Performance

Report

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| Name of service: | Willowbrae-Templestowe Hostel |
| Service address: | 81-85 Porter Street TEMPLESTOWE VIC 3106 |
| Commission ID: | 3247 |
| Approved provider: | Menarock Aged Care Services (Victoria) Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 13 April 2023 |
| Performance report date: | 9 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 Willowbrae-Templestowe Hostel (**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 - 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
* the provider’s response to the assessment team’s report received 8 May 2023.

# Assessment summary

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| Standard 7 Human resources | Not applicable as not all requirements have been assessed |

# 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 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 completed an Assessment Contact to assess Standard 7, Requirement (3)(a). This Requirement was found non-compliant following an Assessment Contact from 24 October 2022 to 27 October 2022. The Assessment Team spoke with consumers, clinical and care staff, management and viewed documentation relating to the level of workforce and whether it was sufficient to meet the care needs of the consumers.

The service was required to implement improvements in the following areas:

* Ensure assistance is provided to consumers in a timely manner
* Ensure staff prioritise consumer care over less urgent tasks
* Ensure there is enough staff on duty to provide care and services to consumers when they require it.

At an Assessment Contact on 13 April 2023 the Assessment Team found improvements had been made since the previous Assessment Contact undertaken from 24 October 2022 to 27 October 2022. Mixed responses from some consumers and/or their representatives around the call bell response times and prioritisation of care received by the consumers remained however overall, impact on consumer care and delivery of services was not identified as a result of slower than preferred response times to the call bell.

While clinical and care staff said they did not always have enough time to ensure all consumers received personal care according to their needs and preferences, management said they have recruited staff across the service in various roles to ensure there is appropriate care and service delivery. Updates had been made to the call bell system and there had been a decline in the overall call bell response times as evidenced by call bell analysis. There was a process for backfilling both planned and unplanned leave. The Assessment Team did not establish impact on consumer care or systemic issues with care and services delivered, management were responsive to feedback and the Assessment Team recommended a finding of Met.

In response to the assessment team report and the mixed feedback from some consumers, the approved provider supplied an updated plan for continuous improvement, a call bell report, care plans and other documentation clarifying remedial actions taken. This included evidence of follow up meetings with two named consumers and their representatives to ensure consumer needs and preferences were understood and documented. The approved provider supplied updated care plans for the two consumers and advised staff had been educated about individual needs.

I have considered the assessment team report and the information supplied by the approved provider in response. I am influenced by the documented improvements made since October 2022 and identified in the Assessment Team report for April 2023 and further demonstrated in the information outlined in the approved provider’s response to the Assessment Team report. I therefore find Requirement 7(3) (a) compliant.

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)