quality Standard has been assessed as Non-compliant as one of the specific requirements has been found to be Non-compliant.

The service had an accreditation Site Audit on 31 May to 3 June 2022. The decision was made that this requirement was Non-compliant. The reasons were outstanding workorders, identified work which needed to be completed to maintain a safe and well-maintained environment had not been identified through the service’s maintenance system or recorded on the maintenance schedule, and maintenance logs not being recorded and prioritised correctly.

The service provided a Plan for Continuous Improvement with actions including that weekly monitoring of completion of maintenance orders would be conducted by the corporate maintenance manager, additional education for maintenance staff on the electronic maintenance system functionalities, bi-weekly meetings between the group maintenance manager with the maintenance supervisor and feedback /education given by the contractor to cleaners and review of the document provided by the contractor for staff to complete for communicating cleaning matters.

During this Assessment Contact the Assessment Team gathered information through observations, review of key documents and interview with consumers, representatives, staff and the service’s management team. Some consumers and representatives provided entirely positive feedback about the service environment, however mixed or negative feedback was provided by some other consumers and representatives interviewed about the service environment.

One consumer complained that they had to continue to spray cockroaches and have advised staff, however felt ignored. Representatives provided feedback that the rooms and bathrooms were not well cleaned despite having cleaners come in daily, and the rooms having a strong odour. Some representatives felt the need to bring disinfectant into the service in order to clean their relative’s rooms and bathrooms.

The service’s ongoing Plan for Continuous Improvement includes an action for a weekly spot check of cleaning by the contractor manager and service delivery manager, a plan to spring clean the entire home, feedback/education given by the contractor to cleaners, and review of the document provided by the contractor for staff to complete to communicate cleaning matters. This was due for completion by 27 February 2023 and is noted in the PCI to be a work in progress.

The Assessment Team observed that, in the main, the service environment was safe and well-maintained. However, and in addition to the observations noted above, the Assessment Team observed in 3 different wings that the dirty utility rooms were unlocked and the clinical waste bins inside were also unlocked. The outdoor area where the clinical waste bins are stored for waste collection were observed to be unlocked. Management acknowledged the feedback provided by the Assessment Team and indicated keypad security locks would be fitted to the dirty utility room doors and a locking mechanism fixed to roller door for the outdoor clinical waste storage area. This maintenance request was actioned whilst the Assessment Team was on site.

The Assessment team found the service demonstrated on the whole that the environment is safe and well maintained, however feedback and observations identified dissatisfaction with room cleanliness, especially the bathroom. Management is aware of some dissatisfaction about cleanliness and has initiated improvement activity, however this has not yet led to improved satisfaction by some representatives. The dining room environment has not been optimised to make it a comfortable place for consumers and cigarette smoke drifting from the outdoor courtyard can be smelt in a common indoor area. One consumer’s bathroom door was locked preventing them from using their own bathroom.

The approved provider responded to the Assessment Team’s report with the Plan for Continuous Improvement which reported that the dirty utility rooms had been fitted with keypad entry locks and the garage door has been fitted with a lock to secure the full bins, however it did not address the ongoing issues associated with cleanliness of rooms and malodour.

I find that the approved provider is Non-compliant with this requirement.

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