Performance

Report

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| Name: | Albury Wodonga Health Residential Care Program |
| Commission ID: | 3945 |
| Address: | 52 Sydney Road, BEECHWORTH, Victoria, 3747 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 9 July 2024 |
| Performance report date: | 7 August 2024 |
| Service included in this assessment: | Provider: 5106 Albury Wodonga Health  Service: 12280 Albury Wodonga Health Residential Care Program |

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 Albury Wodonga Health Residential Care Program (**the service**) has been prepared by M Nicholas, 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

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **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 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 |

Findings

A Food, Nutrition and Dining Targeted Assessment Contact was conducted at the service on 31 January 2024. Since that time, effective actions have been implemented to address the deficits identified during the January Assessment Contact.

Consumers and representatives were satisfied with the assessment and care planning processes and reported risks to the health and well-being of consumers are considered. Clinical staff demonstrated knowledge of consumer risk and individualised consumer care needs.

The service has processes and tools to guide staff to undertake and review risk assessments in accordance with evidence-based clinical risk screening tools. The service uses an electronic health information system for ongoing care and services planning which has an automated alert function for reportable weight loss and blood glucose parameters. A review of consumer documentation demonstrated validated risk assessment tools are completed, planning is undertaken, and risk mitigation strategies are implemented. Documentation confirmed internal and external providers of care are involved in the assessment process.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Requirement 2(3)(a).

# Standard 4

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| 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

A Food, Nutrition and Dining Targeted Assessment Contact was conducted at the service on 31 January 2024. Since that time, effective actions have been implemented to address the deficits identified during the January Assessment Contact.

Consumers and representatives reported the meals and snacks provided reflect consumers’ choices and preferences. Representatives further reported they were satisfied with the quality of food and drinks provided. Staff demonstrated an awareness of supporting consumers’ choice in relation to meals. The chef described the process for providing some texture modified diets and demonstrated where guidelines for texture modification diets are displayed within the kitchen.

The service has a process for communicating consumer dietary requirements and choices and is implementing a menu monitoring program. The Assessment Team noted consumer choice and variety of meals are supported through a rotating menu which is approved by a dietitian. Documentation available within the kitchenette was noted to be consistent with consumer care documentation and is regularly updated. Consumer documentation reviewed included individualised swallowing risk mitigation strategies.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Requirement 4(3)(f).

# Standard 7

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| Human resources | |  |
| 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 |

Findings

A Food, Nutrition and Dining Targeted Assessment Contact was conducted at the service on 31 January 2024. Since that time, effective actions have been implemented to address the deficits identified during the January Assessment Contact.

Requirement 7(3)(c):

Management advised position descriptions are available for all roles and described compliance checks completed prior to staff commencing with the service. A review of the service’s position descriptions outlined the required qualifications, experience, and responsibilities of each role. This was confirmed by staff feedback who could define their role within the service.

Management described how new staff are supported following commencing with the service and how staff training needs are identified, and actions implemented to address training needs. A review of training records demonstrated, and management confirmed, training has not been recently provided to staff on the Serious Incident Response Scheme. However, the Assessment Team noted staff demonstrated an understanding of how to respond to and report incidents.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Requirement 7(3)(c).

Requirement 7(3)(d):

Management described actions implemented to support staff including through providing training. Staff confirmed they are supported by management and have duty lists to guide them in undertaking their roles. Staff reported they have received training respective to their roles including on infection control and prevention, clinical techniques and texture modified diets. A review of training records confirmed staff feedback and participation in training.

The service has an orientation handbook which details the induction process for new staff. The organisation has a mandatory training policy and clinical education and learning framework which supports training and education provided to staff.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Requirement 7(3)(d).

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)