Performance

Report

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| Name of service: | Yaandina Aged Care |
| Service address: | 58 Hampton Street ROEBOURNE WA 6718 |
| Commission ID: | 7167 |
| Approved provider: | Yaandina Community Services Limited |
| Activity type: | Site Audit |
| Activity date: | 16 May 2023 to 18 May 2023 |
| Performance report date: | 22 June 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Yaandina Aged Care (**the service**) has been prepared by A. Douglas, 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 staff, consumers/representatives and others.
* other information and intelligence held by the Commission in relation to the service.

# 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 treated them with dignity and respect their identity. During the Site Audit, staff treated all consumers with dignity and respect, calling them by their preferred names and acknowledging their cultural backgrounds. Care documents contained information about consumers’ lifestyle, background, and who and what was important to them.

Consumers said staff understood their needs, preferences, and what was important to them. Care documents contained information about consumers’ histories, and their emotional, spiritual and cultural needs and preferences. The service had diversity and inclusivity policies, procedures and staff training modules. The service’s care was sensitive to the circumstances of its Aboriginal and Torres Strait Islander consumers.

Consumers said the service encouraged and supported them to make choices about how and when their care was delivered. Care records showed consumers made decisions about the way the service delivered their care. The service had policies, procedures, and training modules to guide staff on how to support consumers to make informed choices.

Consumers said staff understood risks they chose to take and supported them to live the best life they could. The service had signed risk assessment documents on file, which included information about interventions to mitigate risks to consumers.

Consumers said the service regularly communicated with them and the information provided was clear and relevant. When communicating with consumers, staff considered consumers’ individual abilities and adjusted their message accordingly. Care documents contained information about consumers’ communication needs.

Consumers said the service maintained their privacy and confidentiality. The service had policies and procedures to guide staff in delivering care while maintaining consumers’ privacy. During the site audit, staff were observed respecting consumers’ privacy by knocking on doors and requesting permission to enter, and closing doors when providing personal care.

# 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

The service engaged with a range of stakeholders as part of the care planning process, including consumers, representatives, hospital staff, specialists, allied health, and a medical officer. Staff knew consumers’ risks and relevant interventions and where to get further risk information if required. The service had policies, procedures and an admission checklist to guide staff through the consumer admission process.

Consumers said the service had engaged them about their end of life (EOL) needs, goals and preferences. Staff discussed consumers’ EOL preferences on admission, and during care plan reviews thereafter. The service provided staff with palliative care training and had policies, procedures, and various tools to support staff to deliver palliative care.

Consumers said the service partnered with them to plan their care. The service formulated care plans in consultation with consumers, representatives, and relevant medical officers. Consumer care records contained evidence that the service had involved external services in consumers’ care.

Consumers said staff communicated their needs and preferences effectively, and that staff informed them about the outcomes of assessment and planning processes. Care documents corroborated consumers’ information. Staff communicated relevant information during the handover process, and information about consumers’ care needs and preferences was readily available on the service’s electronic care management system (ECMS).

Consumers said staff informed them of any changes to their care. The service had policies, processes and procedures for care plan reviews. Care plans contained evidence that staff conducted regular reviews in accordance with the service’s procedures.

# 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 staff had the skills to manage their care and services. Care planning documents showed evidence that the service’s care was safe, effective, and tailored to individual consumers. Care documents contained records of effective monitoring and clinical oversight.

The service had a range of policies and procedures to guide staff in managing high impact, high prevalence risks. The service held monthly Clinical Governance Meetings where staff strategised about managing high impact, high prevalence risks across the service’s care continuum. Consumers said the service managed risks to their care well.

Consumers said the service met their expectations concerning EOL care. On admission, the service documented consumers’ EOL preferences, and it reviewed them as part of its standard care plan reviews, or when a consumer moved onto a palliative or EOL pathway. Staff knew how to maximise palliating consumers’ comfort and adjust the care they delivered according to consumers’ changing goals.

The service trained its staff to recognise and respond to clinical deterioration. Staff used a variety of best practice methods to identify changes in consumers’ conditions. Consumers said the service responded quickly to clinical changes.

Consumers said they were confident the service documented relevant information about their condition. They said staff shared this information among themselves and with external providers, and that they did not have to repeat their instructions to different providers. Staff knew when and with whom information should be shared if they identified clinical changes in a consumer. Consumer care records were up to date.

Consumers said the service arranged prompt and appropriate referrals to external providers. Staff knew the service’s network of providers and the various channels through which to refer consumers to them. External providers who attended the service recorded care information in the service’s ECMS, facilitating information sharing among those involved in consumers’ care.

Consumers said they were satisfied with the service’s infection control measures. Staff knew the service’s various infection control practices. The service had documented policies and procedures on infection control, minimising infection related risks, and antimicrobial stewardship. Vaccination records showed 100% staff vaccination compliance for influenza and COVID-19.

# 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 they were happy living at the service and confirmed they received the care they needed. Staff knew what was important to consumers and how to support their independence, health, well-being and quality of life. Care documents showed the service’s assessment and care planning was consumer-centred.

Consumers said the service’s supports for daily living promoted their emotional, spiritual, and psychological well-being. Management and staff supported consumers’ well-being through a variety of culturally sensitive practices. The service had policies and procedures to guide staff in supporting consumers’ emotional, psychological and spiritual well-being.

Consumers said the service supported them to attend activities and stay connected with family and friends. Care planning documents contained information about consumers’ relationships, activity preferences and goals. During the site audit, consumers socialised and attended activities of interest.

Consumers said staff communicated their condition, needs and preferences among those involved in their care and they did not feel the need to repeat information to different staff or providers. Staff had a range of methods for ensuring they communicated important information about consumers’ needs and preferences. Care documents were up to date and included detailed information about consumers’ conditions, needs and preferences.

The service made timely and appropriate referrals to other organisations, individuals, and providers. Consumers said they received services and supports as required. Staff knew the various external services and supports to which they could refer consumers. Care documents showed staff referred consumers to other supports and services as required.

Consumers said the service’s food was satisfying, of good variety, and sufficient. Kitchen and care planning documents contained information about consumers’ dietary needs, dislikes, allergies, and preferences. Staff knew consumers’ individual meal preferences and dietary requirements and their information matched the content of consumers’ care documents.

Consumers confirmed the service’s equipment was safe, suitable, clean and well-maintained. Staff said the service’s equipment was safe and suitable and they knew how to raise maintenance requests if required. During the site audit, the service’s equipment was clean and in good working order.

# 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 in the service and the service environment optimised their sense of belonging, independence, interaction and function. Consumers’ rooms were clean and featured ensuites, mini fridges and televisions. The service was constructed with sections of open roof to enable a view of the sky, stars and leafy courtyard, reflecting the service’s close affiliation with the Aboriginal and Torres Strait Islander heritage of many of its consumers.

The service environment was safe, clean, and well-maintained. Consumers said they were comfortable at the service and could move freely. Reception staff assisted consumers to enter, navigate and leave the service safely. Staff knew how to lodge maintenance requests if required.

During the site audit, the service’s furniture, fittings, and equipment were safe, clean, and well-maintained. Consumers said they felt safe with the service environment. The service had systems and processes to maintain its furniture, fittings, and equipment. Staff said there was enough equipment to support them to provide quality care and services.

# 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 said the service supported them to provide feedback and make complaints. The service knew how to engage consumers to encourage feedback and complaints, including through the help of a relative or Aboriginal and Torres Strait Islander liaison officer, if appropriate. The service had processes and systems to ensure it supported consumers raised concerns about their care.

Consumers said the service provided access to information about the Aged Care Quality and Safety Commission, advocates, and language services. Staff had displayed information about advocates, language services and other methods for raising and resolving complaints in prominent locations around the service. Information about interpreter services was also readily available.

During interview, management cited examples of complaints it had received, and the service’s responses, which were timely and appropriate. Consumers said the service was responsive and offered apologies when things went wrong. Staff knew when and how to apologise to consumers, including the appropriate content for an apology such as an explanation of what lead to the issue, and the service’s response.

Consumers said the service used their feedback and complaints to make improvements to care. Management and staff corroborated this during interview, describing improvements to care in response to feedback and complaints. The service’s feedback and complaints records showed it evaluated feedback items in consultation with consumers at meetings and through resident of the day surveys.

# 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

The service developed its roster a fortnight in advance and had access to additional support and oversight from a contracted nursing service. It had contingency arrangements to replace staff in the event of unplanned leave. Consumers said they did not have to wait for care and there were enough staff available.

Consumers said staff engaged with them in a respectful, kind and caring manner. Staff understood the consumers they cared for, including their cultural needs and preferences. Staff receive culturally specific training to guide their care and support of consumers.

Staff said the service provided regular mandatory training sessions and they could access additional training as needed. They said management and the service’s human resource team supported them to perform their roles. The service had a process to ensure all recruited staff met minimum qualification and registration requirements. Consumers said they were confident in the abilities of staff.

Consumers said staff were competent and could deliver care according to their needs and preferences. Staff said management supported them to deliver quality care by providing training when they commenced and on an ongoing basis thereafter. The service’s training program was comprised of mandatory training during induction, and annually training thereafter on a range of subject matter, including the Aged Care Standards.

Staff said management was supportive and confirmed they monitored their performance, which fed into their annual performance reviews. Management said it monitored staff competency through clinical data, observations, and direct feedback from consumers. The service had policies and procedures to guide performance monitoring and management.

# 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 their care. Management and staff could cite the service’s methods for engaging consumers about their care. Care documents contained evidence of the service’s efforts to engage consumers and their representatives.

The service’s board was comprised of community members with close connections to the local area, its people and the Aboriginal and Torres Strait Islander heritage of many of the service’s consumers. The service had various clinical governance committees where staff monitored the service’s clinical indicators, quality initiatives and incidents. It had policies, procedures, and guidelines to support staff to deliver care according to the Quality Standards.

The service had effective organisation wide governance systems, including those related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints. Its Board met regularly to review clinical data about the service’s operations and make decisions about the strategic direction of the service. The service’s continuous improvement plan embedded ongoing improvements across its various governance domains and within its care operations.

Consumers said the service supported them to live the best life they could, which included taking on risks they chose. The service had policies, procedures, and practices to minimise risks to consumers, including those related to falls, infection, restrictive practices and incidents. Additionally, the service had policy documents outlining particular issues faced by First Nations people.

The service had policies relating to antimicrobial stewardship, restrictive practices and open disclosure. It also had a clinical governance framework supporting clinical care practice within the service. Care records showed the service was compliant with its antimicrobial stewardship policy.

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)