Performance

Report

**1800 951 822**

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| Name of service: | Victoria Grange Residential Aged Care Facility |
| Service address: | 502-514 Burwood Hwy VERMONT SOUTH VIC 3133 |
| Commission ID: | 3822 |
| Approved provider: | Australian Unity Care Services Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 20 April 2023 |
| Performance report date: | 17 May 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 Victoria Grange Residential 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

# Assessment summary

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| Standard 1 Consumer dignity and choice | 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 1

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| --- | --- | --- |
| Consumer dignity and choice | |  |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

The service was found Non-compliant in Standard 1 in relation to Requirement 1(3)(f) following a site audit in October 2022 where it was unable to demonstrate:

* Each consumer’s privacy was respected.

At the April 2023 assessment contact, the Assessment Team found the service had implemented improvements to address the deficits identified at the previous site audit.

Consumers were satisfied their privacy is respected and provided examples of how staff always knock on their doors before entering their rooms. Staff confirmed receiving education in relation to privacy and dignity and were able to provide examples of the training in practice. Staff described the systems in place to keep consumers personal information confidential including electronic devices being password protected. The Assessment Team observed staff knocking on consumers doors, using their preferred name and waiting for a response before entering their room during the assessment contact visit. The service demonstrated it has an organisation privacy policy in place to guide staff practice.

Based on the available evidence, I find Requirement 1(3)(f) 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

The service was found Non-compliant in Standard 7 in relation to Requirement 7(3)(a) following a site audit in October 2022 where it was unable to demonstrate:

* The number and mix of members of the workforce enable the delivery and management of safe and quality care and services.

At the April 2023 assessment contact, the Assessment Team found the service had implemented improvements to address the deficits identified at the previous site audit.

Consumers and representatives provided positive feedback in relation to staffing numbers and call bell response times. While staff considered the service still to be understaffed, they described how they work together to ensure the workforce shortages do not impact the delivery of care and services to consumers. Management described the ongoing recruitment to fill vacant positions. Roster documentation demonstrated that most shifts are filled and an appropriate mix of skill is allocated throughout the service including at least one registered nurse on every shift. While the service is actively recruiting a lifestyle manager, there is sufficient staff to provide lifestyle activities. Call bell response information demonstrated call bells are responded to in a timely manner. Call bells are monitored and escalation processes are in place for extensive response times.

Based on the available evidence, 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)