Performance

Report

**1800 951 822**

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| Name of service: | Doutta Galla Woornack Aged Care Facility |
| Service address: | 6-8 Killara Street, SUNSHINE WEST VIC 3020 |
| Commission ID: | 3382 |
| Approved provider: | Doutta Galla Aged Services Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 11 September 2023 |
| Performance report date: | 11 October 2023 |

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 Doutta Galla Woornack Aged Care Facility (**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 - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* additional information received from the provider 18 September 2023
* other information and intelligence held by the Commission

# Assessment summary

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| Standard 3 Personal care and clinical care | 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 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

All consumers and representatives interviewed were satisfied that risks associated with the care of the consumer including falls and changed behaviours are well managed. For consumers residing in the memory support unit, staff described personalised strategies and interventions that were aligned with care plans and recommendations from external specialists. Care documentation reflected current and comprehensive interventions to manage and prevent risks for each individual consumer. Consumers who experience repeated falls or changed behaviour incidents these are reviewed with relevant referrals actioned. Management demonstrated understanding and practical application of monitoring, referral, and reporting processes for the management of high-impact and high-prevalence risks. A risk and incident management system is in place that reflected incident monitoring and assessment, interventions, and outcomes are recorded. Management described how risk and incident information is analysed for trends and the outcomes are discussed at regular clinical meetings. Incident reports reflected strategies to prevent further escalation of changed behaviours and relevant reviews by the general practitioner.

Based on the available evidence, as summarised above, I find Requirement 3(3)(b) is Compliant.

# 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 |

Findings

Most consumers and representatives expressed satisfaction with staffing levels and call bell response. Positive feedback was received from representatives of consumers residing in the memory support unit about staffing levels and effective management of changed behaviours. In response to negative feedback from a consumer, management submitted additional information demonstrating actions have been taken to address the feedback including consultation and staff education.

While staff provided mixed feedback, with some expressing dissatisfaction with current staffing levels, all staff confirmed that all unfilled shifts are filled including unplanned leave. Roster documentation for the fortnight prior to the assessment contact demonstrated all shifts were filled. While staff said staffing is manageable in the memory support unit, they indicated concern for other units when requesting assistance during an afternoon shift. The lifestyle staff office is located within the memory support unit and dedicated lifestyle activities are implemented to engage consumers and prevent behaviour escalation. Lifestyle staff were observed to be available and consumers were engaged in individualised activities in the common area during the assessment contact.

Management described the services approach to workforce planning, rostering and allocation. Staffing allocations are reviewed on a weekly basis to ensure the number and mix of staff is informed by occupancy and level of consumer acuity. All staff confirmed receiving regular communication from management about staffing allocations. The Assessment Team observed staffing allocation information readily available, updated daily and on display in the nurses station. Roster and allocation documentation supported workforce planning as described by management.

Call bell reports reflect call bells are responded to in a timely manner. Monitoring processes are in place with a weekly review by management.

While I acknowledge that some staff were not satisfied with staffing numbers, I am persuaded by the primarily positive feedback from consumers and representatives and assessment team observations during the assessment contact. I am satisfied the provider has demonstrated it has systems and processes in place to effectively plan and enable its workforce to deliver quality care and services. I find 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)