Performance

Report

**1800 951 822**

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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: | 25 July 2023 |
| Performance report date: | 18 August 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 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.
* the provider’s response to the assessment team’s report received 8 August 2023.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 5** Organisation’s service environment | **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)(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 |

Findings

The service was found non-compliant following an Assessment Contact on 23 to 24 March 2023. The service was unable to demonstrate that each consumer receives safe and effective personal and/or clinical care that is best practice, is tailored to their needs and optimises their health and well-being. At this time, the service was unable to demonstrate effective behaviour support, and behaviour incident reporting and investigation processes.

In response, the service implemented an effective plan for continuous improvement and delivered training to all staff on dementia support as well as staff training on Serious Incident Response Scheme (SIRS). Also, the service reviewed its electronic incident form and included a care manager section in order to provide greater review and to ensure appropriate follow up after an incident occurs. After a roster review, the service has added two staff to the service’s morning shift. The service has reviewed all consumers care preferences for activities of daily living, and has implemented a system where staff are allocated to consumers, thus allowing them to regularly work in the same area of the service and get to know each individual consumers’ needs and preferences.

The service has provided a focus on reducing noise within the dining area and staff have been provided with training in recognising changes in consumer behaviours and in de-escalating consumer behaviour when there are early signs of aggression.

In relation to the identification and reporting of mandatory serious incidents, the service included an ongoing agenda item for discussion at their clinical quality meetings and this has been updated in the service’s Behaviour Management Policy. Also, the service’s requirements around mandatory reporting are discussed at monthly village leadership team meetings.

In relation to behaviour incident reporting and investigation, the service has provided education to the care manager and clinical care coordinator to embed incident investigation skills. The service’s Incident Management Policy and Procedure has been updated to ensure sufficient guidance is contained in the document to improve incident investigation skills. Mandatory monthly registered nurse meeting routinely discuss changes in consumer behaviours and clinical indicator results, and high risk and high prevalence risk meetings are conducted fortnightly to discuss care for consumers at risk. These meetings are attended by the care manager and clinical care coordinator, physiotherapist, educator, and lifestyle staff. Registered nurses are able to access the minutes of these meetings.

In response to the Assessment Contact on 25 July 2023, the Assessment Team found that issues of behaviour support and incident reporting, management and investigation identified in the previous Assessment Contact have been addressed for those consumers and others, including falls management and other SIRS.

In their response to the Assessment Contact Report, the Approved Provider supplied reference to their plan for continuous improvement as well as supplied evidence that substantiated an appropriate and proportionate response to the individual consumer issues reported by the Assessment Team. After considering the Approved Provider’s response and the impact on each consumer, I find the Approved Provider’s findings to be more compelling in regard to personal and clinical care and with these considerations, I find the service compliant in Requirement 3(3)(a).

# 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. | Compliant |

Findings

The service was found non-compliant after an Assessment Contact conducted on 23 to 24 March 2023 where the service was unable to demonstrate a safe, clean, and well maintained service environment. In response, the service actioned their plan for continuous improvement and now conduct a routine review of the cleanliness of all rooms and bathrooms. A spring clean was conducted for the entire service and additional deep cleaning was provided for all bathrooms based on feedback received. The service’s cleaning contract manager attended a consumer and representative meeting to discuss the scope of cleaning provided and addressed consumer concerns and feedback. The service provides a daily spot clean for consumers’ rooms and a weekly deep clean. To help consumers and their representatives know when the weekly deep clean is due for their room, management trialled displaying a sign in the consumer’s room indicating the day of their deep clean. Following positive feedback about the trial the signage has been rolled out for all consumer rooms. Additional education was provided to cleaning staff regarding cleaning procedures and responsibilities, and the service uses an electronic system for management of maintenance. Clear oversight of the maintenance program is available to the management team and at an organisational level by the group maintenance manager and the maintenance compliance manager, who conduct regular visits to the service.

Pest control is included in the preventative maintenance schedule and pest control contractors visit the service monthly, and as needed. The service has three designated smoking areas including a new smoking area away from the dining room doors, so any impact on the interior environment is eliminated. Shelter has been constructed for each smoking area and the Assessment Team observed consumers utilising the designated smoking areas.

The service has installed new locks on all utility room doors, so they are always secure, and clinical waste bins are locked in a secured storage area.

To maintain a safe and comfortable dining environment the service removed a glass wall partition between the dining room and the lobby. This has opened the space and reduced the noise levels. In order to improve consumer’s dining experience, the service has reconfigured the dining room tables to allow more space between tables, and a staff member has been assigned to monitor the dining room. Management advised that they have received positive feedback in response to the changes to the service environment.

During the Assessment Contact on 25 July 2023 the Assessment Team observed the service environment to be clean, tidy, and free of hazards. Consumers were observed moving freely throughout the service environment, both indoors and outdoors. Consumers and representatives advised that they were satisfied with the cleaning of the service and confirmed the service is well maintained.

The Assessment Team reviewed the service’s maintenance request logs and preventative maintenance schedule and observed that maintenance requests were actioned in a timely manner and preventative maintenance is routinely carried out according to the schedule. The maintenance program is monitored at both the local and organisational levels.

Staff are appropriately trained in safe work practices and at reporting incidents, hazards and maintenance requests. The service has a work health and safety committee to oversee safety at the service and their duties include routine environmental inspections, incident and hazard reporting and review.

With these considerations, I find the service compliant in Requirement 5(3)(b).

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)