Performance

Report

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| Name of service: | Yaralla Place |
| Service address: | 2 Winston Noble Drive MARYBOROUGH QLD 4650 |
| Commission ID: | 5438 |
| Approved provider: | Apollo Care Operations Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 13 September 2022 to 15 September 2022 |
| Performance report date: | 18 October 2022 |

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 Yaralla Place (**the service**) has been prepared by Meritt Nassif, 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.

# 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 | | Compliant |
| 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 reported they are always treated with dignity and respect, and they feel accepted and valued regardless of their background. Staff explained how they respect and promote cultural awareness in their everyday practice. The service had policies and procedures that demonstrated an inclusive and consumer centred approach to delivering care and services.

Staff explained how they adapt to ensure care and services offered are culturally safe for consumers. Consumers reported that their culture was respected and were happy with the support provided to meet their cultural preferences.

Staff described how they support consumers to be independent and make choices, such as providing options, encouraging relationships and delivering care in line with consumers’ preferences. Consumers and representatives confirmed consumers are supported to make decisions about their care and maintain connections and relationships.

Consumers said they are supported to take risks of their choice. Care planning documents evidenced risks to consumers are assessed. Staff described how they assist consumers to understand risks to make informed decisions. Training records show how the organisation supports staff to understand the consumers’ right to take risks.

Management provided examples of how they review the information provided to consumers to ensure that it is current, timely and relevant. Care planning documents confirmed that barriers to communication such as impaired vision, hearing, speech, or cognition are documented with corresponding interventions to support consumers’ communication needs, including the use of aids. Consumers have access to translation services if required.

Staff provided examples of how they maintain consumer’s privacy when delivering care and services. Staff demonstrated understanding of the importance of confidentiality. Consumers acknowledged that service respects their personal space and privacy.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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**

Care planning documents demonstrated effective, comprehensive assessment and planning that identified the needs, goals and preferences of consumers, including identified risks. Consumers reported that other health professionals are involved in care planning to ensure risks are well managed for consumers. Staff demonstrated awareness of consumer care needs and preferences consistent with care planning documents.

Consumers explained that they are supported to complete advance health directives and the service is aware of their wishes. Care planning documents confirmed that advance health directive or statement of choices are included where consumers choose to have them.

Consumers reported active involvement in the assessment, planning and review of their care and expressed satisfaction with the people involved in their care planning. Care planning documents confirmed that consumers and their representatives are involved in assessment and planning. Staff described how they include consumers and representatives in assessment, planning and review processes, along with medical and other specialist practitioners.

Care planning documents evidenced that outcomes of assessment and care planning are communicated to consumers. Consumers and representatives reported that communication regarding the care and service is effective, copy of the care plan is available, and that representatives are included where desired.

Consumers reported staff communicate with them when circumstances change, or things go wrong, and seek their input to make updates to meet current needs, goals and preferences. Staff provided evidence of how they contribute to reviews and provided overview of the review process which occurs a minimum of three-monthly. The service had policies and procedures that guide automated review mechanisms and a suite of assessments and charting.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 were confident that they are getting care that was safe and right for them, consistent with their needs and preferences, and that it supports their health and wellbeing. Care planning documents evidenced that care is in line with organisational procedures that reference best practice guidelines. Staff demonstrated knowledge of care planning documents and how to access them. Consumers subject to restrictive practices had appropriate consent and reviews in place.

Staff described the risks for consumers and care provided to manage those risks. Consumers were satisfied that risks to their health were assessed, explained, and managed well. This was reflected in care planning documents. The service had policies and procedures to guide how the high-impact or high-prevalence risks are managed.

Consumers expressed that they had made their wishes known to the service, staff were aware of their wishes, and were confident that the service will contact their representatives if their condition changes. Advance health directives were recorded for consumers and trained staff were available to ensure care is delivered according to wishes.

Consumers and representatives reported staff promptly recognised if they were unwell and offer increased support, doctor reviews, medication reviews or transfer to hospital as needed. Documentation reviewed identified that appropriate action is taken if consumer condition deteriorates. The service had policies, procedures, and clinical protocols to guide staff in the management of deterioration.

Care planning documents detailed information to support effective and safe sharing of information on consumers’ condition, preferences, and care needs. Staff explained how changes in consumers’ care and services are. Communication with external providers was evident in care planning documents. Consumers and representatives said staff who need information to deliver care to consumers are well informed and care is well coordinated.

Consumers said they have been referred to appropriate providers, organisations or individuals to meet their care needs. Care panning documents evidenced the service makes timely referrals to health practitioners, specialised allied health, or other services, to meet the care needs of consumers. Staff provided examples of referrals in line with the service’s clinical procedures.

Consumers were confident in the service’s ability to manage an infectious outbreak, and that they have been given information on how to minimise the spread of infections. Care planning documents followed clinical protocols that included antimicrobial stewardship principles. The service had implemented policies and procedures to guide staff related to antimicrobial stewardship, infection control management, and for the management of a COVID-19 outbreak.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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**

Documentation review identified strategies and options to deliver services and supports for daily living that reflected the diverse needs and characteristics of consumers. Consumers explained how supports they have received has improved their independence, health, well-being, and quality of life. Staff described how they support consumers’ needs, goals and preferences to promote independence and quality of life.

Care planning documents contained information about the consumers’ emotional, spiritual, and psychological needs, goals, and preferences. Consumers felt connected and engaged in meaningful activities. Staff described how they support the emotional, psychological, and spiritual well-being of consumers and provided examples.

Staff described collaboration with other organisations, advocates, community members and groups to help consumers follow their interests, social activities and maintain their community connections. Consumers said that they have an active social life and can follow their interests at the service.

Consumers said the service coordinates their services and supports well and that they benefit from different organisations working together and sharing information about them. Care planning documents included updates, reviews and communication alerts, and information from multiple sources. Staff described how accurate, up-to-date, and relevant information is shared with other providers when consumers move between care settings.

Consumers said if the service was unable to provide a suitable service within the organisation, they have been referred to appropriate individual, organisation, or providers to meet their changing services and supports needs. Care planning documents showed the service collaborates with other individuals, organisations, or providers to support the diverse needs of consumers. Staff described consumer involvement in referrals and how consent was obtained.

Consumers were satisfied that they receive a variety of well proportioned, quality meals. Consumers who needed assistance with eating and drinking were observed to be receiving appropriate assistance in a dignified and timely manner. Staff demonstrated that they were aware of consumers’ nutrition and hydration needs and preferences and any support they needed to enjoy food or drinks.

Staff reported the service has trained them to safely use the specialist equipment and could explain how they would identify any potential risks to the safe use of the equipment. Consumers felt safe when they were using equipment or when staff were mobilising them with equipment and knew how to report any concerns they had about equipment safety.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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**

Staff described how consumers were supported to make the service feel like home, and to maintain independence. Consumers said that they can personalise their rooms, including bringing in their own furniture, possessions of choice and hanging pictures or memorabilia on the walls.

Consumers were observed moving freely around the service in the loungerooms, activity areas and gardens. Consumers and representatives reported that the service was cleaned very well, and maintenance was completed promptly. This was consistent with observations.

Staff advised that they have access to sufficient, well-maintained equipment needed for consumer care. Consumers reported that equipment is well maintained and clean.

# Standard 6

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| Feedback and complaints | | Compliant |
| 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**

Consumers and representatives felt comfortable and supported to provide feedback and make complaints and were aware they are able to do so anonymously or with the assistance of staff. Staff described how they supported consumers and representatives to access complaints and feedback mechanisms.

Consumers and representatives said they are provided with information on advocacy, language services and ways to raise and resolve complaints. Staff described how they assist consumers who have a cognitive impairment or difficulty communicating to raise a complaint or provide feedback. Documentation on display and within the admission pack included information on how to make an internal and external complaint and how to access advocacy and translation services.

Consumers and representatives reported that management were prompt to resolve any concerns or issues they have. Staff and management were aware of the complaint and feedback process, including the principles of open disclosure. The feedback log identified that the service documents feedback and suggestions received from consumers and representatives including timely actions taken and follow-up.

Consumers and representatives described the changes implemented at the service as a result of feedback and complaints and expressed confidence that feedback was used to improve the quality of care and services. Management advised that the service trends and analyses feedback by consumers and representatives and used this information to inform continuous improvement activities across the service.

# Standard 7

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| Human resources | | Compliant |
| 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 said there were adequate staff at the service and were confident that staff leave is managed well and does not impact care and services. Management explained how staff are rostered to ensure there is an even spread of resources across the service.

Consumers reported staff were very kind and caring and respected their individuality, identity, culture and diversity. Staff interactions with consumers were observed to be kind, caring, and respectful.

Consumers and representatives were confident that staff are skilled to meet their care needs. Staff said they have the necessary skills to perform their role and are supported by training and access to senior staff. Management were able to demonstrate processes in place to ensure required registrations and checks are in place for staff.

Consumers said they are confident staff are well trained. Staff reported that they receive the training and supervision they need to do their job well and know where to access information they need to perform their roles. Role-specific mandatory training program demonstrated all staff had received appropriate training.

Staff reported having annual appraisals and described the process. Management provided information and evidence relating to how staff appraisals are conducted and how they manage staff underperformance. Records showed there is a schedule for performance reviews of staff and that staff are up to date with their reviews**Standard 8**

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| Organisational governance | | Compliant |
| 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**

Management described ways consumers are encouraged to be involved and engaged, such as through resident meetings. The service’s consumer handbook described how consumers are engaged in service review and development, and actively encouraged input.

Management described how the governing body satisfies itself that it promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. For example, monthly reports are generated on key areas of risk and quality are received by the governing body to identify compliance with Quality standards and to initiate

The service demonstrated effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. For example, systems are in place to ensure and monitor compliance with legislative requirements and changes to legislation, and subsequently to practice, are communicated to staff.

The service demonstrated an effective risk management system and practice are in place in relation to high impact/high prevalence risks, abuse and neglect, supporting consumers to live their best lives, and incident management. Staff said they were trained and knowledgeable in relation to their responsibilities surrounding risk and incident management.

The service had a clinical governance framework to promote antimicrobial stewardship, minimise the use of restrictive practices and the use on an open disclosure process. Management and staff shared an understanding of the governance framework and how they would apply it.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)