Performance

Report

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| Name: | Cypress View Lodge |
| Commission ID: | 0386 |
| Address: | 16-24 Kookaburra Avenue, COLEAMBALLY, New South Wales, 2707 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 24 July 2024 |
| Performance report date: | 28 August 2024 |
| Service included in this assessment: | Provider: 177 Cypress View Lodge Limited  Service: 402 Cypress View Lodge |

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 Cypress View Lodge (**the service**) has been prepared by Micheal Cooper, 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 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **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 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |

Findings

Consumers provided positive feedback and were satisfied the service supports them to take risks and considers their individual preferences. Service documentation demonstrated policies and procedures in place to guide staff in supporting consumers’ individual risks including a risk register and completed risk assessments. Staff were knowledgeable in consumers’ individual risks, and described ways they respect and support consumers’ preferences in taking risks to enable them to live the bets life they can.

It is my decision Requirement 1(3)(d) is compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | 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. | Compliant |

Findings

Consumers provided positive feedback in relation to assessment and planning, and described how the service supports their involvement in care planning to reflect individual goals and preferences. Service documentation demonstrated policies and procedures to guide staff in the delivery of effective assessment and planning. Staff described ways they utilise the service’s validated assessment tools and procedures to inform care planning and reviews. Service documentation demonstrated the service is ensuring assessment and planning includes risks to individual consumers to inform the delivery of safe and effective care and services.

It is my decision Requirement 2(3)(a) is compliant.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers provided positive feedback in relation to the service environment, and explained the service is clean, tidy, maintained, and confirmed they are freely able to move indoors and outdoors. Staff were knowledgeable in the organisation’s maintenance procedures, and service documentation demonstrated staff are following the organisation’s guidelines in relation to reactive and preventative maintenance. The service environment was observed to be safe, clean, well maintained, and consumers were able to move freely indoors and outdoors.

Consumers provided positive feedback in relation to the service’s furniture fittings and equipment. Furniture fittings and equipment including, dining chairs, mobility aids, hoists, call bells, leisure and lifestyle equipment were observed to be clean, safe, and operational.

It is my decision Requirement 5(3)(b), and Requirement 5(3)(c) are compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(c) | 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. | Compliant |
| Requirement 8(3)(e) | 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. | Compliant |

Findings

Service documentation evidenced systems, policies, and procedures in place to guide an effective governance system to improve outcomes for consumers. Staff explained they have access to policies and procedures and information sources were observed to be accessible to staff and consumers throughout the service. The service’s plan for continuous improvement demonstrated improvement actions taken by the service following identified areas for improvement to inform beneficial outcomes for consumers. The organisation’s board has processes in place to monitor income and expenditure, and regular discussions occur at an organisation level to inform financial obligations and targets. Service documentation evidenced processes in place to monitor staff competencies, and policies and procedures are being updated regularly to reflect changes as they occur to ensure the workforce remains accountable. Service documentation demonstrated systems in place to monitor compliance with legislative and regulatory standards including, monitoring, and reporting processes to the service’s Board. The service’s feedback and complaints register demonstrated reporting procedures to ensure feedback is actioned to inform beneficial outcomes.

The organisation demonstrated an effective clinical governance system in place which provides guidance to staff to ensure the delivery of quality care and services to consumers.

In relation to the key elements of antimicrobial stewardship, minimising the use of restraint, and open disclosure, staff demonstrated understanding of the organisation’s policies and procedures, and provided examples how each element applies to their job role.

I have considered the information within the assessment contact team report, and I have placed weight on the information including the evidence of effective implementation of the clinical governance framework at the service through the monitoring and management a competent and qualified workforce, and ongoing and continuous improvement actions.

It is my decision Requirement 8(3)(c), and Requirement 8(3)(e) are compliant.

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)