Performance

Report

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| Name: | Yaraandoo Hostel |
| Commission ID: | 8033 |
| Address: | 1A Cardigan Street, SOMERSET, Tasmania, 7322 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 13 February 2024 to 14 February 2024 |
| Performance report date: | 6 March 2024 |
| Service included in this assessment: | Provider: 163 Southern Cross Care (Tas) Inc  Service: 5006 Yaraandoo Hostel |

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 Yaraandoo Hostel (**the service**) has been prepared by N Eastwood, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

Consumers and representatives confirmed consumers receive safe care in relation to diabetes, medication administration, wounds, and changed mobility needs. Staff identified risks associated with individual consumers and they explained how they manage and mitigate risks according to planned care. Clinical management demonstrated the processes used to oversee management of risks to consumer health and well-being. Care documentation reflected staff mitigate and manage risks for consumers living with a range of conditions including diabetes, wounds, and changed mobility.

There was evidence of appropriate reporting of incident data and the Assessment Team noted that staff document, investigate, and report medication incidents to the Serious Incident Response Scheme (SIRS) when necessary. Staff described individual strategies for management of compromised skin integrity, pressure are care and wound care. The Assessment Team reviewed mobility care provided to consumers noting a physiotherapist reviews each consumer’s mobility and transfer needs at least 3 monthly or when their circumstances have changed.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with requirement 3(3)(b).

# Standard 4

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| Services and supports for daily living | |  |
| 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 |

Findings

The service was found non-compliant with requirements 4(3)(b) and 4(3)(c) at a Review Audit conducted 11 May 2023 to 19 May 2023. Since that time effective actions have been implemented with the service demonstrating a holistic program is in place to provide services and support for the well-being of each consumer and consumers are supported to participate in the community, maintain relationships, and do things they enjoy.

Consumers confirmed the service provides supports that promote their emotional, spiritual, and psychological well-being. Staff demonstrated knowledge of consumer emotional and spiritual needs and described how they support individual consumers. External services and organisations are utilised to support consumer well-being and care planning documentation included information related to emotional, spiritual, and psychological needs and preferences. There was evidence of regular pastoral care attendance and support provided to consumers through this mechanism. Management demonstrated referrals to and work with a range of service providers including the Richmond Fellowship, advocacy programs, the National Disability Insurance Scheme (NDIS), and other organisations to support consumer psychosocial needs.

Staff described how they support consumers to participate within and outside the service environment and have social relationships. Care planning documents reflected consumer interest information and identified people of importance. Lifestyle care plans of all sampled consumers note their backgrounds, likes/dislikes, preferences, hobbies, and the people important to them. The service’s activities calendar demonstrated varied activities and consumers were observed engaged in a number of different activities.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with requirements 4(3)(b) and 4(3)(c).

# Standard 7

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| Human resources | |  |
| 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 |

Findings

Consumers and representatives confirmed staff at the service were competent and knowledgeable. Staff demonstrated knowledge and skills consistent with the requirements of their roles and they described the regular training and development they receive to develop their skills. Management explained they recruit staff who have the skills, qualifications, and knowledge to be competent at their job. They explained they check candidate's knowledge and ‘fitness for the role’ through interviews and reference checks with offers of a position contingent on candidates meeting the mandatory qualification requirements of their role.

Care staff and clinical staff described completing mandatory training annually including manual handling and infection prevention and control. There was evidence of infection prevention and control lead certification as well as records of toolbox education facilitated on infection prevention and control during the service’s most recent COVID-19 outbreak. Manual handling and consumer mobility requirement education is provided through physiotherapy providers.

A review of documentation reflected the service also draws on external experts such as wound consultants and pharmacists to increase staff skills concerning wound management and the safe administration of medications.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with requirement 7(3)(c).

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