Performance

Report

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| Name of service: | Scalabrini Village Nursing Home (Bexley) |
| Service address: | 28 - 34 Harrow Road BEXLEY NSW 2207 |
| Commission ID: | 2828 |
| Approved provider: | Scalabrini Village Ltd |
| Activity type: | Site Audit |
| Activity date: | 12 December 2022 to 15 December 2022 |
| Performance report date: | 18 January 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 (Bexley) (**the service**) has been prepared by T Solomon, 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 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 assessment team’s report received 5 January 2023.

# Assessment summary

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | 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. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | 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. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

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

Consumers and/or representatives consistently reported staff are respectful in providing their personal care and consumers feel accepted and valued. Consumers and/or representatives stated staff are prompt in attending to their needs and have time to spend with consumers.

Consumers and/or representatives stated staff have a great attitude and speak to consumers in a kind and friendly tone. Consumers and/or representatives stated they felt that they are treated fairly and have not experienced any form of discrimination. The Assessment Team observed staff treating consumers with dignity and respect in line with their identity and culture.

Requirement 1(3)(a) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The management team demonstrated staff are trained in person centred care that enable staff to provide consumers with care and services in line with dignity and respect. Staff training involves how to notice and respond to consumer feelings and not to be task orientated. Staff are encouraged to be familiar with what is important and significant to consumers and enable consumers to make choices and decisions for themselves.

The Assessment Team observed signage displayed throughout the service in different languages to guide consumers and visitors. The service celebrates cultural days with events, activities, and entertainment.

The menu and lifestyle program are provided to consumers and/or representatives and are displayed throughout the service in different languages. Cultural movies, music and digital services are provided to consumers according to their cultural preferences. Documentation shows the admission process captures consumer life stories, cultural backgrounds and preferences and is included in care plans.

Staff undergo training related to culturally safety and consumers and/or representatives reported they feel culturally safe and have not had any incidents of discrimination or feeling unwelcome in relation to their culture.

Requirement 1(3)(b) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

Consumers and/or representatives stated the service supports and respects their choices and preferences in relation to how their care and services are delivered. Consumers feel they have independence to make choices about their food, activities and how they receive personal and clinical care. Consumers and/or representatives stated the service effectively communicates with them about their care and services.

Requirement 1(3)(c) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The management team demonstrated how the service consults with consumers and/or representatives for all new programs and reviews of current activities through resident meetings, surveys, and case conferences. Documentation shows care plans contain detailed and individual information of consumers preferences and staff demonstrate they understand individual consumer’s background, needs and preferences.

The service supports consumers to take risks in line with their choices to live the best life they can and do things they enjoy. Documentation showed signed consent forms which contained evidence of discussions with consumers and/or representative of identified risks and mitigation strategies.

Consumers and/or representatives stated the service regularly and clearly communicates information they need to make informed decisions about options and risks in relation to their care and services. Staff were able to demonstrate how care plans are updated and the information used to understand how to best communicate with individual consumers to support their needs and preferences.

Documentation demonstrates consumer information is easy to understand and provided in a variety of languages. Documentation shows regular updates are provided to consumers and/or representatives via email such as COVID-19 updates, changes to screening requirements and invitations to resident meetings and special events. The service has monthly newsletters which contains updates from the chief executive officer, the village manager, industry news and special topics relating to care and services.

Requirement 1(3)(e) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

Consumers and/or representatives stated they feel their privacy is respected by staff. This includes staff knocking and announcing themselves before entering their room and closing doors while performing personal care.

The Assessment Team observed staff explaining and discussing care with consumers before providing care and services. Care plans are stored in a digital system with access to consumers private information via digital login and password. The service has a privacy policy and procedure which includes guidance for staff to maintain consumers personal privacy and outlines the obligations of the service to ensure consumers information is kept secure.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | 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. | Compliant |
| Requirement 2(3)(b) | 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. | Compliant |
| Requirement 2(3)(c) | 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. | Compliant |
| Requirement 2(3)(d) | 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. | Compliant |
| Requirement 2(3)(e) | 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. | Compliant |

Findings

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

The service demonstrated that individualised risks for consumer’s health and well-being are considered during assessment and care planning activities. Policies and procedures are in place to guide staff in assessments and care planning. All consumers’ care plans are reviewed at a six-monthly interval or as their condition requires, and an annual case conference is scheduled with consumers and/or representatives.

Risk assessments include falls, skin integrity, pressure injuries, nutrition, behaviour, co-morbidities, and previous history with the information included in care plans to enable safe, effective care delivery.

Consumer records show assessment and planning reflects consumers’ goals, needs and preferences, and include input from consumers, their representatives and other care providers. End-of-life/advanced care planning discussions commence at the initial care conference after admission to the service and are reviewed annually or as necessary.

The palliative care nurse practitioner attends the service regularly and reviews end of life planning needs in collaboration with staff, consumers and/or representatives if the consumer is deteriorating or approaching the end of life.

Requirement 2(3)(b) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

Consumers and/or representatives confirmed they are involved in care planning on admission to the service and on an ongoing basis. Consumer records show evidence of participation from consumers and/or representatives, and other healthcare providers in relation to consumer care and services.

Requirement 2(3)(c) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The service demonstrated that care planning and assessment outcomes are clearly communicated and are accessible to consumers and their authorised representatives.

Requirement 2(3)(d) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The service has systems and processes in place to review consumer care and services on a scheduled basis, or when changes or incidents occur. Review of care planning documentation for consumers identified regular reviews of consumer status are undertaken and the care plan is updated when changes occur. The regular clinical risks meetings and high prevalence/high-risk register, as well as incident reports provide means for ongoing peer review and discussion of interventions and outcomes for at risk consumers.

Requirement 2(3)(e) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

# 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)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | 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. | 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 |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | 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 Compliant as seven of the seven specific requirements have been assessed as Compliant.

Consumers and/or representatives gave positive feedback on how the service provides clinical and personal care, and the Assessment Team found that the service generally undertakes measures following falls which includes advising the medical officer of falls, referral to the physiotherapist and/or transfer to hospital when appropriate.

However, the Assessment Team identified some consumers were not receiving best-practice care that is tailored to their needs and are not optimizing their health and well-being. This includes management of restrictive practices and falls management.

The Approved Provider responded with additional information and a detailed plan for continuous improvement, including but not limited to providing education for staff in relation to psychotropic medication usage, education for staff on falls management and updating the services’ falls procedure policy.

Based on the information provided by the Assessment Team, as well as the information provided by the Approved Provider, I feel that the identified deficits had limited impact on the consumer. Therefore, I am satisfied that requirement 3(3)(a) is compliant.

Requirement 3(3)(a) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The Assessment Team identified inconsistencies in the monitoring and management of high impact or high-prevalence risks associated with consumer care including falls management and the use of chemical restraint.

The Approved Provider responded with additional information and a detailed plan for continuous improvement, including but not limited to providing education for staff in relation to psychotropic medication usage, education for staff on falls management and updating the services’ falls procedure policy.

Based on the information provided by the Assessment Team, as well as the information provided by the Approved Provider, I feel that the identified deficits had limited impact on the consumer. Therefore, I am satisfied that requirement 3(3)(b) is compliant.

Requirement 3(3)(b) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The service has policies and processes in place to recognise and effectively manage consumers who are nearing end of life to maintain their dignity, comfort and ensure the consumers’ wishes are known, and the care provided aligns with these.

The service demonstrated there are processes in place which facilitate recognition and response to changes or concerns about consumers’ mental, emotional, cognitive, or physical abilities. Care planning documents and/or progress notes reflect the identification of, and response to deterioration or changes in function, capacity, or consumer condition.

Staff are alerted to observations such as blood glucose levels (BGL), and vital signs, for example, blood pressure readings that are outside accepted limits determined by the consumer’s medical officer through the alert system. An alert triggers a registered nurse review and follow-up with the medical officer which is documented in emails, and progress notes.

Requirement 3(3)(d) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The service was able to demonstrate that information relevant to the consumers’ condition, needs and preferences are documented and communicated within the organisation, and with others involved in their care. Documentation in care plans, progress notes, emails, handover sheets and reviews provide necessary information for staff and other health providers to effectively deliver care and services to consumers.

The shift-to-shift clinical handover is attended by all staff on the incoming shift who are rostered to work in each area. Any changes in consumer status or care, new interventions, medications, monitoring requirements to be implemented, and other relevant information is discussed during the handover. Multiple sessions were attended and observed by the Assessment Team.

Information from medical officers, allied health professionals and other service providers is documented in the consumer care and service records and updated assessments including interventions are recorded in the consumer care plan if necessary.

The service demonstrated that referrals to other organisations, individuals and care providers are timely and appropriate for consumers. Consumers’ care plans, progress notes and reports show involvement of other services including hospitals, Dementia Support Australia, palliative care staff, medical specialists, nurse consultants, and allied health providers. Consumers and/or representatives stated they see their medical officer when required and some consumers also see the physiotherapists, dietitians, podiatrists, and wound care nurse consultant regularly.

The service has processes in place to minimise infection related risks and to support appropriate use of antibiotics. Consumers and/or representatives indicated the service kept them informed about COVID-19 and has given them information on how to minimise the risk of contracting infections. Staff demonstrated an understanding of how to minimise the spread of infection and the appropriate use of antibiotics.

The Assessment Team observed hand washing stations and hand sanitiser accessible to staff and visitors for use throughout the service. Masks and hand sanitiser are available at the service entry, and all staff and visitors on site were observed using them correctly.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | 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. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | 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. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

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

Consumers and/or representatives were satisfied that services and supports for daily living meet their needs, goals, and preferences. Consumers receive safe and effective services that enhance and maintain their independence, well-being, and quality of life. Staff demonstrated a sound knowledge of individual consumer’s needs and preferred activities and how they support consumers to meet their needs, goals, and preferences.

The lifestyle team described how they develop and amend the activities calendar according to each consumer’s needs and preferences, this is then discussed at consumer meetings and feedback is encouraged.

Consumers and/or representatives described services and supports available to promote their emotional, spiritual, and psychological well-being. Consumers stated they felt connected and engaged in meaningful activities that are satisfying to them.

Staff provided individualised examples of supporting consumers for their emotional and psychological well-being. Care planning documentation recorded consumers’ individual emotional support strategies and how these are implemented. Staff were observed providing emotional support to consumers during the site audit.

Requirement 4(3)(b) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

Consumers and/or representatives felt supported to participate in their community within and outside the organisation’s service environment, have social and personal relationships and do the things of interest to them. The service demonstrated that it supports consumers to maintain social and personal connections that are important to them. Care planning documentation identified the people that are important to individual consumers and the activities of interest to the consumer.

The service has built a relationship with the local preschool which is located across the road from the service. Children make cards and give artwork to the consumers, and the children recently performed outdoors at the service for consumers. One of the board members is involved in a cooking activity in a consumer designated kitchen area called ‘Nona’s kitchen’. Consumers are supported to cook together in the kitchen, and recently the group chose to make pizza.

Requirement 4(3)(c) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

Consumers and/or representatives confirmed that the information about the consumer’s condition, needs and preferences is communicated within the organisation and with others where responsibility for care is shared. Staff demonstrated a sound knowledge of individual consumers and stated that consumer care and other needs are well communicated during handovers and documented in the electronic management system, which is accessible to all staff.

The service demonstrated timely and appropriate referrals of consumers to other organisations, individuals and providers of other care and services. Consumer’s care planning documentation provided evidence that the service collaborates with external providers to support the diverse needs of consumers.

Consumers and/or representatives stated when the service is unable to provide suitable support, they are confident they would be appropriately referred to an external provider. Staff provided examples of when consumers were referred to other providers of care and services in the provision of lifestyle support.

Information is recorded on care documents and on handover information to remind staff of involvement from external services, such as appointments scheduled for consumers and visit times for private support workers.

Consumers and/or representatives stated that the service provides a range of meals which are varied and of suitable quality and quantity. The service has processes in place to include consumers in the development of the menu and to provide feedback on the quality of the food provided. The catering staff explained how they review feedback from consumers and amend the menu accordingly.

Meals are cooked fresh on site and served from the serveries on each floor. Seasonal fresh fruit is always available, and the menu is planned in consideration of consumer feedback, dietary needs, and consumer preferences. Catering and care staff described specific dietary needs and preferences of consumers and how these are accommodated into the menu or individualised meals. There are established processes in place to ensure that meals and drinks are served according to consumers’ dietary needs and preferences, including texture modified meals and thickened fluids.

Consumers and/or representatives confirmed they feel safe when using the service’s equipment and that it was easily accessible and suitable for their needs. Consumers stated they were comfortable raising issues if equipment needed repair, knew the process for reporting an issue and that items were replaced when necessary. The Assessment Team observed sufficient equipment available to support lifestyle activities, and that equipment was safe, suitable, clean and well-maintained.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| 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 |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

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

The service environment was observed to be welcoming and comfortable. Furniture is positioned appropriately and there are art works, murals and other furnishings providing a home like environment. The building has an easy to navigate design with signage in English and other languages to support consumers. Consumers and/or representatives confirmed that the environment is safe, clean, and well maintained.

Consumer rooms and the common areas were observed to be safe, clean, clutter free, well maintained, and comfortable. Consumers and/or representatives confirmed they were satisfied with the cleanliness of their rooms and the common areas of the service. The maintenance staff demonstrated effective preventative and corrective systems in place to ensure all areas of the service are safe and well maintained and maintenance is attended to within an appropriate timeframe. The service promotes consumer independence to move freely both indoors and outdoors.

The Assessment Team observed that doors to the outdoors were unlocked, and consumers could freely access the gardens independently. Cleaners were observed cleaning and maintaining consumer rooms, communal areas, and high touch points during the site audit.

The Assessment Team observed the furniture, fittings, and equipment to be safe, clean, well maintained, and suitable for consumers. Consumer and/or representatives were satisfied with the furniture, fittings, and equipment. Management and staff demonstrated effective systems in place for the cleaning and regular maintenance of the furniture, fittings, and equipment.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

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

The Assessment Team observed feedback and complaint forms throughout the service in different languages. Consumers and/or representatives stated they receive communication from the service at resident’s meetings and via email about how to submit a complaint and provide feedback. Consumers and/or representatives consistently reported that the service effectively responds to their complaints and concerns in a timely manner.

Requirement 6(3)(a) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

Consumers and/or representatives stated they have been advised by the service about advocacy services available to them such as Seniors Rights Service and the Aged care Commission if they are unhappy with the outcomes of complaints or they do not feel confident to raise concerns with the management team or staff. Seniors Rights Services NSW conducted an information session with consumers in June 2022 explaining advocacy and rights.

The service uses phone language services such as Translating and Interpreting Service, staff members who speak different languages, family members and digital technology to support consumers who are unable to communicate in English. Advocacy information is provided in the service handbook, consumer agreements and signs and brochures throughout the service in various languages.

Requirement 6(3)(b) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The service has documented policies and procedures relating to open disclosure and staff confirmed they understand open disclosure principles and processes and have received open disclosure training and education. Documentation shows open disclosure has been used in response to consumer complaints when things have gone wrong.

Requirement 6(3)(c) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

Documentation confirms complaint information is gathered and recorded and used to analyse trends to inform continuous improvement. Management reports are used to assess and evaluate complaints data to identify trends and risks and make changes to care and services.

Staff were consistent in describing improvements within the service such as an increase in staffing numbers and training and education which has resulted in improvements in the delivery of care and services for consumers.

Requirement 6(3)(d) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

# 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 |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

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

Consumer and/or representative feedback was positive regarding the number of staff available to provide assistance to consumers. Consumers advised that staff came promptly when they called for assistance and consumers didn’t feel they were waiting an excessive amount of time for assistance. Staffing levels are determined in each section of the service by the acuity levels of the consumers or any special needs.

Monitoring of the response times for call bells is being undertaken and follow-up is undertaken with the staff in the relevant areas where calls are not being responded to in a timely manner to ascertain the reason.

Requirement 7(3)(a) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

Feedback from consumers and/or representatives indicated that staff are kind, caring and respectful in their interactions with consumers. Consumers advised that staff always spoke nicely and respectfully to them and were mindful about ensuring their privacy when attending to them. The education and quality coordinator advised that education was provided to staff on the importance of respecting each consumer’s culture.

Consumers and/or representatives considered that staff have the appropriate skills and knowledge to perform their roles effectively. The education and quality coordinator advised the organisation has a program of mandatory education and competencies which are undertaken across the year.

Requirement 7(3)(c) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The organisation’s human resources department manages the monitoring of regulatory matters such as police checks and annual professional registration renewals for registered and enrolled nursing staff. Reminders for police checks are sent to staff to complete.

The Assessment Team observed a tracking tool that is used by the education and quality coordinator to monitor staff completion of mandatory competencies.

The management team advised the organisation has systems in place to manage the recruitment and orientation of new staff members. As part of this program there is an induction workbook which outlines the required education, including mandatory education, that staff need to undertake over the first eight weeks with the organisation. The workbook provides a record of the completion of the relevant education and ensures staff have received the appropriate training. New staff are also allocated several buddy shifts and are teamed with an experienced staff member who is responsible for providing assistance and guidance on the correct procedures to be followed.

Requirement 7(3)(d) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The organisation has a framework for the assessment, monitoring and review of the performance of staff members on an annual basis. The education and quality coordinator advised they are kept informed if a staff member has identified any further education or professional development they may wish to undertake, in order to assist with any resources or education.

Requirement 7(3)(e) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | 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. | Compliant |
| Requirement 8(3)(d) | 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. | Compliant |
| Requirement 8(3)(e) | 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. | Compliant |

Findings

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

Resident and representative meetings provide forums in which consumers and their representatives are able to be consulted and provide input into the service’s operations. The director of clinical governance and a board member advised that representatives from the board now attend these meetings. This enables senior management to hear directly from the consumers and representatives about any issues or feedback they may wish to give.

The village manager advised they have spoken with a consumer about their availability to sit on an interview panel in the future to assist with staff selection. The director of clinical governance advised that the organisation is looking at other possible avenues to increase consumer involvement.

Requirement 8(3)(a) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The organisation’s governing body promotes a culture of safe, inclusive, and quality care and services through various activities, including participating in a program of audits across a range of management and clinical topics through an external benchmarking organisation. Issues arising from these audits are able to be monitored at an organisational as well as site level.

A monthly service-based report is made for the senior leadership team meeting containing information from various clinical, risk, resident and work health and safety meetings, which is used to refer information to the board and other organisational sub-committees such as the audit and risk committee or wellbeing committee.

Requirement 8(3)(b) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The organisation has a centralised system to store policies, procedures and documentation used by the service. This enables staff to access the most up to date versions when required. Staff advised they are able to access clinical information on consumers via the electronic documentation system.

The management team advised the organisation is participating in an external benchmarking audit program. There is a suite of audits planned across the calendar year, and the data from these audits is reported to site management as well as senior organisational management. Areas for improvement are included in the service’s plan for continuous improvement which is monitored at a site and organisational level.

The director of clinical governance advised that each service has an operational budget which is determined for each service. However, additional resources are available if needed for example, in event of a COVID-19 outbreak or by funding an additional staff due to an increase in consumer needs.

The director of clinical governance advised that the organisation has membership with industry peak bodies which provide information and updates on legislative changes. The governance team determine the education required based on any legislative changes.

The village manager and director of clinical governance advised that the organisation has an electronic system to log complaints which enables management to monitor the actions and time being taken to resolve concerns. Feedback on issues is referred through the village managers’ report to the wellbeing committee for their information.

Requirement 8(3)(c) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The organisation has a risk management system which makes use of data from the incident management system to monitor service performance and the provision of quality care and services. Data from this system is also being used to identify any areas for further improvement across the organisation. As part of this framework the organisation has policies and procedures which provide guidance on risk taking and supported decision-making. These acknowledge consumers should be supported and not restricted in making decisions about their care and services including the right to take risks.

The service maintains a risk register with criteria to identify consumers who may be at risk in relation to high impact/high prevalence risks. There is a fortnightly high impact/high prevalence risk meeting. Data from these meetings is referred to the organisation’s wellbeing committee.

The village manager advised that accidents and incidents including those related to allegations of abuse are reported within the electronic system. Senior managers are able to track and monitor reporting of incidents to ensure compliance with the organisation’s requirements as well as legislative compliance.

Staff were aware of the importance of reporting any allegations of abuse made by consumers, visitors or representatives or observations of any incidents.

The organisation has systems in place as part of a clinical governance framework which monitors restrictive practices, usage of antibiotics and the use of open disclosure process in the management of complaints. Policies and procedures are in place to guide management and staff practices.

The village manager and director of clinical governance advised that data across a range of clinical indicators covering infections, pathology and antibiotic usage is discussed by the village leadership team. Clinical staff were able to explain antimicrobial stewardship and what strategies could be utilised for consumers who are at risk of infections.

Staff were aware of the topic of restrictive practice and what could constitute a form of restraint. Management advised consumers are able to move around the service. This was also confirmed in interviews with consumers. Data on restrictive practices across all services within the group is also provided to the organisation’s board.

Requirement 8(3)(e) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)