Accreditation Decision and Report

**Decision to re-accredit service following a site audit**

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Yallambee Lodge |
| **RACS ID:** | 0403 |
| **Name of approved provider:** | Evergreen Life Care Limited |
| **Address details:**  | 24 Yallambee Avenue West Gosford NSW 2250 |
| **Date of site audit:** | 27 August 2019 to 30 August 2019 |

**Summary of decision**

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| --- | --- |
| **Decision made on:** | 26 September 2019 |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. |
| **Decision:** | To re-accredit the service under section 41 of the Rules. |
| **Further period of accreditation:** | 28 October 2019 to 28 October 2022 |
| **Assessment of performance with the Aged Care Quality Standards** |
| Standard 1 Consumer dignity and choice | Met  |
| Requirement 1(3)(a) | Met  |
| Requirement 1(3)(b) | Met  |
| Requirement 1(3)(c) | Met  |
| Requirement 1(3)(d) | Met  |
| Requirement 1(3)(e) | Met  |
| Requirement 1(3)(f) | Met  |
| Standard 2 Ongoing assessment and planning with consumers | Met  |
| Requirement 2(3)(a) | Met  |
| Requirement 2(3)(b) | Met  |
| Requirement 2(3)(c) | Met  |
| Requirement 2(3)(d) | Met  |
| Requirement 2(3)(e) | Met  |
| Standard 3 Personal care and clinical care | Met  |
| Requirement 3(3)(a) | Met  |
| Requirement 3(3)(b) | Met  |
| Requirement 3(3)(c) | Met  |
| Requirement 3(3)(d) | Met  |
| Requirement 3(3)(e) | Met  |
| Requirement 3(3)(f) | Met  |
| Requirement 3(3)(g) | Met  |
| Standard 4 Services and supports for daily living | Met  |
| Requirement 4(3)(a) | Met  |
| Requirement 4(3)(b) | Met  |
| Requirement 4(3)(c) | Met  |
| Requirement 4(3)(d) | Met  |
| Requirement 4(3)(e) | Met  |
| Requirement 4(3)(f) | Met  |
| Requirement 4(3)(g) | Met  |
| Standard 5 Organisation’s service environment | Met  |
| Requirement 5(3)(a) | Met  |
| Requirement 5(3)(b) | Met  |
| Requirement 5(3)(c) | Met  |
| Standard 6 Feedback and complaints | Met  |
| Requirement 6(3)(a) | Met  |
| Requirement 6(3)(b) | Met  |
| Requirement 6(3)(c) | Met  |
| Requirement 6(3)(d) | Met  |
| Standard 7 Human resources | Met  |
| Requirement 7(3)(a) | Met  |
| Requirement 7(3)(b) | Met  |
| Requirement 7(3)(c) | Met  |
| Requirement 7(3)(d) | Met  |
| Requirement 7(3)(e) | Met  |
| Standard 8 Organisational governance | Met  |
| Requirement 8(3)(a) | Met  |
| Requirement 8(3)(b) | Met  |
| Requirement 8(3)(c) | Met  |
| Requirement 8(3)(d) | Met  |
| Requirement 8(3)(e) | Met  |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 48 of the Rules.**

Site Audit Performance
Assessment Report

The Commission makes the decision taking into account this site audit report, any response by the provider, and any other relevant information.

The met/not met recommendations made by the Assessment Team in this site audit report may differ from the findings in the decision.

## Introduction

**This is the report of an assessment of Yallambee Lodge (the Service) conducted from 27 August 2019 to 30 August 2019.**

**This assessment was conducted for the purposes of assessing the provider’s performance in relation to the Service against the Aged Care Quality Standards (the Quality Standards) in accordance with the Aged Care Quality and Safety Commission Rules 2018.**

This report details the findings of this performance assessment and contains a detailed report about the performance of the Service against each Quality Standard assessed and the requirements within each Quality Standard assessed rated as either, Met or Not Met.

For a ‘Not met’ finding, the Assessment Team has provided information about why the requirement was Not Met.

This Report is to be read in conjunction with the Quality Standards.

## Assessment Details

The assessment was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers | 22 |
| Consumer representatives  | 5 |
| Chief Executive Officer | 1 |
| Management  | 3 |
| Clinical staff Registered Nurses and Enrolled Nurses  | 7 |
| Care staff | 10 |
| Hospitality and environmental services staff | 2 |
| Lifestyle staff | 3 |
| Visiting service providers such as allied health professionals | 2 |
| Board member  | 1 |

## Detailed findings

This section covers information about the assessment of the provider’s performance, in relation to the service, against each of the requirements of the Quality Standards that were assessed.

### Standard 1: Consumer dignity and choice Met

#### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

#### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

#### Summary of Assessment of Standard 1:

The Assessment Team found that the organisation has met six (6) of the six (6) requirements under Standard 1.

Consumers were randomly sampled and asked if the consumer thinks staff treat them with respect. 100% said always or most of the time. Observations made and interviews with staff, show staff practices which uphold consumer dignity and demonstrate respect for consumers. The cultural aspect is acknowledged but limited due to a predominance of consumers with English heritage. The storage of consumer records and information has maintained consumer confidentiality.

#### Requirements:

Standard 1 Requirement 3(a) Met

The organisation demonstrates that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

##### **Standard 1 Requirement 3(b) Met**

The organisation demonstrates that care and services are culturally safe.

Standard 1 Requirement 3(c) Met

The organisation demonstrates that each consumer is supported to exercise choice and independence, including to:

1. make decisions about their own care and the way care and services are delivered; and
2. make decisions about when family, friends, carers or others should be involved in their care; and
3. communicate their decisions; and
4. make connections with others and maintain relationships of choice, including intimate relationships.

Standard 1 Requirement 3(d) Met

The organisation demonstrates that each consumer is supported to take risks to enable them to live the best life they can.

Standard 1 Requirement 3(e) Met

The organisation demonstrates that information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.

Standard 1 Requirement 3(f) Met

The organisation demonstrates that each consumer’s privacy is respected and personal information is kept confidential.

### Standard 2: Ongoing assessment and planning with consumers Not Met

#### Consumer outcome:

1. I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

#### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

#### Summary of Assessment of Standard 2:

The Assessment Team found the organisation has met four (4) of the five (5) requirements under Standard.

Of consumer’s randomly sampled, 100% agreed they get the care they need always or most of the time, and that their direct engagement in the initial and ongoing assessment and planning of their care helps them get the services they need. Consumers reported feeling safe and confident that staff listen to their goals and preferences, and the organisation gets input from other professionals to ensure the consumers receive the right care and services to meet their needs.

Staff could report how they contributed to the consumer’s care including discussions with medical officer, allied health and representatives.

Consumers reported that their care and services are regularly reviewed, and when there is a change in their health needs or preferences, the staff acts in a timely manner to manage the issue.

Staff demonstrated an understanding of incidents and near-miss events and how these were identified, documented and reviewed by the service, to inform continuous improvement.

Although the other requirements for standard two are met a review of consumer’s documentation identified palliative care plans were not completed to ensure the consumer’s current care needs are documented to guide staff practice. The management had documented in the services self assessment documents that end of life care pathways were completed by registered staff, however all staff interviewed advised they were not aware of this document. Two (2) representatives interviewed advised they were satisfied with palliative care provided and were complimentary of care and services provided during palliation.

#### Requirements:

Standard 2 Requirement 3(a) Met

The organisation demonstrates that assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.

##### **Standard 2 Requirement 3(b) Not Met**

The organisation demonstrates that assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.

Standard 2 Requirement 3(c) Met

The organisation demonstrates that assessment and planning:

1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and
2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.

Standard 2 Requirement 3(d) Met

The organisation demonstrates that the outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.

Standard 2 Requirement 3(e) Met

The organisation demonstrates that 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.

### Standard 3:Personal care and clinical care Met

#### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

#### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

#### Summary of Assessment of Standard 3:

The Assessment Team found the organisation has met seven (7) of the seven (7) requirements under Standard 3.

Of consumers randomly sampled, 100 % agreed they get the care they need always or most of the time. Consumers reported they felt safe and confident they were receiving quality care.

Staff could describe how they ensure care is best practice, their opportunity for continuing education and how they ensure that information is shared both within the organisation and with others outside the organisation. Care staff demonstrated a good working understanding of precautions to prevent to control of infection and steps they would take to minimise the use of antibiotics. Staff could identify consumers who were at the greatest risk and how incidents were used to inform changes in practice.

Consumers gave various examples of how staff ensure the care provided was right for them including case conferences and general discussions in regard to their care needs.

The consumers care plans reviewed by the Assessment Team identified safe and effective care. Representatives advised they were satisfied with the palliative care consumers received and their preferences and choices were respected.

The organisation also demonstrated that they have suite of policies and procedures underpinning the delivery of care and how the organisation reviews practice and policies to maintain current.

#### Requirements:

Standard 3 Requirement 3(a) Met

The organisation demonstrates that 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.

Standard 3 Requirement 3(b) Met

The organisation demonstrates effective management of high impact or high prevalence risks associated with the care of each consumer.

Standard 3 Requirement 3(c) Met

The organisation demonstrates that the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

Standard 3 Requirement 3(d) Met

The organisation demonstrates that deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.

Standard 3 Requirement 3(e) Met

The organisation demonstrates that information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.

Standard 3 Requirement 3(f) Met

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

Standard 3 Requirement 3(g) Met

The organisation demonstrates minimisation of infection related risks through implementing:

1. standard and transmission based precautions to prevent and control infection; and
2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

### Standard 4:Services and supports for daily living Met

#### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and
well-being and that enable me to do the things I want to do.

#### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

#### Summary of Assessment of Standard 4:

The Assessment Team found the organisation has met seven (7) of the seven (7) requirements under Standard 4.

Consumers advised that staff do assist them to maintain their independence and that they are encouraged to do as much for themselves as possible to maintain their independence. They advised they receive support in their daily living which includes being able to maintain links with the community; maintain social and personal relationships if they wish to do so and undertake activities of interest to them. Consumers confirmed that equipment provided is well maintained and appropriate for their use.

The organisation has been able to clearly demonstrate that consumer’s condition, needs and preferences in relation to services and support for daily living, emotional and psychological well-being are clearly communicated to staff within the service. Information in care plans is specific and provides staff with clear information on consumer’s emotional and psychological needs and wishes as well as cultural support to enable them to provide an individualised approach.

Based on feedback from the consumers, the organisation was able to demonstrate that meals are sufficiently varied and of suitable quality. Of the consumers interviewed 87% indicated they liked the food most of the time or always while 13% reported liking the food only some of the time.

#### Requirements:

Standard 4 Requirement 3(a) Met

The organisation demonstrates that each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.

Standard 4 Requirement 3(b) Met

The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

Standard 4 Requirement 3(c) Met

The organisation demonstrates that services and supports for daily living assist each consumer to:

1. participate in their community within and outside the organisation’s service environment; and
2. have social and personal relationships; and
3. do the things of interest to them.

Standard 4 Requirement 3(d) Met

The organisation demonstrates that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

Standard 4 Requirement 3(e) Met

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

Standard 4 Requirement 3(f) Met

The organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity.

Standard 4 Requirement 3(g) Met

The organisation demonstrates that where equipment is provided, it is safe, suitable, clean and well maintained.

### Standard 5:Organisation’s service environment Met

#### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

#### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

#### Summary of Assessment of Standard 5:

The Assessment Team found that the organisation has met three (3) of the three (3) requirements under Standard 5.

The service was observed to be undergoing major refurbishments with extensive contractor activity on site. However, the service still appeared welcoming, clean and well maintained. Consumers’ rooms were observed to be decorated with memorabilia, photographs and other personal items and other were awaiting new numbers and memory boxes to be installed following completion of painting. The layout of the service enables consumers to move around freely, with suitable furniture, fittings and signage to help consumers navigate the service. The service has currently created additional dining and more quiet sitting areas for consumers. Consumers have ready access to tidy outdoor areas with gardens, benches and communal areas. There are also paths and handrails that enable free movement around the area which are currently being upgraded to have rails on both sides and glass balustrades installed to meet current height regulations.

Consumers did not raise any concerns about the service environment, furnishings or equipment. They confirmed the service is always clean, there are plenty of spaces to go other than their room if they wanted some private time, they were able to choose how they personalised their living areas and bedrooms. They all confirmed there is nothing they would change in relation to the service environment and appeared to adapt well to the building works being undertaken with many consumers observed to chat to contractors and talk to the Assessment Team about works being completed. The service had signage at reception to inform consumers and visitors that detailed dates of work and the type of work being undertaken.

The service has a fifteen bed (15) secure unit with its own dining and private garden areas. Most of the rooms also have balcony access directly into the garden area. Consumers were observed to walk freely within the secure unit and garden area during the unannounced site audit.

Policies and procedures described systems for purchase, servicing and maintenance of furnishing and equipment and how environmental related risks to consumers were identified and managed. Staff interviewed demonstrated an understanding of these systems and processes. Interviews with staff indicated: cleaning, maintenance and laundry services are delivered appropriately.

The service environment is an agenda item that is discussed during weekly management meetings. It is also discussed during resident/ relative meetings to ensure as much feedback is gathered as possible to work towards continuous improvement.

#### Requirements:

Standard 5 Requirement 3(a) Met

The organisation demonstrates that the organisation environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.

Standard 5 Requirement 3(b) Met

The organisation demonstrates that the organisation environment:

1. is safe, clean, well maintained and comfortable; and
2. enables consumers to move freely, both indoors and outdoors.

Standard 5 Requirement 3(c) Met

The organisation demonstrates that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

### Standard 6:Feedback and complaints Met

#### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

#### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

#### Summary of Assessment of Standard 6:

The Assessment Team found the organisation has met four (4) of the four (4) requirements under Standard 6.

The service demonstrated that consumers know how to give feedback and make complaints and feel safe and comfortable doing so. Consumers and their representatives have access to advocates, language services and other methods for raising and resolving complaints. Management and staff demonstrated that appropriate action is taken to acknowledge and resolve complaints with a commitment to open disclosure when things go wrong. Feedback and complaints are reviewed, analysed for trends and used to improve the quality of care and services provided and available to consumers. Consumers and their representatives consistently said that they are encouraged and supported to give feedback and that they are engaged in processes to address their feedback. This also included engagement and invitation to meetings, participation in surveys and an open-door access to the manager. The CEO and Board members also actively engage with consumers and will visit the home on a regular basis and have introduced evening quarterly forums in 2019 to offer working representatives a meeting time alternative.

Consumers and representatives said that the organisation takes appropriate action to resolve complaints.

#### Requirements:

##### **Standard 6 Requirement 3(a) Met**

The organisation demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

Standard 6 Requirement 3(b) Met

The organisation demonstrates that consumers are made aware of and have access to advocates, language organisations and other methods for raising and resolving complaints.

Standard 6 Requirement 3(c) Met

The organisation demonstrates that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

Standard 6 Requirement 3(d) Met

The organisation demonstrates that feedback and complaints are reviewed and used to improve the quality of care and organisations.

### Standard 7:Human resources Met

#### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

#### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

#### Summary of Assessment of Standard 7:

The Assessment Team found the organisation has met five (5) of the five (5) requirements under Standard 7.

The organisation demonstrated that the service has a workforce that is sufficient and is skilled and qualified to provide safe, respectful and quality care and services. Workforce planning processes are in place to ensure that the service always maintains optimal numbers and mix of staff. This includes coverage for planned and unplanned leave. The Assessment Team observed staff interactions with consumers to be kind, caring and respectful of each consumer’s identity, culture and diversity. Consumers confirmed that staff treat them with respect, are kind and caring and gave numerous examples of what this meant to them. The service demonstrated that the workforce is recruited to specific roles, trained and equipped to undertake these roles and supported to deliver the best possible outcomes for consumers. The service demonstrated that the workforce is competent, suitably qualified and supported with initial and ongoing training to effectively perform their roles. The skills and capabilities of each member of the workforce is monitored and reviewed and all employed staff required to undertake annual mandatory training. Consumers and representatives said that staff know what they are doing and did not raise any issues of concern around staff skills or performance.

#### Requirements:

Standard 7 Requirement 3(a) Met

The organisation demonstrates that 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 organisations.

Standard 7 Requirement 3(b) Met

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

Standard 7 Requirement 3(c) Met

The organisation demonstrates that the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

Standard 7 Requirement 3(d) Met

The organisation demonstrates that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

Standard 7 Requirement 3(e) Met

The organisation demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

### Standard 8:Organisational governance Met

#### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

#### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

#### Summary of Assessment of Standard 8:

The Assessment Team found the organisation has met five (5) of the five (5) requirements under Standard 8.

The organisation demonstrated that it involves consumers in the development, delivery and evaluation of care and services providing examples of how consumers are involved in the design of services and engaged in choice and decision making. Consumers confirmed that they are involved in their care planning, care delivery and evaluation, providing examples of how this occurs in practice day to day. The service is supported by an effective organisational governance framework which promotes a culture of safe, inclusive and quality care and services and sets clear expectations for accountability for delivery of care and services. There are organisation wide governance systems to support effective information management, workforce management, clinical care and regulatory compliance. The organisation has effective risk management systems and practices which support consumers to live the best life they can. The clinical governance framework addresses antimicrobial stewardship, open disclosure and minimising the use of restraint. Staff interviewed understood these concepts, were aware of and able to access relevant policies and procedures and could explain how they are applied in practice. Feedback from consumers and their representatives about the organisation and management of the service was consistently positive.

#### Requirements:

Standard 8 Requirement 3(a) Met

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and organisations and are supported in that engagement.

Standard 8 Requirement 3(b) Met

The organisation demonstrates that the organisation’s governing body promotes a culture of safe, inclusive and quality care and organisations and is accountable for their delivery.

Standard 8 Requirement 3(c) Met

The organisation demonstrates effective organisation wide governance systems relating to the following:

1. information management;
2. continuous improvement;
3. financial governance;
4. workforce governance, including the assignment of clear responsibilities and accountabilities;
5. regulatory compliance;
6. feedback and complaints.

Standard 8 Requirement 3(d) Met

The organisation demonstrates effective risk management systems and practices, including but not limited to the following:

1. managing high impact or high prevalence risks associated with the care of consumers;
2. identifying and responding to abuse and neglect of consumers;
3. supporting consumers to live the best life they can.

Standard 8 Requirement 3(e) Met

The organisation demonstrates that where clinical care is provided—a clinical governance framework, including but not limited to the following:

1. antimicrobial stewardship;
2. minimising the use of restraint;
3. open disclosure.