Performance

Report

**1800 951 822**

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| Name: | Warramunda Village Hostel |
| Commission ID: | 3281 |
| Address: | 5 Warramunda Drive, KYABRAM, Victoria, 3620 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 30 January 2024 to 31 January 2024 |
| Performance report date: | 27 February 2024 |
| Service included in this assessment: | Provider: 1381 Warramunda Village Inc  Service: 2039 Warramunda Village Hostel |

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 Warramunda Village Hostel (**the service**) has been prepared by D Utting, 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 2 Ongoing assessment and planning with consumers | 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 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

The service was found non-compliant in relation to Requirement 2(3)(e) following an Assessment Contact on 12 July 2023. At the time the service was unable to demonstrate care and services were reviewed for effectiveness when consumers had changed care needs following an incident or discharge from hospital.

At the January 2024 Assessment Contact, the Assessment Team found the service had implemented improvements in response to the previous non-compliance. For example, staff had received falls protocol education and the service had implemented an assessment tool for staff to use for consumers returning from hospital. The service was also conducting regular auditing of falls incidents to ensure the falls protocol was followed and responses were effective.

Staff described how they review consumer care and services following a fall or when returning from hospital. Representatives said they are consulted and kept informed when consumer care needs change. Staff demonstrated knowledge of consumer care needs consistent with information documented in care plans. Care planning documentation demonstrated assessments and care plans were updated in a timely manner when circumstances change and after incidents.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with requirement 2(3)(e).

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

Most consumers and representatives said there were enough staff to provide the care they need. Management described continued recruitment of clinical and care staff to ensure adequate staff numbers and use of agency staff is kept to a minimal level. The service has a workforce planned to enable delivery of safe and effective care, including registered nurse coverage across all shifts. Staff said that most of the time there was enough staff to provide quality care. Rostering considers consistency of staff and the skill mix, and review of rosters demonstrated unfilled shifts were covered by a floating staff member and agency staff.

While the Assessment Team identified a high frequency of call bell response times over 15 minutes, investigations confirmed that the long wait times was due to staff not turning off the call bells after providing care. Management acknowledged that there was not active monitoring of call bell times and improvement actions were added to the services plan for continuous improvement and clinical team meeting agenda.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service 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)