Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Tongala Memorial |
| Commission ID: | 4441 |
| Address: | 18 Purdey Street, TONGALA, Victoria, 3621 |
| Activity type: | Assessment contact (performance assessment) – non-site |
| Activity date: | on 5 September 2024 |
| Performance report date: | 25 September 2024 |
| Service included in this assessment: | Provider: 3069 Respect Group Limited  Service: 2960 Tongala Memorial |

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 Tongala Memorial (**the service**) has been prepared by N Eastwood, 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) – non-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 6 Feedback and complaints | Not applicable as not all requirements have been assessed |
| **Standard 8** Organisational governance | **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 6

|  |  |  |
| --- | --- | --- |
| Feedback and complaints | |  |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

The service was previously found non-compliant with this Requirement following a Site Audit conducted between 23 May 2023 and 24 May 2023. A subsequent Assessment Contact was carried out on 5 September 2024 at which time there was evidence that the service had implemented improvements in relation to the review of feedback and complaints.

Consumers and representatives were satisfied with the complaints management system and corrective actions. The Assessment Team report reflected that feedback and complaints were recorded and monitored, with most improvement activities evaluated post-implementation. Management described how feedback and complaints were actioned and followed up with outcome information provided to consumers and representatives. This was supported by an example of a recent complaint related to a consumer hospital transfer, the outcome process resulted in staff collaboration and discussion around how to prepare consumers for transfer of care.

The service has a complaints register, a quality improvement plan activity log, as well as a plan for continuous improvement (PCI) in response to deficits identified through the previous Site Audit activity.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Requirement 6(3)(d).

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |

Findings

The service was previously found non-compliant with this Requirement following a Site Audit conducted between 23 May 2023 and 24 May 2023. A subsequent Assessment Contact was carried out on 5 September 2024 at which time there was evidence that the service had implemented improvements in relation to engagement with consumers in the delivery and evaluation of care.

The Assessment Team report reflected confirmation that there is engagement with consumers in care planning and they are enabled to provide feedback to the service. Staff described how they engage with consumers in the development and delivery of care and services and documentation demonstrated how the service records, actions and evaluates consumer feedback to inform service-wide improvements. Ideas from consumers are obtained through resident/relative meetings to guide lifestyle activities. Clinical staff explained how they use the ‘resident of the day’ process to ensure consumers are involved in care planning and have the services they need. There was also evidence to reflect additional strategies to improve the dining experience following consideration to resident meeting feedback.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Requirement 8(3)(a).

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)