Performance

Report

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| Name: | Lyrebird Village for the Aged |
| Commission ID: | 3261 |
| Address: | 8-10 Neerim Street, DROUIN, Victoria, 3818 |
| Activity type: | Site Audit |
| Activity date: | 13 September 2023 to 15 September 2023 |
| Performance report date: | 31 October 2023 |
| Service included in this assessment: | Service: 2019 Lyrebird Village for the Aged |

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 Lyrebird Village for the Aged (**the service**) has been prepared by K. Richards, 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 Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management, and others.
* The approved provider’s response to the Assessment Team’s report, received on 20 October 2023.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | 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. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | 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. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers said staff made them feel respected and valued. Staff knew what was important to consumers and how to respectfully deliver care whilst maintaining consumer dignity. The service’s commitment to treating consumers with dignity and respect and valuing diversity was reflected within the Diversity policy.

Consumers said staff were considerate of their individual cultural needs. Staff knew consumers’ cultural backgrounds and the importance of adapting their care accordingly. The service offered catering to suit consumers’ cultural preferences and care plans captured cultural needs and how this influenced care and activities.

Consumers said staff supported them to choose what care they received and who was involved in it. Consumers also said they felt supported to maintain their relationships. Staff demonstrated familiarity with consumers, including key relationships and supports to make and communicate decisions. Care plans detailed consumers’ choices about their personal and clinical care, lifestyles, and involvement of representatives in decision-making and care.

Consumers said staff supported them to safely take risks. Staff could describe the ways these consumers choose to take risks, how risk is discussed with the consumer and/or representative, and how the consumer is supported to take risks. Care and services records showed the service had completed risk assessments for relevant consumers in line with policies and procedures.

Consumers said staff communicated well, and they receive sufficient information to help them make choices about their care and services. Representatives confirmed staff communicated with them regularly about their loved ones’ health. Staff knew the service’s methods for providing information to help consumers make decisions about their care, including through verbal, non-verbal, and written communication, explaining how they adapted communication styles to meet consumer needs. Multiple notice boards around the service displayed information to inform consumers of menus, activities, feedback, and suggestions.

Consumers said staff respected their privacy and kept their information confidential, supporting them to secure personal belongings for private access. Staff were observed maintaining consumers’ privacy and confidentiality using various best-practice methods. The service’s policies and procedures informed strategies to maintain consumer privacy and confidentiality.

Based on this evidence, I find the service compliant with all Requirements in Standard 1 Consumer dignity and choice.

# 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 |
| Requirement 2(3)(b) | 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. | Compliant |
| Requirement 2(3)(c) | 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. | Compliant |
| Requirement 2(3)(d) | 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. | Compliant |
| 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

Consumers said the service delivered safe care that considered and addressed their risks. Management and staff could describe assessment and planning processes and demonstrated awareness of individualised care needs of consumers directly under their care. Care documents showed evidence of comprehensive assessment and planning using validated assessment tools to identify risks and inform management strategies.

Consumers said staff had sought out their needs, goals, and preferences, including for end-of-life care. Consumers and representatives said staff welcomed discussions about care preferences and end-of-life wishes. Staff described how they used assessment and planning to identify and understand consumer needs, goals, and preferences. Care documents contained detailed and specific information about consumers’ care preferences and advance care directives.

Consumers said the service partnered with them to assess and plan their care and they could specify who else should be involved, including other providers. Care documents showed evidence of consultation with consumers and their representatives and included input from internal and external providers. Staff ensured consumers and others were partners in assessment and planning processes through policies and procedures, including the Partnership in care policy.

Consumers and representatives said they knew how to access consumer care plans if they wanted. Management and staff stated consumers and representatives are consulted during care evaluation and when changes in care occur. Care documents demonstrated consultation with consumers and/or representatives and contained clear care instructions arising from the assessment and planning process.

Consumers said the service regularly reviewed their care in line with scheduled reviews, and following incidents or change of care needs. Management and staff knew the review process and the triggers that led staff to initiate a review. Care documents contained evidence of reviews every 3 months, and in response to incidents or changes.

Based on this evidence, I find the service compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | 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. | Compliant |
| Requirement 3(3)(e) | 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | 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. | Compliant |

Findings

Consumers said their care was safe, effective, and tailored to their needs and preferences. Staff demonstrated individual knowledge of consumers’ personal and clinical care needs, and strategies in place to ensure these needs are met. Care documents showed evidence of provision of individualised, safe, and effective care with monitoring and evaluation processes and improvement actions reflective of best practice care principles

Consumers said the service effectively managed their high-impact or high-prevalence risks. The service had effective processes for assessing, monitoring, and managing risks. Care documents showed the service effectively managed risks for consumers.

The service had a comprehensive policy to guide staff in providing end-of-life care. Staff knew appropriate protocols for maximising consumers’ comfort and dignity during end-stage care, including involving the family, professionals, and specialist providers. Care documentation demonstrated consumers’ end-of-life wishes are documented and followed, with care focused on managing comfort and pain.

Consumers said the service recognised and responded to changes to their condition. Clinical staff described using monitoring processes to identify deterioration and knew how to respond to changes in consumers’ conditions. Care documentation of sampled consumers reflected changes in consumers were identified, assessed, monitored, and managed through following the service’s policies and procedures.

Consumers were satisfied staff communicated their preferences among themselves and with others who provided their care. Staff knew the service’s processes for transferring information including sharing with management and relevant stakeholders. Care plans contained evidence to show consumers’ information had been documented clearly and communicated efficiently.

Consumers said the service’s referrals process was prompt, accurate and appropriate. Staff knew the referrals process and the providers within the service’s network. Care documents showed timely and appropriate referrals to other providers.

Consumers said the service had appropriate infection control precautions in place. Staff knew how to apply infection controls as part of their daily routines, including practices to ensure antimicrobials are appropriately used. The service had an infection prevention and control policy framework to guide staff in preventing infections and managing outbreaks.

Based on this evidence, I find the service compliant with all Requirements in Standard 3 Personal care and clinical care.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | 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. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | 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. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers said the service provided safe and effective daily living services and supports that optimised their lifestyles and were tailored to their needs. Staff interviewed were able to describe how they support consumers to live the life that they want to live, adapting activities to ensure consumers with cognitive, sensory, or mobility impairments can participate. Care plans showed accurate information about services and supports to meet consumers’ daily living needs, goals, and activity preferences.

Consumers said the service supported their emotional, spiritual, and psychological well-being. Care staff knew consumers’ preferences for emotional support and described the personal strategies they used to maintain their psychological wellbeing in line with care planning documentation. Care plans reviewed provided information on consumers’ cultural and religious needs, spiritual beliefs, and how they would prefer to be supported emotionally by staff or by relatives and/or friends.

Consumers said the service supported them to participate in their chosen communities, inside and outside the service environment, do things of interest, and maintain relationships of importance. Staff knew consumers’ chosen communities and the specific supports they needed to engage with them and explained how they supported consumers to participate in activities of interest. Care planning documentation included details about their interests and the people important to them.

Consumers said staff communicated effectively concerning their condition and needs, and this included communication between staff and with external providers. Staff communication was facilitated through verbal and written communication, for example, dietary changes were documented in a communication book within each kitchenette and shared through handover and emails. Care records, including lifestyle care plans, were detailed and accurate.

Consumers said the service’s referrals systems were effective in connecting them with external services and supports, such as volunteers and pastoral care. Staff knew which providers consumers should be referred to, subject to their preferences. Care records showed evidence of timely support delivered in response to referrals to providers.

Consumers said they were satisfied with the service’s meals, enjoyed the mealtime experience, and had a say in provided meals. The service’s had a Dietitian reviewed rotating seasonal menu, and kitchen staff had a process for ensuring they met individual consumers’ dietary requirements. Care planning documentation and diet documents contained clear, accurate information about consumers’ dietary needs and preferences.

Consumers said provided equipment was well-maintained and regularly cleaned by staff. Staff said they were able to access the equipment they needed, it was well-maintained, and they knew how to raise maintenance requests if required. Maintenance records showed the service was up to date with maintenance requests.

Based on this evidence, I find the service compliant with all Requirements in Standard 4 Services and supports for daily living.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| 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 said they felt at home within the service and were comfortable navigating throughout the environment. Shared spaces were observed to be spacious and welcoming, with a variety of areas available for consumer use. Consumers had personalised their rooms with their own photos, furniture, and items.

Consumers said the service environment was safe, clean, well-maintained, and the layout encouraged them to move easily between indoor and outdoor areas. Cleaning staff knew the service’s cleaning processes well, with cleaning logs completed according to schedule. Consumers were observed moving through internal and outside areas, including through gardens, vegetable plots, and shaded seating areas.

Consumers said the service’s furniture, fittings, and equipment were clean, well-maintained, and suitable. Staff described assessment processes to ensure furniture and equipment is suitable for consumer use, and processes to report hazards or repairs. Cleaning and maintenance showed the service was up to date with its cleaning and maintenance processes. Furniture, fittings, and equipment were clean and functional.

Based on this evidence, I find the service compliant with all Requirements in Standard 5 Organisation’s service environment.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives sampled confirmed they understood the complaints process at the service and said that they felt comfortable raising any concerns. The service offered multiple feedback and complaints channels and had well-documented complaints handling policies and procedures. Staff described the ‘open door policy’ used by management and explained how they could assist consumers raise concerns through written and verbal mechanisms.

Consumers said they knew how to access external advocates if they had a need to. The service displayed information about advocacy services throughout the facility. Staff knew which external advocates or language services to refer consumers to, based on consumers’ specific circumstances.

Consumers and representatives said the service acted quickly to address feedback. Staff knew the service’s complaints handling processes well and described principles of open disclosure, including when and how to apply them. The service kept detailed digital records of consumer complaints, and these showed the service responded proactively using an open disclosure approach. The service’s Open Disclosure Policy outlines the process of disclosing to a consumer that an adverse event occurred, providing practical and emotional support, training, and continuous improvement

Consumers said the service used their complaints to improve its care, and staff were able to provide examples of responsive changes made. Management could describe the specific methods it used to leverage feedback and complaints to realise care improvements. The service had a plan for continuous improvement, and this detailed a range of past and ongoing improvement initiatives.

Based on this evidence, I find the service compliant with all Requirements in Standard 6 Feedback and complaints.

# 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 |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers said there were enough staff at the service, and they received safe and high-quality care. The service’s rosters and supporting documents showed it had a sufficient pool of staff to fill shifts and deliver safe, quality care. Management described processes used to plan and recruit a stable workforce able to meet consumer needs and legislative requirements, which has reduced need for agency staff who are unfamiliar with consumers. Staff were observed responding to call bells promptly and professionally.

Consumers said staff were kind, caring and respectful of their cultural backgrounds. Staff were observed knocking on doors and using respectful language when supporting consumers. The service had a diversity policy demonstrating the commitment to delivery of person-centred care.

Consumers said staff were well-trained and knowledgeable about their work. Management had processes for ensuring staff were competent and capable in their roles. Human resources records showed staff had appropriate qualifications, knowledge, and experience to perform duties outlined within their position description.

Management explained the comprehensive range of training and education offered by the service, including support for upskilling of staff. Staff interviewed demonstrated sound knowledge of key areas of the Quality Standards and legislated requirements. The service had a thorough onboarding process to ensure its staff remained well supported over their tenure, including orientation, buddy shifts, probation, and performance reviews. Whilst training records suggested low completion rate of mandatory training topics, management demonstrated this was due to change of record keeping processes within the organisational merger.

The service had an end-to-end staff performance framework that included regular assessment, monitoring, and reviews. Staff reported regular participation in the service’s performance appraisal process. Management described processes for management of under performance.

Based on this evidence, I find the service compliant with all Requirements in Standard 7 Human resources.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| 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)(d) | 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 4. managing and preventing incidents, including the use of an incident management system. | 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

Consumers said the service engaged them to help develop, deliver, and evaluate available care and services. The service used various methods to engage consumers, including meetings, surveys, and feedback. Documents showed the service actively worked to realise consumers’ suggestions for improvement.

Management described how the governing body engages itself in ensuring care and services are safe, inclusive, and of high quality, as outlined in the organisational structure and policies. Organisational management holds oversight of the service’s performance through monthly reporting to identify trends and drive proactive and responsive actions. Meeting minutes showed the governing body monitored compliance with the Quality Standards and legislative requirements.

The service’s records showed it had effective organisation-wide governance systems in all applicable domains. Staff and management knew the key principles of the service’s governance systems. The service had policies and procedures to guide staff in each aspect of its governance framework. For example, the Board undertakes monitoring of regulatory and legislative requirements, makes necessary changes, and disseminates information through organisational and service management, who coordinate staff updates and training.

The service had risk management policies to guide staff in identifying, understanding, and managing risks. Staff knew the service’s processes and responsibilities for reporting and managing high impact, high prevalence risks. The service had clear reporting lines showing who was responsible for managing risks and the related systems. The organisational framework supported consumers to live their best lives through taking decision-making processes, including taking risks. Clinical governance meeting minutes demonstrated monitoring and oversight of risks and incidents.

The service had effectively implemented a clinical governance framework. The framework directed staff on clinical care, including how to minimise restrictive practices, implement antimicrobial stewardship and manage complaints through the framework of policies, procedures, training, and practices. Monitoring of compliance was undertaken through subcommittees, including Medication advisory committee, and reporting practices.

Based on this evidence, I find the service compliant with all Requirements in Standard 8 Organisational governance.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)