Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Alan David Lodge |
| Commission ID: | 4445 |
| Address: | 382 Torquay Road, GROVEDALE, Victoria, 3216 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 2 November 2023 |
| Performance report date: | 12 December 2023 |
| Service included in this assessment: | Provider: 704 Barwon Health  Service: 2964 Alan David Lodge |

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 Alan David Lodge (**the service**) has been prepared by S Byers, 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

# Assessment summary

|  |  |
| --- | --- |
| Standard 4 Services and supports for daily living | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | **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 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | |  |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

Consumers said they were satisfied with the variety and quality of the meals provided. Care planning documents reflected the dietary requirements, meal texture and preferences of consumers. A system is in place to ensure changes to consumers’ dietary requirements are reviewed by the dietitian or the speech pathologist, updated in the care system and any changes are communicated to relevant staff and the central kitchen. Management described how the planned menu incorporates consumers’ choice and is reviewed by the dietitian to ensure nutritional value and alignment with best practice guidelines. Management said consumers can provide feedback about the menu during food focus or residents meetings. The Assessment Team observed nursing staff assisting consumers with meals in a respectful manner.

Based on the evidence, summarised above, requirement 4(3)(f) is Compliant.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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 |

Findings

Consumers and representatives were satisfied there are enough staff to meet consumers’ needs. Staff said there is sufficient staff, and they can complete their tasks. The service demonstrated ongoing workforce planning, including implementation of a Transition to Practice program for the Enrolled nursing role. Rostering takes staff consistency and skill mix into consideration with minimal reliance on agency staff. Management stated they undertake regular reviews of consumer acuity and care needs and allocate additional floater staff, as required. Roster documentation for the month prior to the assessment contact indicated there were no vacant shifts and a floater nurse was allocated on mornings where bed occupancy increased. Call bell data demonstrated call bells are responded to within a timely manner, and a process is in place to monitor call bells that exceed the benchmark.

Based on the evidence, summarised above, requirement 7(3)(a) is Compliant.

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