Performance

Report

**1800 951 822**

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| Name: | Margery Cole Residential Care Service |
| Commission ID: | 3005 |
| Address: | 1 Matthews Crescent, TRARALGON, Victoria, 3844 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 20 August 2024 |
| Performance report date: | 16 September 2024 |
| Service included in this assessment: | Provider: 660 Yallambee Traralgon Village For The Aged Inc  Service: 1764 Margery Cole Residential Care Service |

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 Margery Cole Residential Care Service (**the service**) has been prepared by N Chahal, 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 3 Personal care and clinical care | Not applicable as not all Requirements assessed |
| **Standard 7** Human resources | **Not applicable as not all Requirements 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 |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |

Findings

The service effectively manages high-impact and high-prevalence risks of falls, changed behaviours, pressure injuries and weight loss associated with consumers’ care needs. This was supported by a detailed review of a consumer experiencing high falls demonstrating effective completion of risk assessments, care charting, incident reporting and a comprehensive review by the medical practitioner and allied health professional. Consumers and representatives were satisfied the service provides safe care, describing the identification of risks on consumer entry to the service. Staff described comprehensive strategies used to minimise falls, such as environmental decluttering, prompts and supervision to use mobility aids, and allied health input. Falls are investigated by management. There was evidence consumer weight is monitored and mitigation strategies introduced for those with sudden or progressive weight loss such as increased frequency of weight monitoring. Skin integrity and wounds are appropriately managed, with wound charting, wound photography, and input from external services evident.

The service organises timely and appropriate referrals to general practitioners, allied health professionals, and other health care specialists. This was supported by care documentation review demonstrating appropriate referrals to an external specialist clinic for pressure injury management, and to a physiotherapist following falls. Feedback from representatives outlined timely and appropriate dietitian referral for weight loss, and general practitioner review for pain management.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with these Requirements.

# 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

Consumers confirmed satisfaction with the care received, staffing levels at the service, and call bell response times. Feedback reflected consumers do not wait long for assistance, even when requiring the help of 2 staff, with 84% of calls in June 2024 answered within 5 minutes. Management monitors call bell reports and reviews response times exceeding 10 minutes, investigating and analysing for trends and associated adverse events. No adverse events related to a delay in call bell response were identified.

The workforce is planned, using an electronic roster system, to ensure adequate staff and skill mix. Staff may be moved between wings if more assistance is required for consumers with higher care needs. Regular or casual staff are generally used to fill vacant shifts. The service maintains a continual recruitment drive for clinical and care staff, and 15 registered nurses have commenced work at the service since January 2024.

With consideration to the available information summarised above, I agree with the Assessment Team recommendation and find the service compliant with this Requirement.

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)