Performance

Report

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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 19 December 2023 |
| Performance report date: | 22 January 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 Therese 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 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 12 January 2024.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not Compliant |

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

Requirement 3(3)(d)

* Ensure the 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.
* Ensure staff are consistently adhering to organisational policies and procedures, specifically related to skin integrity.

Requirement 3(3)(e)

* Ensure information about consumer care needs is documented and communicated within the organisation, and with others where responsibility for care is shared.
* Ensure assessments and care planning processes consistently capture adequate and accurate information about the consumer’s condition and needs, specifically related to skin integrity and wound care.
* Ensure interventions to address consumer needs are consistently documented in care documentation, to ensure providers of care are adequately informed resulting in positive outcomes for consumers.

# 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. | Not 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. | Not Compliant |

Findings

Consumers and/or representatives generally provided positive feedback about the care and services provided by the service. However, review of clinical documentation and interviews demonstrates that deterioration or change in the consumer’s condition is not recognised and responded to in a timely manner. Monitoring of skin condition does not identify initial deterioration in skin condition resulting in pressure injuries being identified at a late stage. Assessments, care planning and incident management processes are not identifying and responding to changes in the consumer’s condition.

The service is not taking effective action to prevent the development of pressure injuries at an early stage. Accurate assessment and interventions to prevent further deterioration of pressure injuries or aid in the healing of pressure injuries does not always occur. The service’s policy on skin integrity and wound management states consumers should have sufficient oral fluid intake, however this is not consistently occurring.

Staff reported a wound assessment is undertaken when a wound is first identified, and a reassessment using the organisation’s wound assessment form should be undertaken every time there is a change in the treatment regime. This has not consistently occurred as per documentation review, with frequent changes in the treatment regimens documented in the wound charts without any explanations of the reason for the change.

The Approved Provider responded with additional documentation and a comprehensive plan for continuous improvement containing actions to address the identified non-compliance.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 3(3)(d) is found Non-compliant.

Assessments and care planning processes do not consistently capture information about the consumer’s condition and needs. Interventions to address needs are not consistently documented in care documentation, resulting in potential risk for consumers. Incident management systems are not capturing causes of incidents or developing effective interventions to prevent future incidents. As a result of these deficiencies, staff do not have sufficient information to respond to consumer needs. Some deficiencies were identified in the process when transferring consumers to hospital, related to handover of information.

Wound assessments and wound charting are not consistently recording relevant information about the condition and healing process of wounds.

The Approved Provider responded with additional documentation and a comprehensive plan for continuous improvement containing actions to address the identified non-compliance.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 3(3)(e) is found Non-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)