Performance

Report

**1800 951 822**

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| Name: | Traralgon Aged Care |
| Commission ID: | 4009 |
| Address: | 69 Liddiard Road, TRARALGON, Victoria, 3844 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 23 November 2023 |
| Performance report date: | 19 December 2023 |
| Service included in this assessment: | Provider: 1303 Aged Care Group Pty Ltd  Service: 2610 Traralgon Aged Care |

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 Traralgon Aged Care (**the service**) has been prepared by L Glass, 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
* the provider’s response to the assessment team’s report received 15 December 2023.

# 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)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |

Findings

The Assessment Team found the service is delivering personal and clinical care that is safe and effective, particularly in regard to skin integrity, pain, behaviour and restrictive practice management. Consumers and representatives interviewed provided positive feedback about the personal and clinical care provided. They said staff understand them and deliver care that meets their needs and preferences. Staff demonstrated knowledge of consumer care needs, individual choices and interventions planned to provide safe and effective care. Documents reviewed reflected individualised strategies to manage skin integrity, wound care and pain, and for minimising restrictive practice. Management processes and systems ensure consumers receive the care they require to optimise their health and well-being.

The Assessment Team considered the requirement is met however identified some gaps in documentation. The service indicated it had also identified improvements required through internal auditing. In response to the Assessment Team report the service supplied further evidence of a plan for continuous improvement and a focus on tailored care plans and staff training and education delivered since the assessment contact was conducted.

I have considered the evidence provided in the Assessment Team report and the further information supplied by the approved provider. I find Requirement 3(3)(a) 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

The Assessment team found the service is able to demonstrate workforce planning, deploys appropriate numbers and mix of staff to meet service delivery and provides quality care and services. Most consumers and representatives interviewed expressed satisfaction with staffing levels at the service. Management described communication strategies with permanent and casual staff offering shift availability and if there is not adequate or timely responses to fill the shifts on offer agency staff are engaged. Management also explained the ongoing recruitment strategy. Management, staff and the roster confirmed registered nurses are on site 24 hours per day 7 days per week. Staff are trained across several roles and if required, can assist to ensure consumer’s needs are met. The call bell response record is reviewed daily and the service levels are discussed at the morning ‘huddle’ meeting. Where the call bell wait time is beyond the expected response time, management talk with staff to find out why this has been the case and discuss how improvements can be made.

The Assessment Team considered the requirement is met. In response to the Assessment Team report the service indicated it had also identified improvements and is planning face to face and online training in call bell response times. The service also has a plan for continuous improvement including software upgrades to enhance call bell response time reporting. The software will enable insights and analysis about timeliness of care in response to a call bell.

I have considered the evidence provided in the Assessment Team report and the further information supplied by the approved provider. I find Requirement 7(3)(a) Compliant.

1. The preparation of the performance report is in accordance with 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)