Performance

Report

**1800 951 822**

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| Name of service: | Korongee |
| Service address: | 264A Main Road GLENORCHY TAS 7010 |
| Commission ID: | 8083 |
| Approved provider: | Glenview Community Services Inc |
| Activity type: | Assessment Contact - Site |
| Activity date: | 17 May 2023 |
| Performance report date: | 22 June 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 Korongee (**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
* the provider’s response to the assessment team’s report received 7 June 2023

# Assessment summary

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| 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 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

The Assessment Team recommended Requirement 7(3)(a) as not met; however, I have considered the Assessment Team’s findings, the evidence in the assessment team report and the Approved Provider’s response and have come to a different view.

The service was found Non-compliant in Standard 7 in relation to Requirement 7(3)(a) following a site audit in September 2022 where it was unable to demonstrate 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. During the May 2023 assessment contact the Assessment Team found that while the organisation had implemented several actions in response to the previous non-compliance, ongoing deficits remained in relation to staffing levels. The Assessment Team received mixed feedback from consumers, representatives and staff in relation to staffing levels, with most negative feedback relating to insufficient staffing on the night shift. Allocation and roster documentation indicated adequate skill mix of staff across all shifts. Management described the improvements implemented since the site audit including float shifts and supernumerary staff, and the strategies in place to manage planned and unplanned leave. Management were aware of the challenges in covering the night shift.

The Approved Provider submitted a written response with clarifying information and documentation including care plans and roster documentation. The Approved Provider acknowledged the difficulty in filling the night shift, particularly with short lead notice. The roster documentation submitted by the Approved Provider demonstrated that most nights shift in the fortnight prior to the assessment contact were filled. The Approved Provider submitted a Plan for Continuous Improvement that detailed the actions completed to address the previous deficits.

I have reviewed all of the information provided. While I acknowledge the mixed feedback received during the assessment contact, I am satisfied the response from the Approved Provider addresses the concerns raised in the assessment team report. I encourage the Approved Provider to continue embedding the actions detailed in its Plan for Continuous Improvement into usual practice. I find this requirement 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)