Performance

Report

**1800 951 822**

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| Name: | The Village by Scalabrini |
| Commission ID: | 1064 |
| Address: | 5 MARY ST, DRUMMOYNE, New South Wales, 2047 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 30 April 2024 |
| Performance report date: | 4 June 2024 |
| Service included in this assessment: | Provider: 268 Scalabrini Village Ltd  Service: 26579 The Village by Scalabrini |

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 The Village by Scalabrini (**the service**) has been prepared by G Cherry, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 17 May 2024
* Performance Report dated 22 January 2024.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not Applicable as not all requirements were 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)(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 |

Findings

Requirement 3(3)(d) - a decision of non-compliance made on 22 January 2024 followed an assessment contact on 19 December 2023. At an assessment contact on 30 April 2024 the provider supplied a current/ongoing plan for continuous improvement (PCI), detailing improvement strategies and progress to address the identified non-compliance including regular monitoring relating to wound care documentation for clinical review, and staff training/education.

Interviewed consumers and representatives express general satisfaction relating to care/service provision. Via sampling of consumers, interviews, observation, and review of documentation the assessment team gathered evidence in relation to improvement strategies demonstrating effective management of wounds, falls and weight loss. However, they note processes to identify/respond to deterioration/changes in one consumer’s condition, plus inconsistent and/or lack of individualised information in documentation regarding personalised care. Organisational policy/procedural documents guide staff in requirements when a consumer’s condition changes/deteriorates (including conducting neurovascular observations) however documentation for one consumer demonstrate a lack of documented neurovascular observations during a period when respiratory rates slightly increased. Via their response, the provider evidenced documentation to support appropriate clinical response to a physical changed condition (including seeking medical directives) resulting in hospital transfer.

Interviewed care staff advise changes in consumers condition is communicated to registered nurses for reassessment and subsequent guidance/directives for care delivery. Via review of behaviour support documentation for 4 consumers the assessment team note generic statements/care goals despite each consumer displaying different unmet needs. In addition, monitoring documents did not consistently detail changed behaviours are captured/recorded. The service did not demonstrate effective processes to ensure individual triggers/strategies/management actions are detailed to guide staff in personalised consumer care and interviewed staff did not demonstrate knowledge of individualised interventions/strategies. The provider did not supply a response to the evidence bought forward by the assessment team.

In consideration of compliance, while I accept documented strategies support staff in individualised care provision, the lack of personalised documentation or incomplete monitoring records has not resulted in evidence demonstrating a lack of appropriate management to changes in consumer’s needs. I find requirement 3(3)(d) is compliant.

Requirement 3(3)(e) - a decision of non-compliance made on 22 January 2024 followed an assessment contact on 19 December 2023. At an assessment contact on 30 April 2024 the provider advised of actions taken to address/remedy previous non-compliance, including training/education regarding complex care and regular review of care needs for those consumers receiving complex care to ensure accurate documentation of changes, plus implementation of a monitoring process to ensure diabetes management includes consistent blood glucose level (BGL) recordings.

While systems for communicating/sharing information about consumer’s care exist, the service did not demonstrate effective methods to ensure this occurs for all consumers. Via review of consumer documentation, the assessment team note inconsistent recording of information and a lack of information transfer to management and/or medical officers for 6 sampled consumers. Via staff interview the assessment team observed a lack of appropriate communication during handover discussions for one consumer experiencing agitation/lack of sleep.

Consumer/representative interviews result in positive feedback regarding appropriate care delivery and communication from management and staff relating to changes in condition/care needs and/or incident management. The assessment team observed consumers being assisted/supported by staff in care delivery. Via document review the assessment team note a lack of documented neurological observations following a change in oxygen levels for one consumer, inconsistent directives relating to repositing requirements for 2 consumers, lack of BGL recordings for 3 consumers, lack of records relating to behavioural needs/support for one consumer, inconsistent information relation to fluid restriction directives for one consumer, plus inconsistent details regarding pain monitoring for another (noting consumer satisfaction in relation to pain management). Management responded to evidence bought forward by the assessment team advising of responsive actions including staff education/training, ensuring electronic prompts to communicate care requirements and review of sampled consumers to ensure documentation is reflective of current information/directives. The provider did not supply a response to the evidence bought forward by the assessment team.

In consideration of compliance, while I accept lack of current information/directives poses the potential of compromised consumer care, I am swayed by management’s response to issues bought forward, consumer/representative satisfaction of care delivery and lack of evidence relating to negative consumer outcome. I find requirement 3(3)(e) is compliant.

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)