Performance

Report

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| Name: | Yallaroo |
| Commission ID: | 2630 |
| Address: | 1 Stafford Road, ALBURY, New South Wales, 2640 |
| Activity type: | Site Audit |
| Activity date: | 4 March 2024 to 6 March 2024 |
| Performance report date: | 10 April 2024 |
| Service included in this assessment: | Provider: 778 Lutheran Aged Care Albury  Service: 991 Yallaroo |

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 Yallaroo (**the service**) has been prepared by P. Wallner, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* other information held by the Commission.

# 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

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers and representatives confirmed consumers were treated with dignity and respect, and staff valued their identity, culture, and diversity. Staff articulated how they treated consumers with dignity and respect and demonstrated an understanding of their personal circumstances, life experiences, and cultural backgrounds, in line with their care plans. The organisation’s diversity and inclusion policy reflected the service’s commitment to ensuring each person is treated with dignity and respect with their identity, culture, and diversity valued.

Consumers and representatives confirmed their cultural identities, beliefs and needs were respected. Management and staff described how consumers’ culture, personal values, and diversity influenced the delivery of their day-to-day care. Care documents reflected consumers’ culturally safe care and services.

Consumers and representatives confirmed they were supported to make choices regarding consumers’ care and services, determine who they involved in their care, and maintain their chosen relationships. Staff described how consumers were supported to make independent decisions and maintain personal relationships, such as through regular family visits and utilising technology to communicate. Consumers’ care documents detailed their care and service choices and important relationships.

Consumers and representatives confirmed the service supported consumers in taking risks to enable them to live their best life. Staff described the risks taken by specific consumers and how they helped them to understand the benefits and possible harms of the risks taken. Staff explained how consumers and representatives were involved in assessing risks and identifying strategies to mitigate risks which were documented in their care plans.

Consumers and representatives confirmed they received up-to-date information through regular care consultations, meetings, newsletters, and lifestyle calendar activities. Staff described various ways information was communicated ensure it was easy to understand and accessible to all consumers.

Consumers and representatives confirmed consumers’ privacy was well respected, and their personal information was kept confidential. Staff described how they ensured consumers’ privacy when providing care and protected their personal information by keeping computers locked and password protected. The service's privacy and confidentiality policy set out the service’s expectations for staff in relation to respecting consumers’ privacy and confidentiality.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives confirmed they were actively involved in developing consumers’ care plans which considered risks to their health and well-being. Clinical staff described comprehensive assessment and care planning processes, and the identification of risks which might impact the delivery of safe and effective care and services. Care planning documents showed comprehensive assessment and care planning which identified the needs, goals, and preferences of each consumer. The service had documented policies and procedures related to assessment and care planning to guide staff practice.

Consumers and representatives confirmed the assessment and care planning processes addressed their current and end of life, needs, goals, and preferences. Management and staff described how advance care plans and end of life wishes are part of the assessment and care planning process.

Consumers and representatives described being involved in the assessment and care planning process on an ongoing basis. Management and staff described how the assessment and care planning process was completed in partnership with consumers, representatives and other providers of care the consumer wanted to involve. Care planning documents confirmed consumers and representatives were closely involved in the assessment and care planning process along with other external providers of care and services.

Consumers and representatives confirmed the service effectively communicated assessment outcomes and any proposed changes to consumers’ care, and they were offered a copy of the care plan. Staff and management advised the outcomes of assessments were documented in the electronic care management system and communicated between staff during handover sessions. Electronic care planning documents were accessible to staff and allied health professionals through the offered to consumers and representatives.

Consumers and representatives said they were regularly involved in reviews when consumers’ care needs changed and when incidents occurred. Staff confirmed care plans were reviewed quarterly or when circumstances changed, or incidents occurred. Care planning documents showed care and services were regularly reviewed for effectiveness, when circumstances changed and when incidents impacted on the needs, goals, or preferences of the consumer.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives said they received personal and clinical care that was safe, right for them and met their needs, goals and preferences. Staff described the personal and clinical care provided to individual consumers in line with their care plans. Care documents confirmed staff followed documented clinical management policies to deliver individualised personal and clinical care in line with best practice. All consumers were observed to be appropriately dressed, well-groomed and pain-free.

Consumers and representatives stated high impact or high prevalence risks were effectively managed by the service. Staff explained the high-impact and high-prevalence risks and the strategies in place to mitigate the risks to individual consumers. Staff were guided by a suite of policies and procedures for managing risks to consumers health.

Consumers and representatives confirmed consumers’ advance care and end of life plans were discussed with them. Staff articulated how they maximised the comfort and preserved the dignity of consumers nearing the terminal phase of life. Clinical staff reported they were guided by the organisation’s palliative care and death policy.

Consumers and representatives confirmed the service responded promptly and appropriately to a deterioration in consumers’ condition, health, or ability. Staff and management explained the process for identifying and responding to changes or deterioration in consumers’ health. Care planning documents showed deterioration or changes in condition were responded to appropriately.

Consumers and representatives expressed satisfaction with the communication between staff at the service, and others involved in providing care and services. Staff described how information about consumers’ current needs and condition was documented in the electronic care management system and shared effectively within the organisation, and with others involved in their care. Care planning documents were up to date and showed staff and others involved in providing care, had access to current information about consumers’ condition, needs and preferences.

Consumers and representatives said consumers had access to other relevant health professionals and referrals to these services were timely and appropriate. Staff described effective processes for referring consumers to other health providers, when necessary. Care plans confirmed the timely input of other health professionals such medical officers, allied health professionals, medical specialists and palliative care specialists.

Consumers and representatives confirmed staff took appropriate infection prevention and control measures and managed COVID-19 well. Staff described how they were trained and prepared in infection prevention and control practices and promoted antimicrobial stewardship. The service has documented policies and procedures to guide staff in preventing and controlling infections and promoting antimicrobial stewardship. Staff were observed to be following appropriate infection control practices.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers said the services and supports for daily living met their needs, goals, and preferences, and promoted their independence and quality of life. Staff knew what was important to specific consumers, what they liked to do, and the supports needed to optimise their quality of life. Care planning documents included information about the services and supports required for consumers to optimise their quality of life, health, wellbeing, and independence.

Consumers and representatives felt well-supported in maintaining their social, emotional and religious connections, which promoted their mental well-being. Management and staff described various ways they supported consumers’ emotional, psychological and spiritual well-being such providing church services, one on one support or through referrals to specialist services. Consumers’ care planning documents contained information about their emotional, spiritual or psychological well-being and how staff were to support them.

Consumers and representatives confirmed consumers could participate in activities and events inside and outside the service and maintain important social and personal relationships. Staff identified consumers’ lifestyle interests and described how they supported them to maintain relationships. Care planning documents detailed how consumers participated in their community, did things of interest, and stayed connected with their family and friends. Consumers were observed moving freely around the service, taking part in various activities, and receiving visitors.

Consumers and representatives described how current information about consumers’ needs, preferences and condition was communicated within the service and with others responsible for providing care. Staff explained how the handover process and care plans kept them informed about consumers’ daily living needs and preferences. Care planning documents provided adequate information to support the delivery of effective and safe care.

Consumers and representatives confirmed the service provided timely and appropriate referrals to other organisations providing care and services. Staff and management described how they collaborated with external individuals and organisations to provide additional services and supports to consumers. Care planning documents showed consumers had been referred to external services and the service had written policies and procedures to guide the referral process.

Consumers and representatives said the meals were ample and varied. Staff knew individual consumer’s dietary needs and preferences and consumer feedback on meals was incorporated into the menu development. Care planning documents recorded consumers’ dietary needs, dislikes, allergies and preferences which were communicated to the kitchen. Staff were observed assisting, encouraging, and offering meal choices to consumers.

Consumers and representatives said the equipment provided was safe, clean and they knew how to report maintenance issues. Maintenance staff described how maintenance requests were logged and completed. Maintenance logs showed reactive and preventative maintenance was up to date. Equipment appeared to be 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

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers and representatives confirmed the service environment was welcoming, easy to navigate and they were encouraged to bring in personal items, which made them feel at home. Staff explained how they assisted consumers and visitors to feel at home and find their way around. Management described features of the service that optimised consumers’ independence, interaction and function. The service had signage to aid navigation and consumers’ rooms were personalised.

Consumers and representatives said the service was kept clean, well-maintained, and they could move freely around the service, both inside and outside. Staff described the process for documenting and reporting maintenance issues and the cleaning and maintenance schedules were all up to date. Consumers were observed moving freely throughout the service and to different inside and outside areas.

Consumers and representatives said the furniture, fittings and equipment was suitable, safe, clean and well-maintained. Staff explained how the furniture, fittings and equipment were kept clean and well maintained. The cleaning and maintenance logs were up to date. The furniture, fittings and equipment were observed to be safe, clean and well-maintained.

# 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

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives said they were supported to provide feedback and make complaints through methods such as feedback forms, meetings, surveys, phone, or email. Management and staff described the avenues available for consumers and representatives to provide feedback and make complaints. The service had documented processes and systems in place for making complaints, and feedback forms and collection boxes were readily accessible to consumers and representatives.

Consumers and representatives were aware of alternative ways to raise a complaint, such as contacting the Commission, or seeking help through staff, family members or external advocacy services. Management and staff were aware of internal and external complaint avenues and language and advocacy services, and described how they supported consumers to access these services, including those with disabilities. Information regarding advocacy and other services was displayed around the service.

Consumers and representatives said the service responded appropriately and quickly to complaints and provided an apology when things went wrong. Management and staff explained the procedures for responding to complaints, and the use of open disclosure. The feedback register confirmed the use of open disclosure and timely response to complaints in accordance with the services’ feedback and complaints management policy.

Consumers and representatives said feedback and complaints had been used to improve the care and services. Staff described how feedback and complaints had resulted in improvements and gave examples. Management described how improvements had resulted from feedback and complaints informing actions on the Continuous Improvement Plan.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said there were enough staff to meet consumers’ needs and call bell responses were timely. Management explained the rostering process is based on care needs with permanent and casual staff filling vacant shifts and agency staff rarely used. Records confirmed vacant shifts were backfilled and the registered nurse and care minute requirements were met. Call bell data showed 87% of call bells were responded to in under 10 minutes.

Consumers and representatives said staff were kind, respectful and caring when providing care. Staff knew consumers personally and understood their background, identity, needs and preferences. Staff were observed treating consumers and representatives with kindness and respect. The service had written policies, procedures and training to guide staff in supporting consumers’ identity, culture and diversity.

Consumers and representatives said staff were capable and had the knowledge to provide the care and support they required. Management described the recruitment and induction process and how they ensured all staff had the required competencies, qualifications, registrations and security checks for their roles. Management demonstrated includes a suite of staff are required to complete. Position descriptions specified the core competencies and capabilities for each role and procedures provided guidance to staff undertaking specific tasks.

Consumers and representatives considered staff had the appropriate training and support to meet their care needs and preferences. Staff felt well supported and confirmed receiving initial and ongoing training and said they could access additional training, if they wished. Records showed mandatory training was on track for completion this financial year.

Consumers and representatives expressed satisfaction with the quality and performance of staff. Management described how they continuously monitored and assessed the performance of staff through various methods. Management and staff described the formal performance review process and gave examples of recent reviews. Records showed all active staff had completed their annual performance appraisal for 2023. The service had a suite of documented policies and procedures around the monitoring and assessment of staff performance.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives considered the service to be well run and they had multiple opportunities to inform the design, delivery, and evaluation of care and services. Management described effective systems in place to engage consumers and representatives in the development, delivery and evaluation of care and services.

Consumers and representatives said the service communicated effectively and provided a safe, inclusive environment providing quality care and services. Management described how the organisation’s Board promoted a culture of safe, inclusive and quality care and services. The Board received reports on all aspects of the performance of the service and was accountable for the delivery of quality care and services and compliance with the Quality Standards.

The organisation had an effective governance framework which included policies and procedures related to continuous improvement, information management, financial and workforce governance, regulatory compliance and feedback and complaints. The leadership team and Board ensured the systems and processes were effective in providing care and services in accordance with the Quality Standards.

The service had effective risk management systems and practices to manage high impact or high prevalence risks associated with care of consumers, identifying and responding to abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents. Risks and incidents were identified, managed and reported on regularly. Consumers and representatives confirmed consumers were supported to live the best life they could.

The service had an effective clinical governance framework which included policies promoting antimicrobial stewardship, the minimisation of restraint and the use of open disclosure. Management and staff were aware of the clinical governance framework and the range of policies, procedures and training including those related to antimicrobial stewardship, restrictive practices and open disclosure. Consumers and representatives were satisfied with the clinical care and confirmed the service practiced open disclosure when things went wrong.

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)