Performance

Report

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| Name of service: | The Village by Scalabrini |
| Service address: | 5 MARY ST DRUMMOYNE NSW 2047 |
| Commission ID: | 1064 |
| Approved provider: | Scalabrini Village Ltd |
| Activity type: | Site Audit |
| Activity date: | 1 November 2022 to 3 November 2022 |
| Performance report date: | 9 December 2022 |

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 K. Spurrell, 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
* other information and intelligence held by the Commission in relation to the service.

# 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

Consumers and representatives described how the service staff makes them feel welcome, respected, valued and embraces their diversity whilst providing culturally safe services. Staff were observed interacting respectfully, responding to consumers by their preferred name and maintaining the dignity of residents, whilst answering call bells, and attending to their individual needs.

The service is Italian based with most consumers having an Italian background, however consumers from other multi-cultural backgrounds are welcomed as the service provides culturally safe care. Staff could identify consumers individual backgrounds and all staff speak Italian fluently and understand Italian culture. The service supports consumers with cue cards and a telephone translation program enabling staff to communicate with consumers from various backgrounds. The service caters to religious and non-religious consumers and provides daily religious services. The spiritual team create spiritual care plans to cater for every consumers language, religion, and end-of-life spiritual care.

Consumers and representatives stated they have choice and input into who is involved in all decisions regarding their care and services and this is reflected in consumers file notes. Married couples were encouraged to share rooms to maintain their intimate relationship. Care planning documentation evidenced the service has sought and captured individualised information as it relates to consumers’ religious, spiritual, and cultural needs and personal preferences.

Consumers are encouraged and supported to take risks that lead to life enhancement. Risk assessments are completed and a Dignity of Risk form is signed and explained to consumers and representatives to support consumers who take risks in activities of daily life. Risk mitigation strategies are implemented to ensure consumers continued support in risk taking activities.

Consumers and representatives said they receive current information from the service, which keeps them informed of changes. The service communicates and updates consumers and representatives through one-on-one discussions, meetings, case conferences, activities schedules, emails and messages through the electronic care management system.

Consumers and representatives said they feel their privacy is respected by the service. The Assessment Team observed staff to be respectful of consumer privacy when delivering care and services, such as greeting consumers by their preferred name and knocking on closed doors prior to entry. Staff said all consumers personal information is secured electronically and is password protected by restricted staff.

# 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

Consumers said their care is well planned and staff take time to understand how to support their health and well-being. Staff were able to describe the assessment and care planning processes and how they are guided by the care management system assessment tools which informs the delivery of safe care and services. Care planning documentation evidenced assessments and care plans identified risk management strategies.

Consumers and representatives said they are involved in how care is planned and tailored around what is important to them and includes how they want their care and services delivered. Staff described how assessment and care plans are completed to meet consumers needs, goals, and preferences. Not all consumers have advance care directives completed, however the service is addressing this through case conferences and care plan reviews. From a sample of consumers care documents reviewed by the Assessment Team, all had end-of-life assessment and/or end of life care plans in place.

Care and service plans for consumers showed integrated and coordinated assessment and planning involved all relevant organisations, individual and service providers. The Assessment Team observed arrangements with those outside the service involved in consumers needs, goals and preferences.

Care planning documentation demonstrated that consumers and representatives are involved in developing and reviewing their care and services plan, and most consumers were aware their plan was available if they chose to have a copy.

Care planning documentation confirmed care plans are reviewed on a regular basis and when the consumer’s circumstances have changed, or incidents have occurred. Staff described how reviews capture all aspects of a consumer’s needs, goals and preferences and how reassessment is used to update care and services plans.

# 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

Consumers and representatives confirmed they received care which meets their needs and optimises their health and well-being. Care planning documentation demonstrated personal and clinical care was tailored to individual needs, and clinical risks associated with the care for each consumer such as falls, skin integrity, pain, and restrictive practices were effectively managed through assessment.

Consumers and representative were satisfied that risks are effectively managed and the service provided comprehensive reports on high impact and high prevalence risks and strategies to mitigate risks for consumers. The service has documented risk and incident systems which guides how risk is identified, managed, and recorded.

Care planning documents reflected consumers receive end of life care in line with their end of life preferences. The service has access to a palliative care specialist and a Geriatric Outreach Team to support the management of consumers with complex end of life care needs and encouraged families to be present during the consumers end of life care. Staff described how they support consumers end of life processes and the service maximises comfort and dignity to align with consumers wishes.

Staff explained how they identify changes or deterioration to consumers’ condition and how they recognize and respond to changes. Staff described processes for reporting deterioration in consumers condition and actions taken to escalate care. Care plans confirmed changes to consumers’ conditions were identified and responded to in a timely and appropriate manner.

Staff said, and care planning documentation confirmed changes to consumers’ needs or conditions was shared with staff and other providers of care through verbal handover, referrals, and other notifications. Consumer care and service plans show evidence of updates, reviews and communication alerts and clinical hand over sheets contains current and accurate information relating to consumer care.

Consumers said, and observations confirmed the service followed measures to prevent and control infection, such as staff washing their hands and wearing personal protective equipment. Staff explained the various methods they used to promote appropriate antibiotic prescribing, such as, obtaining pathology test results to determine if antibiotics were required.

# 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

Consumers and representatives said they feel supported to participate in activities they like and are provided with safe and effective services that optimise their independence and quality of life. Staff provided further evidence that consumer needs and preferences are considered when providing supports for daily living and were observed offering consumers options about what they would prefer to do, such as one-to-one activities over group outdoor activities, which aligned with the consumers care plan.

The Assessment Team observed the onsite church was large enough to contain the entire cohort of consumers and provides religious services every day, and consumers indicated attending church helps them to stay active. Consumers and representatives said their emotional, spiritual, and psychological needs are supported by keeping in touch with family or friends for emotional support. Staff described how they facilitated communication between consumers and their families or friends through organising video chats and phone calls.

Consumers and representatives described how the service supports them to do things of interest inside and outside the service and caters to Italian and other local consumers who have diverse interests. Staff described the specific interests of consumers and how they support those interests and consumers were observed leaving the service for appointments with family. The Assessment Team observed an active and traditional Italian culture such as ”homestyle” cooking of pastries and pizza, consumers playing bocci and socialising.

Consumers and representatives reported information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility of care is shared. Staff described how changes in consumers’ care and services are communicated through both verbal and documented handover processes, dietary folders, electronic alerts and communication book. Care planning identified referrals to other services and providers, such as hairdresser, dental, optometrist, medical officers, and physiotherapists.

Most consumers and representatives expressed satisfaction with the meals provided to consumers who said there are plenty of meal choices and they can request different meals not included on the menu. The Assessment Team observed some consumers preferring to be served meals in their room, and all consumers said they enjoyed their meals. Consumers are involved in planning the season menu through a food focus group and with temperature checks on food and equipment as per policy.

The Assessment Team observed that equipment provided is safe, suitable, clean, and well maintained and that staff and maintenance undertake ongoing monitoring and replacement of equipment to ensure it is fit for purpose. Staff were observed cleaning shared equipment between consumers.

# 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 Assessment Team observed the service was welcoming and safe to navigate and consumers rooms were decorated with personal items to optimise the consumers well-being. Management described how consumers were not restricted to any area and can move freely inside the service and consumers were observed enjoying activities in the spacious and attractive outdoor garden areas.

The Assessment Team observed the service was safe, clean and well-maintained and consumers were able to move around freely indoors and outdoors. The courtyards were unlocked with flat clear paths to avoid trip hazards. Staff described how maintenance concerns were dealt with in a timely manner. The Assessment Team observed some external windows and shutters were covered in dust and cobwebs, to which Management, explained this had recently been added to role of the new preventative maintenance team member.

The Assessment Team observed, and consumers and representatives confirmed that furniture, fittings and equipment was safe, clean in good condition and well maintained. Cleaners were observed cleaning communal areas and consumers rooms consistently throughout the site assessment, and cleaning equipment and materials were stored appropriately.

# 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

Consumers and representatives felt supported to provide feedback and make complaints and one consumer stated they preferred attending the food focus groups to provide feedback about food. Staff described the different avenues for consumers to raise concerns, such as feedback forms, emails, discussion at meetings and verbally to both management and staff.

Consumers and representative said they are aware of and have access to advocates, language services and other methods for raising and resolving complaints. The service provides support for consumers with communication difficulties to provide their feedback and complaints through technological devices and translator services. Documentation and observations made by the Assessment Team identified the service is actively promoting advocacy services and the information is easily accessible to consumers and representatives.

Consumers and representatives said staff and management addresses and resolves their concerns once a complaint or incident has occurred, and they are offered an apology. Management and staff provided examples and confirmed an open disclosure process is applied following an incident and the service has policies and procedures that guide staff through the complaints management and open disclosure process.

Consumers and representatives said feedback and complaints are reviewed and used to improve the quality of care and services. Management described how trends in complaints are analysed and reviewed at monthly meetings and how feedback, complaints and incidents are recorded, actioned and used to inform continuous improvement or escalated to the Board.

# 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

Most consumers and representatives expressed satisfaction with the staffing numbers and said staff are meeting the needs of the consumers. The roster contained a mix of adequate staff to provide continuous safe and quality care. All staff confirmed they have a handover before each shift and management recently hired 76 new staff to work across different service areas to ensure continuity of care and reduce the use of agency staff. One representative raised concerns to the Assessment Team in relation to a falls incident and stated there were insufficient staff supervising during the shift to respond effectively. This was investigated by Management and rosters reviewed by the Assessment Team demonstrated there were sufficient staff rostered during each shift and the incident appeared to be isolated.

Consumers and representatives said that staff engage with consumers in a respectful, kind, and caring manner. Staff were observed and demonstrated how they provide care that respects the consumers identity, culture and diversity, in a gentle, kind and respectful way. Staff are recruited in line with the services values and receive training and support to deliver care in accordance with the services Cultural Diversity and Inclusion Policy.

Consumers and representatives said staff are competent, and confident that staff are skilled to meet their care needs. Management described the process to ensure staff are suitable and competent in their role through the recruitment process. Documentation demonstrated staff have appropriate qualifications, knowledge, and experience to perform their duties.

Consumers and representatives were satisfied that staff are adequately trained and equipped to do their jobs. Staff confirmed they receive training during their orientation and induction and regularly throughout the year and during informal handover meetings. The Assessment Team observed the services training program included mandatory training, online modules, toolbox talks, training competency documents and the orientation program. Training records demonstrated the workforce is satisfactorily recruited, trained, equipped, and supported to deliver the outcomes required by these standards.

Staff are regularly assessed, monitored, and reviewed in line with the service’s policy and procedures. Management advised staff are formally reviewed annually and described how staff are monitored doing their work and given support, guidance and training when required. Staff described how their goals and feedback are incorporated during assessment to supports staff’s performance improvement plan.

# 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

Consumers and representatives are actively engaged in the development, delivery and evaluation of care and services through resident and relative meetings, surveys and face to face discussions. Staff and documented evidence demonstrated that consumers are engaged and supported in providing input on service delivery and evaluation of care and services.

Management described how the governing body is involved in the delivery of care and services via reports from clinical governance committee and consumer feedback. The service has undergone recent changes, but all management stated they feel supported by the services Board. As a result, from consumers and representatives’ feedback, recent changes within the service provided funding to install a new nurse station to ensure safe and quality care, improve staff visibility, and reduce incidents.

The service had effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service demonstrated an effective risk management system and practices that include high impact and high prevalent risks, abuse or neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents. Management and staff were able to describe these systems and practices. During the Site Audit, the Assessment Team identified a risk management process was not being followed in relation to the disposal of waste, when brought to management’s attention, the risk was immediately addressed, and staff education commenced with the hour. On the third day of the site assessment the Assessment Team observed this incident was managed appropriately and a memo was sent out to all staff in relation to the correct practices and maintenance of waste.

The service was able to demonstrate a clinical governance framework and supporting policies that addressed antimicrobial stewardship, minimising the use of restraint and open disclosure. Management was able to explain the areas of responsibility for clinical leadership; how they collect and use data to inform safety and quality; and the organisations approach to clinical audits and data. Management provided examples and demonstrated a comprehensive understanding of the minimisation of types of response and least intrusive measures.

1. The preparation of the performance report is in accordance with section 40A/68A/76A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)