Performance

Report

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| Name: | Yackandandah Health Residential Aged Care |
| Commission ID: | 3209 |
| Address: | 20 Isaacs Avenue, YACKANDANDAH, Victoria, 3749 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 1 October 2024 |
| Performance report date: | 30 October 2024 |
| Service included in this assessment: | Provider: 9208 Apollo Care Operations Pty Ltd  Service: 1968 Yackandandah Health Residential Aged Care |

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 Yackandandah Health Residential Aged Care (**the service**) has been prepared by M Murray, 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 3 Personal care and clinical care | Not applicable as all Requirements not assessed |
| **Standard 4** Services and supports for daily living | **Not applicable as all Requirements not assessed** |
| **Standard 7** Human resources | **Not applicable as all Requirements not 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 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 |

Findings

I am satisfied based on the Assessment Team’s report that the approved provider complies with Requirement 3(3)(a).

The Assessment Team’s report outlines consumers and representatives are satisfied the care consumers receive is individualised and effective, including personal care, wound care, pain management and complex clinical care. Complex care planning including the management of changed behaviours and the use of any restrictive practices occurs with consumers, representatives and a multidisciplinary team. Staff were knowledgeable about the care required for each consumer and provided examples of where they support consumers to maintain their independence with aspects of their care. Documentation review evidenced assessments, planned interventions, and evaluation of care in line with the service’s policies and processes for skin care and wound management, pain management and restrictive practices. Progress notes show clinical oversight of the care provided by staff, evaluation, and clinical rationale for changes to care where planned interventions were not effective. Consumer personal care plans reflected their needs and preferences are incorporated into care interventions. Management described the oversight by senior clinical staff to ensure effective care is delivered.

# 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 |

Findings

I am satisfied based on the Assessment Team’s report that the approved provider complies with Requirement 4(3)(a).

The Assessment Team’s report outlines consumers and representatives are satisfied with the support consumers receive to meet their goals and maximise their independence. Consumers said they enjoy the wide range of activities on offer at the service, which includes table-based activities including games and craft, bus trips, walking groups and gardening. Each consumer has a lifestyle care plan that is developed in consultation with them which outlines their life story, what is important to them, and their goals for well-being and quality of life. Staff described how they modify the care they deliver, or use a range of equipment, to support consumers with cognitive, mobility, or sensory impairment to participate in the lifestyle activities scheduled. External services are accessed to support consumers’ wellbeing following consultation and consent. The Assessment Team observed several activities in progress, with consumers being supported to engage in these activities with the encouragement of staff. Other consumers were observed independently involved in small group activities which they said in various ways were enjoyable and meaningful.

# 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 |

Findings

I am satisfied based on the Assessment Team’s report that the approved provider complies with Requirement 7(3)(a).

The Assessment Team’s report outlines the service satisfactorily demonstrated that the workforce is planned and adequate in quantity and skill mix to enable the delivery of safe and quality care. Management described how they fill planned vacancies, using the service’s permanent, casual and part-time staff. They described the text system used to notify staff of a vacant shift and unplanned vacancies. The service also engages agency staff if required. The rostering team meet each morning to discuss and adjust the roster to ensure there are no unfilled shifts. Management said they evaluate the mix of staff depending on the consumers’ needs. Three of 4 consumers described how there is staff available when they need them, and they do not have to wait for long periods when utilising their call bells. Clinical staff, care staff and lifestyle staff described how there are sufficient levels of staff across the service and shifts are filled during unplanned or planned leave. Recent recruitment includes a registered nurse and a care staff member. A roster review noted any vacant shift was generally backfilled. The responsiveness of staff to call bells is discussed by the senior leadership team and at the ‘resident, relative and friends’ meeting.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)