Performance

Report

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| Name of service: | Yallambee Village |
| Service address: | 34 Hydrae Street REVESBY NSW 2212 |
| Commission ID: | 0144 |
| Approved provider: | Bankstown City Aged Care Ltd |
| Activity type: | Site Audit |
| Activity date: | 31 January 2023 to 2 February 2023 |
| Performance report date: | 13 March 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 Village (**the service**) has been prepared by K. Spurrell, 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, and that staff valued their culture and identity. Staff knew how to support consumers to live the life they chose, and how to show respect for consumers’ identity, culture and diversity. Various documents reflected the service’s commitment to maintaining a communicative culture grounded in inclusion and support for consumers, including the service’s admission documents, meeting minutes, policies, procedures, care plans and others. This helped consumers to make informed choices about their care, services and how the wanted to live.

Consumers said they received culturally safe care and services. Staff knew which consumers had specific care needs and preferences, and their information matched the content of care documents. The service’s training, policies and procedures supported staff to deliver culturally safe care and services.

Consumers said the service supported them to make their own decisions about their care. They said they determine who participates in their care, to whom the service communicates their decisions, and how they are supported to make connections with others. Staff and management knew how to support consumers to exercise choice, remain independent and make decisions.

Consumers said the service supports them to take risks, to enable them to live their best lives. Staff knew the risk assessment process and they regularly reviewed and updated risk documents for consumers undertaking potentially risky activities.

Consumers said the service’s communications with them are accurate, timely, clear and enable them to make informed decisions about their care. The service communicated with consumers using a range of formats, including face to face discussion, meetings, email, phone calls and others. It kept records on file about the outcomes of communications.

Consumers said their information is kept confidential, and their privacy respected. Staff could describe the ways in which they respect privacy and keep information confidential. The organisation has policies and procedures regarding privacy and confidentiality. The Assessment Team observed computers locked and individually password protected, consumer information kept in locked areas and all nursing stations locked, requiring swipe access for entry by 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 said they were involved in the care planning process and that they received the care and services they needed. Staff discussed the care planning process, and how it enhanced care delivery. Where staff identified risks, they conducted risks risk assessments, developed risk mitigation strategies, and made appropriate records.

Consumers said staff knew their care needs, including for end-of-life care, and that staff supported them by providing high-quality care. Staff described the needs and preferences of consumers, and this information aligned with consumer feedback and the information in care planning documents. Staff tailored assessments and care planning information to individual consumers.

Consumers said staff engaged them in assessment and planning through case conferences, and ongoing verbal updates. They said staff also communicated with other people, at their direction. Staff ensured assessment and planning processes became a partnership by engaging with consumers, their representatives, allied health professionals, medical officers and others. Care planning documents evidenced that staff involved others in consumers’ assessments and planning.

Consumers said staff gave them accurate, timely information about their assessments and care. Staff had easy access to consumer care planning documents via care files and the service’s electronic care management system, and they communicated about consumers’ care during handovers. Care documents contained records of frequent communication with consumers and their representatives.

Staff regularly reviewed care and services for effectiveness, when a consumer’s circumstances changed or when incidents impacted on their needs, goals, or preferences. Consumers said staff informed them when their care changed or when incidents occurred. Care documents showed evidence of regular reviews, and reviews when circumstances changed. Staff and management said they review care plans once every 3 months or when a consumer’s care needs changed.

# 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 they received care that was safe and right for them. Staff tailored care to individual consumers, and care documents evidenced consistently tailored, safe, and effective care. Staff knew consumers’ individual needs and preferences, and how to deliver care in line with their care plans. Staff delivered best-practice care that aligned with each consumers’ care plan.

Consumers said staff managed their risks effectively, including those concerning falls, weight loss, skin integrity and pain. Although the staff did not immediately recognise the term ‘high impact and high prevalence’, once defined they identified individual consumer’s risks and the strategies in place to mitigate them. Care documents showed the service’s assessments and care planning were consistent and that they addressed individual consumer’s risk factors.

Consumers said the service supported them to complete an advanced care directive, which detailed their end-of-life care directions. The service changed care delivery for consumers nearing end-of-life, to maximise their comfort and preserve their dignity. Staff offered regular repositioning, pain management, eye and mouth care, and emotional and spiritual support. Care planning documents staff had developed advance-care plans and that the service had identified the needs, goals, and preferences of consumers nearing end-of-life care. The service had policies to govern palliative and end-of-life care, including a framework to train staff in these care modalities.

Consumers said the service responded promptly to changes or deterioration in their condition. Staff knew what action to take in response to deterioration and care plans showed they took appropriate action in response to changes in consumers’ health. The service had policies and procedures to guide staff in identifying and responding to deterioration.

Consumers said staff shared consumers’ information among themselves and others involved in consumers’ care. Staff documented information relating to consumers’ condition, needs and preferences in the service’s electronic care management system. They communicated care information during handovers, and clinical and carer monthly meetings. Staff attended handovers prior to their shifts to ensure they consistently shared and understood care information. The service used a shared handover sheet to document all consumer updates over a 24-hour period.

Consumers said the service made appropriate referrals to external providers. Staff knew the various referral options available, and how to engage consumers as part of the referral pathway. Care documents showed that staff had made referrals to a range of services and providers. The service had a physiotherapist on site 5 days a week, and was able to respond to consumers’ physiotherapy needs as they arose. Management said the clinical leadership team made referrals to ensure referrals are clinically appropriate. The clinical leadership team uses a team approach when making complex clinical decisions.

Consumers said staff consistently wore personal protective equipment, including masks and gowns. Staff knew infection control practices and care documents showed staff applied the them as they dispensed their duties. This included confirming suspected infections through pathology tests prior to commencing antibiotics, and encouraging increased fluid intake to address infection. The service had an appropriately trained infection prevention and control lead, and appropriate policies and procedures to inform and guide staff about infection control.

# 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 supported their needs, goals and preferences and that it enhanced their independence, well-being and quality of life. Management and staff knew consumers’ needs and preferences and the service strove to meet and exceed their requirements. The service supported consumers to live the life they chose and to optimise their independence, health and quality of life.

During the Site Audit, staff interacted with consumers, one-to-one and in groups, discussing their health and well-being. Consumers said the service provided a range of supports to promote their spiritual, emotional and psychological well-being. Care documents corroborated this, showing the service assessed and planned for consumers’ well-being. Consumers said they could easily access spiritual, emotional and psychological supports as and when required.

Consumers said they were able to come and go from the service as they pleased. They said they could maintain social and personal relationships and do the things that interested them. Management and staff knew consumers’ interests, daily activities, friendship groups, and how to assist consumers to be involved in life at the service. Lifestyle staff confirmed that they schedule activities based on the preferences and needs of consumers. Care plans showed information about individual consumer’s preferences and needs, and the activities they enjoyed. During the Site Audit, consumers were actively engaged in their chosen pursuits.

Consumers said staff responded appropriately when their condition changed, or when they requested changes to their care. Staff documented changes in consumers’ care plans or progress notes and if relevant, passed on information verbally to other staff. Care plans confirmed that staff act on changes to consumers’ condition.

Consumers said staff referred them to other individuals, organisations or providers promptly. Lifestyle staff worked closely with clinical staff to make referrals and management worked closely with lifestyle staff, providing support. Consumer records showed the service made timely and appropriate referrals. During the site audit, several external organisations delivered support to consumers.

Most consumers said the food was of suitable variety, quantity, quality and temperature. Consumers said the service met their dietary preferences, and they could change their minds ‘on the spot’ if they didn’t want a meal the service offered them. Kitchen staff had systems in place to ensure they met consumers’ preferences, including their specific dietary requirements. Staff prepared meals on site, and delivered them to serveries in the dining rooms. The service provided food 24 hours a day. The service’s head office set its menu, with oversight from a dietician. The menu rotated once every four weeks and included seasonal ingredients. Staff assisted and encouraged consumers with their meals. They were generally familiar with consumers’ dietary needs and preferences. Care planning documents showed consumers’ likes, dislikes, food preferences and allergies.

Consumers knew how to report faulty or damaged equipment and care staff had a process for identifying equipment that required maintenance. Maintenance staff followed up on all reported damage to equipment. Where equipment could not be fixed on site, or was soiled, it was removed and sent for professional maintenance or cleaning. Equipment was safe, suitable, clean and well maintained.

# 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 service comprised multiple self-contained cottages in a village layout, alongside three other apartment-style buildings, and various amenities. Each cottage has ensuite facilities and easy access to outdoor spaces. The buildings were spacious and well-lit, with large and comfortable dining areas and separate activities areas. The dementia support unit was a secure area and had easy access to a large garden with a covered seating and external activities area for consumers and visitors. Consumers said their rooms and cottages were very comfortable and that they personalised them as they pleased. They said cleaning staff were excellent and that it was easy to move around the service.

Consumers said the service was clean, well-maintained and comfortable. The Assessment Team observed consumers moving freely within and outside the facility. The service contracted cleaning, laundry and maintenance to an external company, overall, the buildings, service areas and consumer spaces around the facility were clean, well-maintained and comfortable.

Staff assisted consumers using various equipment, including hoists, lifters, belts, air mattresses and bed sensors. The equipment was clean, fit-for-purpose, well-maintained and suitable, and staff had been trained to use all specialised equipment. The service had a preventative maintenance schedule and tagged all pieces of equipment, including mobility support belts. The call bell system worked correctly, and call bell activation buttons were within reach of 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

The service captured feedback, suggestions and complaints from consumers through various internal and external channels. Consumers said they understood how to give feedback or make a complaint, and that they felt comfortable doing so. The service had processes to encourage consumers to provide feedback and raise complaints when appropriate. Management had an open-door policy, and met with consumers to discuss feedback and receive or resolve complaint matters. The service kept information about how to make a complaint visible throughout the facility in multiple languages.

Consumers said the service informed them they could access advocates, language services and other supports for raising and resolving complaints. They knew the various internal and external channels available to them to provide feedback or make complaints and they said they were comfortable raising issues with management and staff directly. Staff and management could cite the external resources available and they knew how to support consumers to access them.

Consumers said that when things went wrong, the service responded promptly, communicated fully and applied open disclosure principles. Staff understood open disclosure principles, and knew how to issue an apology to consumers. The service featured open disclosure training as part of its mandatory training schedule, and 100% of staff had completed the training. The service’s complaints procedures incorporated open disclosure principles and its complaints register showed staff had responded to complaints and incidents appropriately, using relevant procedures.

Consumers and representatives said the service used feedback and complaints to improve its care. The service had processes to escalate complaints and analyse them as part of its continuous improvement initiative.

# 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

Generally, consumers said they thought there were enough staff at the service. Some consumers said the service could use more staff, though they said staff were delivering adequate care. The service’s roster allocates staff per classification and is intended to provide coverage to address consumers’ changing care needs. Clinical staff were on-site 24 hours, 7 days a week. The service rostered care staff in the same areas across shifts, to provide continuity of care to consumers. Management fills vacant shifts from a pool of casual staff, and with agency staff as a last resort.

Consumers said staff were kind, gentle and caring when providing care. Staff greeted consumers by their preferred names and were familiar with each consumer's individual needs and identity. The service had a suite of documented policies and procedures to guide staff practice, which stipulated that care and services were to be delivered in a respectful, kind and person-centred manner.

The service’s workforce was competent, qualified and had the relevant clearances to perform its role effectively. Consumers said most staff were effective in their roles and they were happy with the service’s care. The service’s human resources processes ensured staff met minimum qualification and registration requirements for their roles and that they had current criminal history checks. Staff received orientation training, annual mandatory training, and they also completed competency modules relevant to their roles, in areas such as medication, first aid, manual handling, fire, evacuation, and infection control. Staff knew how to manage incidents, and how to report them under the serious incident response scheme.

Consumers said staff had the appropriate skills and knowledge to ensure they delivered safe, quality services. Staff knew the principles of open disclosure, how to minimise restrictive practices, and their obligations under the serious incident response scheme. Staff said the service gave them orientation education, including annual mandatory training. They said they felt comfortable requesting additional training. Staff were required to complete annual mandatory training through an online training portal and face-to-face trainings and toolbox talks.

Management monitored the performance of the service’s workforce, and regularly assessed and reviewed it. Staff said they participated in regular reviews using self-assessment and grading, along with reviews from the facility manager, clinical manager or supervisor, depending on the relevant staff member’s position. As part of the ongoing performance monitoring process, management had regular discussions with staff about attitude, aptitude and learning opportunities. The service used training and buddy systems for new staff, with the intention of enhancing staff performance and ultimately producing better outcomes for consumers.

# 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 partnered with them to improve its care. Staff kept consumers informed of changes in care, and communicated effectively with them when things went wrong. The service had effective systems to engage and support consumers to be involved in the decision-making aspects of their care.

Consumers said they felt safe at the service and that staff regularly updated them about their care. The service had a strategic governance plan and effective reporting mechanisms, which it used to inform the Board of its operations. This included making regular clinical indicator reports to the Board, and aggregating and benchmarking care data against other services within the Approved Provider’s organisation.

The service had policy and procedure frameworks to govern its activities in various areas, including in continuous improvement, information management, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service’s executive management monitored and reviewed its routine data reporting related to incident management, human resourcing, and complaints. The Board reviewed these reports to gain assurance that the service’s systems and processes foster care delivery in accordance with the Quality Standards.

The service had policies and procedures to govern how staff should manage and respond to high-impact, high prevalence risks, and how they should support consumers to live their best life. Consumers said staff informed them about incidents and that staff supported them to take risks and make decisions about their care. The service had a robust process for addressing risks, which included reporting, escalating, and reviewing risks at the service level and at the approved provider level. The service cascaded information arising from risk reviews through various service and organisation meetings, to foster improvements in care.

Staff said the service trained and educated them about its clinical governance framework, including its policies on open disclosure, minimising restraint and Anti-Microbial Stewardship. Staff knew these policies and how they connected to their work. Staff consistently completed assessment and care planning in line with organisational policy, and the clinical governance frameworks. Staff had completed competency training, and the service maintained outbreak folders, outbreak kits and infection control storage in each building across the facility.

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)