Accreditation Decision

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

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Yarraman Nursing Home |
| **RACS ID:** | 4439 |
| **Name of approved provider:** | Monash Health |
| **Address details:**  | 22B Yarraman Road NOBLE PARK VIC 3174 |
| **Date of site audit:** | 01 October 2019 to 02 October 2019 |

**Summary of decision**

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| --- | --- |
| **Decision made on:** | 31 October 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:** | 04 December 2019 to 04 December 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 Yarraman Nursing Home (the Service) conducted from 01 October 2019 to 02 October 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 contains detailed findings about the performance assessment of the Service against each Quality Standard and the requirements within each Quality Standard. The Quality Standard and assessed requirements are rated as either Met or Not Met.

A Met rating for the Quality Standard means that all requirements of that Quality Standard have been assessed and rated as Met

A Not Met rating for the Quality Standard means that one or more requirements of that Quality Standard has been assessed and one or more of those requirements have been rated as Not Met.

There will be no rating of the Quality Standard if only some of the requirements have been assessed and those requirements have been rated as 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 | 10 |
| Health support services | 1 |
| Logistics and service environment coordinator | 1 |
| Wellbeing coordinator | 1 |
| Food services manager | 1 |
| Support services supervisor | 1 |
| Operations director residential services | 1 |
| Representatives | 4 |
| Registered nurse | 3 |
| Enrolled nurse | 4 |
| Deputy director of nursing | 1 |
| Acting facility manager | 1 |
| Physiotherapist | 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:

2. The organisation:

(a) has a culture of inclusion and respect for consumers; and

(b) supports consumers to exercise choice and independence; and

(c) respects consumers’ privacy.

#### Summary of Assessment of Standard 1:

The Assessment Team found that the organisation has met all six requirements under Standard 1.

Of consumers and representatives randomly sampled, 100% said staff treat them respect most of the time or always. Consumers described how staff knock on their before entering and take time to talk with them.

Of consumers and representatives randomly sampled, 92% said they are encouraged to do as much as possible for themselves most of the time or always. A consumer said, “When I say I can do something they let me, they never make me feel silly and I feel very comfortable.” A representative described how language can be a barrier at times however expressed staff do a good job. While 8% said they are encouraged to do as much as possible for themselves some of the time however did not provide further explanation.

One hundred percent of consumers and representatives randomly sampled, said staff explain things most of the time or always and described in various ways what this meant to them.

The Assessment Team observed staff engaging and helping consumers in a respectful manner. Management and staff consistently spoke of consumers in a way that indicated respect and understanding of their personal circumstances and life journey.

The service demonstrated how they support consumers to make decisions about their life, even when it involves an element of risk.

The service demonstrated how they provide consumers with access to current, accurate and timely information and how it protects the privacy and confidentially of consumers information.

#### 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:

(i) make decisions about their own care and the way care and services are delivered; and

(ii) make decisions about when family, friends, carers or others should be involved in their care; and

(iii) communicate their decisions; and

(iv) 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 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:

2. 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 that the organisation has met all five requirements under Standard 2.

Of consumers and representatives randomly sampled ,100% said they have a say in their daily activities most of the times or always. A high majority of responses reflected consumers have say in lifestyle activities and they positive examples of what this meant to them.

The service has a suite of comprehensive assessments which are used in partnership with consumers and other if they choose to assess and develop individualised care plans. The service has a process in place to review care needs bi-monthly or as needs and preferences change.

Staff described how they partner with consumers and/or their representatives in advance care planning discussions and end of life wishes and have access to specialist palliative care services.

The services involve a range of specialists and allied health professionals such as medical practitioners, physiotherapists, podiatrists, in-reach services, National Disability Insurance Scheme (NDIS) who work together to deliver tailored care for consumers.

#### 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) 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:

(i) 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

(ii) 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:

2. 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 service has met the seven requirements under Standard 3.

Of consumers and representatives randomly sampled, 100% said they feel safe most of the time or always and provided various examples of what this meant to them. Consumers and representatives described how they feel the service is safe. While four consumers/representatives described a consumer wandering however said they [consumer] were harmless, and their wandering had no impact on their safety.

The organisation has procedures and flowcharts to guide best practice and these are periodically reviewed. Staff described how consumer’s preferences for personal care and clinical care are captured in their care plans and how they are informed of changes during handover.

Staff described the services system to refer consumers to specialists in consultation with the consumer including speech pathologist, physiotherapist and palliative care specialists.

The service monitors their practices via the care plan review process, feedback mechanisms, surveys, meetings, audits and analysis of clinical data and seeks feedback from consumers.

The service offers and supports consumers and staff to participate in annual vaccinations.

#### 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:

(i) is best practice and

(ii) is tailored to their needs and

(iii) optimises their health and well-being.

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

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

##### Standard 3 Requirement 3(g) Met

The organisation demonstrates that minimisation of infection related risks through implementing:

(i) standard and transmission based precautions to prevent and control infection; and

(ii) 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:

2. 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 that the organisation has met all seven requirements under Standard 4.

Of consumers and representatives randomly sampled, 92% said they are encouraged to do as much as possible for themselves most of the time or always, while 8% said some of the time however did not provide further explanation. Consumers provided various examples of what this meant to them

Consumers described in various ways how they are supported to participate in their community, have social and personal relationships and they do the things of interest to them.Comments included:“Yes, I can engage in outings and trips…play quizzes and other activities too. I like to read and watch television in my own time. The hairdresser does my hair monthly too and I like it.

Of consumers and representatives randomly sampled, 77% said they like the food most of the time or always and provided various examples of what this meant to them. While 23% of consumers and representatives randomly sampled said they like the food some of the time and provided various examples of what this meant to them. For example: “The food is repetitive I get sick of it, sometimes the food is cold.”

Management and staff described how consumers can select from three main choices at lunch. There are a range of menu choices to meet consumers dietary requirements such as gluten free and cultural backgrounds such as Indian, Asian, halal and vegetarian.

Management reported the organisation is in the process of implementing ‘smart pack’ meal options to enable greater choice of food and meal preferences on a meal by meal basis up to two hours prior to meal service. ‘Smart pack’ meals will incorporate various modified dietary requirements and cultural preferences.

The service demonstrated that is makes timely referrals to other organisations in relation to services and supports for daily living and provide safe, suitable and well-maintained equipment. Consumers are satisfied with the range of equipment available and staff responsiveness to requests.

#### 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:

(i) participate in their community within and outside the organisation’s service environment; and

(ii) have social and personal relationships; and

(iii) 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 that 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:

2. 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 all three requirements under Standard 5.

Of consumers and representatives randomly sampled, 85% said they feel at home and 100% feel safe at the service. Consumers who did not feel at home indicated they would rather be closer to people they grew up with. Consumers state that they can access outdoor areas either independently or with assistance. Consumers commented on how they can have things fixed or replaced and that their environment is always clean.

The service environment was observed to be welcoming with consumers rooms decorated with personal items and furnishings and photographs. The service provides quiet lounge areas for consumers to use for their specific needs.

There is scheduled cleaning and an electronic maintenance system in place. The service has a preventative maintenance program that ensures appropriate inspection, testing and cleaning of equipment. A team audits the environment and seeks consumer feedback regarding the suitability of the environment.

#### Requirements:

##### Standard 5 Requirement 3(a) Met

The organisation demonstrates that the service 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 service environment:

(i) is safe, clean, well maintained and comfortable; and

(ii) 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:

2. 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 that the organisation has met all four requirements under Standard 6.

Of consumers and representatives randomly sampled, 100% said staff follow up when things are raised, most of the time or always.

The organisation demonstrated consumers are encouraged and supported to provide feedback and provide feedback in informal and formal ways. This includes the ability to remain anonymous by having locked, secure feedback boxes. The Assessment Team observed advocacy information to be readily available.

A review of the organisations complaints and compliments register demonstrated how management respond and action feedback including complaints according to their procedure. Follow up with the consumer or stakeholder is conducted and evaluations noted. Management could demonstrate a link to their complaints system and continuous improvement register.

Information in relation to internal and external feedback processes and advocacy services is available in English and other languages.

Staff described how management are responsive to issues raised and are always approachable. Consumers and representative expressed satisfaction with how management encourage feedback and follow things raised in a timely manner.

Management described the services open disclosure procedure and have implemented an initiative called ‘You said, we did’ to support the open disclosure process.

#### 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 services 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 services.

### 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:

2. 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 met all five requirements under Standard 7.

Of consumers and representatives randomly sampled, 100% said they receive the care they need, staff are kind and caring and that staff know what they are doing, either always or most of the times.

The organisation ensures they adhere to their ‘Nurse to Patient’ ratios and monitor and review their roster to reflect current and changing consumer care needs. Management have increased staffing hours by adding an extra care staff shift six hours a day, seven days a week. This has allowed for the in charge registered nurse to have greater oversight and clinical functions for consumer care.

The organisation provides staff with an orientation an induction program including staff handbooks and reading material suited to their role. A buddy system assists with transitioning in to the employee’s new role.

Education is provided at commencement of employment and on an ongoing basis. Mandatory education and additional training topics support and maintain the skill sets of nursing and ancillary staff. During the site audit the Assessment Team observed interactions between nursing, hospitality and other ancillary staff to be kind, caring and respectful.

The organisation has recruitment processes to ensure quality and experienced staff have the qualifications, skills and knowledge to successfully complete their job. The organisation has a process to support staff during performance appraisals and processes for performance management. Staff interviews confirmed a high level of job satisfaction and good relations with their direct managers.

#### 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 services.

##### 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.

### 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:

2. 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 all five of the requirements in relation to Standard 8.

Of consumers and representatives randomly sampled, 100% said staff encourage feedback, that they always feel safe and the home is well run, most of the times or always.

The organisation’s governance structure includes an overseeing Board from Monash Health who are responsible for the delivery of safe, quality and reliable consumer care. A range of organisational and service level meetings held at Yarraman Nursing Home and promote consumers and their respective representatives to engage and participate in the delivery of care and services. Consumers and representatives can provide feedback in meetings, surveys and comment and complaint forms to support improvement activities.

The organisation’s staff promote a positive culture of safety, inclusivity and diversity. Procedures are available to guide management and staff. The governance and organisational process includes regular management meetings, incident data reviewing and development of reports to ensure monitoring and reviewing of performance. This includes financial and risk performance. Risk incidents are documented in a register and is reviewed by key senior staff and governance meetings on a regular basis.

The organisation has a framework that embodies continuous improvement, regulatory compliance, complaint/feedback management, high-impact or high-prevalence risks, and abuse and neglect. There is a clinical governance framework which includes oversight to antimicrobial stewardship, minimising the use of restraint and open disclosure.

The organisation demonstrated how consumers who choose to take risks are appropriately assessed and monitored to support their choice. Management were able to demonstrate how they have integrated the current quality standards in auditing tools, care plan development and staff practices.

#### Requirements:

##### Standard 8 Requirement 3(a) Met

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and services 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 services and is accountable for their delivery.

##### Standard 8 Requirement 3(c) Met

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

(i) information management

(ii) continuous improvement

(iii) financial governance

(iv) workforce governance, including the assignment of clear responsibilities and accountabilities

(v) regulatory compliance

(vi) feedback and complaints

##### Standard 8 Requirement 3(d) Met

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

(i) managing high-impact or high-prevalence risks associated with the care of consumers

(ii) identifying and responding to abuse and neglect of consumers

(iii) 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:

(i) antimicrobial stewardship

(ii) minimising the use of restraint

(iii) open disclosure