**Performance**

**Report**

**1800 951 822**

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| Name: | "Yallambee" Traralgon Community Care Services |
| Commission ID: | 300808 |
| Address: | 120 Matthews Crescent, TRARALGON, Victoria, 3844 |
| Activity type: | Assessment contact (performance assessment) – non-site |
| Activity date: | on 26 September 2023 |
| Performance report date: | 13 November 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.

# Service included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:

Provider: 8507 Yallambee" Traralgon Village for The Aged Inc"

Service: 25489 Yallambee" Traralgon Village for The Aged Inc" - Community and Home Support

**This performance report**

This performance report for "Yallambee" Traralgon Community Care Services (**the service**) has been prepared by A. Grant, 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) – non-site report was informed by review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Not Applicable |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements assessed** |
| **Standard 3** Personal care and clinical care | **Not Applicable** |
| **Standard 4** Services and supports for daily living | **Not Applicable** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Not Applicable** |
| **Standard 7** Human resources | **Not Applicable** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements 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 2

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| Ongoing assessment and planning with consumers | | CHSP |
| 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. | **Not Applicable** |
| 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. | **Not Applicable** |
| 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. | **Not Applicable** |
| 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

Requirement 2(3)(a)

Consumers and representative interviewed reported that the meals they received helped them worry less about food shopping or cooking. For example, a consumer stated medical conditions make it hard for them to chew food and as a result they get the soft bite-sized option and it makes it so much easier.

Staff demonstrated their knowledge of consumers by articulating individual care needs and preferences. For example, staff mentioned that two consumers are diabetics. They added that this information was in the care plan uploaded to the electronic client management system (Manad), included on food labels and delivery dockets.

Management when interviewed described that the assessment and care planning process identified the risks, needs, goals, and preferences of consumers. Since the Quality Audit in March 2023, care plans were now uploaded into the electronic client management system which was accessible to lifestyle staff who delivered the meals and the catering team who prepared the meals. Additionally, a hard copy of the care plans (new and reviewed) were also printed out and placed in the chef’s folder in case the system went down. The catering team prepared meals based on the order form completed by consumers and care plans. Another improvement implemented by the service was regarding food labels, food labels were placed on the meals which included a picture of the consumer and a summary of their dietary requirements including allergies, meal portion size, and individual delivery preferences. Lifestyle staff collected the hot box with the meals inside and used an electronic tablet to check that meals were delivered to the right person, followed individual delivery instructions and care plans.

Delivery work instructions were sighted by the Assessment Team which included non-response plans and emergency procedures to be followed which were congruent with staff responses when interviewed. The Assessment Team noted first aid training had since occurred after the Quality Audit in March 2023 and records for all staff were sighted.

Requirement 2(3)(e)

The service provided evidence that demonstrated all consumers had current care plans. A total of nine consumer care plans were sighted and analysed by the Assessment Team. This demonstrated that individual needs, goals, and preferences were captured.

Staff when interviewed by the Assessment Team described that the care plans were reviewed every six months or when circumstances change. Staff explained that because of the Quality Audit in March 2023, they had implemented a fridge magnet containing information to prompt consumers to notify the staff of any changes to care plans or preferences which included a landline to call.

Management added that since the Quality Audit in March 2023, they distributed a flyer ‘If your circumstances change’ which encouraged consumers to notify the staff of any changes to their health such as diabetes, cholesterol, low sodium diet, falls, hospital stay, or accidents/incidents. Consumers interviewed also confirmed that they received this flyer. Management had also added care plan reviews to the audit schedule to ensure that the reviews aligned with policy. Additionally, the Assessment Team noted the customer engagement team conducted initial assessment and onboarding by meeting with the consumers in person.

# Standard 8

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| Organisational governance | | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | **Not Applicable** |
| 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. | **Not Applicable** |
| 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. | **Not Applicable** |
| 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. | **Not Applicable** |

Findings

Staff when interviewed by the Assessment Team described the procedure to manage incidents including suspected abuse and neglect. They confirmed that training was provided annually and was mandatory. Staff recalled a non-response to a meal delivery service which prompted the welfare management procedures to be followed, it was then identified that the consumer was in hospital and had forgotten to inform the service.

Management when interviewed by the Assessment Team stated that there had been two incidents reported for the past six months and described the procedure for reporting an incident. Staff would inform the customer engagement team who then recorded it in the incident register, investigated, and actioned as appropriate by management.

The Assessment Team sighted and analysed the following:

* Incident register which had incidents recorded the first being for a non-response incident and second being a fall. The Assessment Team noted this demonstrated that the service had oversight over incidents.
* Incident management policy and procedure which provided adequate guidance for staff.
* Welfare management policy and procedure which described the process staff would undertake in case of a non-response including after-hours and weekend instructions.

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)