Performance

Report

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| Name of service: | Yallambee Lodge |
| Service address: | 1 Binalong Street COOMA NSW 2630 |
| Commission ID: | 0352 |
| Approved provider: | Snowy Monaro Regional Council |
| Activity type: | Site Audit |
| Activity date: | 31 January 2023 to 2 February 2023 |
| Performance report date: | 5 April 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 Yallambee Lodge (**the service**) has been prepared by P Sherin, 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.
* the provider’s response to the assessment team’s report received 16 February 2023 acknowledging the assessment team’s report.

# 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 and representatives said consumers are treated with dignity and respect, and their identity is valued by the service. Care planning documentation reflects what is important to consumers to maintain their identity. Consumers, representatives and staff demonstrated a close and friendly relationship, with staff having an in depth understanding of the consumers residing within the service, their needs and preferences.

Consumers confirmed they felt culturally safe within the service. Staff sampled described cultural, religious and personal preferences for consumers and demonstrated knowledge of what matters to them. Care planning documentation includes information about what is important in consumers’ lives, such as cultural backgrounds, family relationships and spiritual preferences. The service holds celebrations for multicultural events and has access to translation services available for consumers.

Consumers said they are supported to maintain independence and their lifestyle choices are respected. Staff assist consumers to maintain contact with families via telephone and visitors can join consumers for meals. Staff were observed providing choices and being respectful of consumers’ decisions, and consumers were observed maintaining independence.

Consumers said they are supported to take risks and live their best lives. Staff described processes for supporting consumers who wish to take risks, such as conducting a risk assessment in consultation with the consumer, their representative and health professionals as relevant. Care planning documents include risk assessments for consumers who choose to take risks.

Consumers and representatives said information is provided to assist in making choices about daily care, lifestyle, activities and meal options. Staff described how they communicate with consumers with diverse communication needs, including through translation services. Care planning documentation reflects individual communication strategies relevant for consumers.

Consumers and representatives stated they felt consumers’ privacy and personal and confidential information was respected, confirming consumers’ doors are closed when care is being provided and staff knock on their door when coming in to assist them. Staff were able to identify ways in which the privacy of consumer information is maintained, including the use of individual passwords on the computers for staff.

# 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 and representatives said consumers receive the care and services they need, and they are actively involved in care planning processes. Staff were able to describe the care planning process and how it informs the delivery of care and services. Documentation reviewed demonstrated consideration of potential risks to consumers’ health and wellbeing. The service has policies and procedures to guide staff practice in the assessment and care planning process.

Consumers and representatives expressed positive feedback regarding the service’s ability to provide care in line with the consumer’s identified needs and preferences. Care planning documentation identified consumers and representatives were consulted throughout the assessment and care planning, including, if they chose, their end-of-life planning. Staff were able to describe how the assessment and care planning process identifies consumers’ goals, needs and preferences which informs the care plan and delivery of care.

Care planning documentation evidenced an ongoing partnership with the consumer and others the consumer wishes to be involved in their care. Consumers and representatives confirmed they were involved in the assessment and care planning process on an ongoing basis. Documentation reflected the inclusion of multiple health disciplines and services into consumers’ assessment and planning.

The assessment team observed the outcomes of assessment and planning were documented in care plans, case conference notes and progress notes, and was accessible to staff and visiting health professionals. Staff advised all relevant information regarding consumers’ care needs and preferences were available on the service’s electronic care management system and advised consumers and representatives are offered a copy of their care plans during each care review.

Consumers and representatives said staff discuss their care needs with them and ensure any changes are communicated in a timely manner. Care planning documentation evidenced care plans are reviewed annually, when consumers’ circumstances change, or incidents occur.

# 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 and representatives reported they felt consumers were receiving care, which was safe, right for them and tailored to their needs. Staff demonstrated a shared understanding of sampled consumers’ care needs and the processes in place to support care delivery. Consumers and representatives confirmed personal care was provided in a timely manner, as per the consumers’ preferences and needs to optimise their health and wellbeing. Care planning documentation, and observations, reflected consumers at the service were receiving individualised care, which was safe, effective, and met their specific needs and preferences. The service has a range of clinical policies and procedures to guide staff practice in relation to personal and clinical care including wound management, skin integrity and restrictive practices.

Care planning documentation identified effective management of high impact and high prevalence risks to consumers including but not limited to falls, skin integrity and choosing to undertake activities of risk. The assessment team observed clinical incidents were recorded, and data was reviewed monthly by the clinical team with an aim to trend, investigate and reduce incidents.

Care planning documentation evidenced advance care planning discussions with consumers and representatives, if they chose to engage in this. Staff described how they approached conversations regarding end-of-life care and how palliative care was provided to maximise the comfort of consumers.

Consumers and representatives said the service is responsive to changes or deterioration in the consumer’s condition, health or ability. Staff described, and care planning documents reflected appropriate actions taken in response to changes in a consumer’s health and condition. Policies and procedures were available to guide staff in the timely identification and response to consumer deterioration.

Consumers and representatives advised consumers’ care needs and preferences are effectively communicated between staff, and they receive the care they need. The assessment team observed staff communicating to each other and discussing changes to consumers’ health and wellbeing during shift handover. Staff stated, and care documentation reviewed confirmed, staff consistently notify the consumer’s medical officer and representatives regarding changes in a consumer’s condition or needs, and if there is a clinical incident.

Consumers and representatives were satisfied with the referral process and confirmed they had access to the required health care supports. Care planning documentation demonstrated timely referrals to medical officers, allied health therapists and other providers of care and services.

The service demonstrated effective processes in place for the management of an infectious outbreak and practices to promote evidence-based use of antibiotics. Staff demonstrated knowledge of infection control protocol relevant to their duties. Policies and procedures are available to guide staff practice in relation to infection control matters. Staff were observed adhering to infection control practices and appropriate use of personal protective equipment.

# 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 and representatives confirmed they are supported to engage in activities they choose and are provided with the appropriate supports to optimise their independence and quality of life. Staff outlined the supports of importance to consumers; this information aligned with care planning documentation.

Consumers advised the service provides supports for daily living which promotes consumers’ emotional, spiritual and psychological well-being. Care planning documentation captures information regarding the emotional, spiritual and psychological needs and preferences of consumers and describes how staff assists them.

Consumers felt the service assists them to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and do things of interest to them. Management and staff outlined how they provide services and supports for consumers with mobility or cognitive impairments to facilitate their participation and engagement.

Care planning documentation provided adequate information to support the delivery of effective services and safe care. Staff described the various ways they shared information and were kept informed of consumers’ condition, needs and preferences.

Care planning documentation and internal processes demonstrated the service has access to a range of services and providers and were able to make referrals in a timely manner. Consumers advised they are supported by external organisations, support services and providers of other care and services.

Consumers and representatives expressed satisfaction with the meals provided stating they are varied and of suitable quality and quantity. Staff advised consumers’ preferences are incorporated into the menu options available at the service and described individual consumers’ dietary preferences.

Consumers and representatives stated the equipment provided is safe, suitable, clean and well maintained. The assessment team observed a range of equipment was available to consumers, such as walking aids, wheelchairs and leisure and lifestyle equipment.

# 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

The assessment team observed the service environment is welcoming and optimises consumers’ sense of belonging. Management and staff described the various aspects of the service environment that makes consumers feel welcome and optimises their sense of independence, interaction and function. Consumers’ rooms were observed to be spacious and personalised with items reflecting their individual taste and style.

The service demonstrated processes in place to ensure the service environment is kept safe, clean, well maintained and comfortable. The assessment team observed consumers in all areas of the service, moving freely both indoors and outdoors, and enjoying time with their visitors in outdoor areas.

Consumers confirmed they can raise maintenance requests which are attended to promptly. The service has access to external contractors for preventative maintenance as per an established schedule. Review of preventative maintenance records identified this occurs regularly, including maintenance of mobility aids and other shared equipment. The assessment team observed equipment was kept well maintained and suitable for use by consumers.

# 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

Management and staff described the processes in place to encourage and support consumers and representatives to provide feedback and make complaints. Consumers and representatives said they understood how to provide feedback and complaints and felt comfortable to do so.

Consumers and representatives were aware of external complaints, language and advocacy services available to them. The assessment team observed information displayed throughout the service regarding external complaints mechanisms, advocacy and translation services, including information in different languages. This information is also provided under the consumer handbook. Policies and procedures on feedback and complaints management are available to guide staff practice, and staff receive training in this regard.

Consumers and representatives confirmed the service takes appropriate action in response to feedback provided and complaints made. Staff demonstrated an understanding of open disclosure and how they apply this when complaints are made or incidents occur.

Consumers and representatives confirmed the service uses feedback and complaints to improve care and services. Management described the service’s continuous improvement process and how staff are supported to foster a culture of continuous improvement. The service demonstrated a system and procedure for receiving, monitoring and actioning feedback from consumers and their representatives. Review of the service’s continuous improvement plan confirms this.

# 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 and representatives said staff were available to provide care and services as per their needs. Management described various strategies in place to ensure staff numbers and the skill and mix of staff are adequate to meet consumer needs, including utilising a labour hire workforce on three-monthly contracts and adjusting the staffing mix where required.

The assessment team observed workforce interactions to be kind, caring and respectful of consumers’ identity, culture and diversity. Consumers and representatives advised staff take the time to get to know them and understand their individuality and diversity.

Consumers and representatives expressed confidence with the ability of staff and felt staff have the appropriate skills and knowledge to deliver the duties of their role. Position descriptions capturing key competencies and skills essential for each role are available and staff are required to complete annual mandatory role-specific training.

Staff have access to both online and face to face training and education sessions. The service’s mandatory training and education plan identifies staff receive training on a range of topics including but not limited to clinical care, incident reporting and open disclosure.

The service maintains records of performance appraisals and demonstrated regular assessment, monitoring and review of the performance of each staff member. Management described the various ways the service monitors staff performance, such as through observations, competency assessments and progress note reviews. Information from performance appraisals is used to inform the service’s education and staff development program.

# 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

The service demonstrated consumers and representatives are engaged in the development, delivery and evaluation of care and services through a variety of avenues, including consumer meetings, regular surveys and via a robust feedback management system. Consumers and representatives confirmed they can provide input into care and services, raise suggestions and feedback which is considered by management. Review of consumer meeting minutes and the service’s continuous improvement plan confirms this.

The service demonstrated it has central policies, procedures and tools in place, with the governing body promoting a culture of safe, inclusive and quality care and services and being accountable for their delivery. The Board gathers face to face feedback by speaking with consumers directly during regular visits to the service. Monthly reporting is submitted to the board capturing information including but not limited to clinical indicators, complaints trends and incidents. The organisation’s executive management and board uses this information to identify the service’s compliance with the Quality Standards, to initiate improvement actions, to enhance performance and to monitor care and service delivery.

The service demonstrated organisation-wide governance systems to support effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints management.

Management advised the continuous improvement process is drawn from a variety of sources, including consumer and representative feedback and complaints mechanisms, consumer experience survey results, regular analysis of clinical and incident data, and internal and external audits.

The service has policies, procedures and guidelines in place to guide staff in the management of high impact and high prevalence risks, supporting consumers to live the best life they can and managing and preventing incidents. Management was able to describe how incidents are analysed, used to identify risks to consumers and inform improvement actions.

The service demonstrated a clinical governance framework and supporting polices which address antimicrobial stewardship, minimising the use of restrictive practice and open disclosure. Staff demonstrated a shared understanding of these policies and were able to describe how they apply these as relevant to their roles.

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)