Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Victorian Croatian Aged Care Services Inc |
| Commission ID: | 4000 |
| Address: | 38-46 Barton Street, BELL PARK, Victoria, 3215 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 6 August 2024 |
| Performance report date: | 3 September 2024 |
| Service included in this assessment: | Provider: 3318 Victorian Croatian Aged Care Services Inc.  Service: 19548 Victorian Croatian Aged Care Services Inc |

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 Victorian Croatian Aged Care Services Inc (**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) – 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 2 September 2024.

# Assessment summary

|  |  |
| --- | --- |
| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

Standard 7

* Requirement 7(3)(a) implement strategies to address workforce planning to ensure the delivery of safe and quality care.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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 |

Findings

The service demonstrated high-impact and high-prevalence risks are effectively managed through regular monitoring, analysis of clinical data, and implementation of suitable risk mitigation strategies. Care planning and behaviour support documentation reflected intervention strategies for high-impact and high- prevalence risks such as wound management, responsive behaviour management, falls, and impaired skin integrity.

There was evidence the service conducts extensive internal audits, mentorship programs for nurses, regular clinical discussion meetings, clinical policies and handover sheet with detailed information to monitor high impact high prevalence risks.

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

# Standard 6

|  |  |  |
| --- | --- | --- |
| Feedback and complaints | |  |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |

Findings

The service has policies and procedures to support its complaints and open disclosure processes. Staff described the service’s complaints and open disclosure processes, and most consumers and representatives were satisfied with the actions taken to resolve their respective issues. There was evidence of staff and management awareness of open disclosure principles as well as demonstrated training records.

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

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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. | Not Compliant |

Findings

Most consumers and representatives raised concerns in relation to the quantity of staff available and the extensive use of agency workforce at the service. Ten of 13 staff members were concerned about their ability to provide safe and quality care with the current workforce. Management acknowledged the extensive use of agency staff and explained strategies to address workforce deficits with staff upskilling and ongoing recruitment.

The Assessment Team report indicated that the services roster for July 2024 contained 86 unfilled shifts and 148 agency covered shifts over the preceding four-week period. Management acknowledged the use of agency staff, explaining that most of the noted vacancies related to short or floater shifts, and maternity leave vacancies covered by senior clinical staff onsite.

The Approved Provider submitted a response (the response) disputing the findings of the Assessment Team. The response indicated that much of the information relied on by the Assessment Team was for internal purposes and did not accurately reflect staffing and roster arrangements contained on master documents. The response included examples of how distribution of permanent staff where high agency use was identified supports appropriate staff skill mix. The response also included a breakdown of staffing statistics confirming the Assessment Teams observations and recruitments strategies. Additional evidence reflecting quality activity reports, call bell response times, strategies addressing named consumer concerns and clinical shift allocations were also submitted. I note the Approved Providers assertion that where Registered Nurse vacancies occurred these were covered by existing RN skill mix; it is unclear whether in these circumstances existing staff would provide direct consumer care.

I acknowledge the response and concerns regarding the accuracy of information relied upon during the Assessment Contact. I note that the Assessment Team was provided information by the service staff, and their recommendations reflect not only observations based on documented evidence but staff and consumer accounts. I acknowledge the ongoing challenges related to recruitment and retention and encourage the service to progress with further discussion around how best to meet the needs of consumers and the benefits of continuity of staff in the provision of care. I have placed weight on the concerns raised by staff and consumers and consider that the service has addressed some of the concerns related to identified consumers. I consider the service requires additional time to decide on how to address the shortfalls in the workforce and whether the current model is supporting optimal outcomes for consumer care.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service non-compliant with Requirement 7(3)(a).

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)