Performance

Report

**1800 951 822**

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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: | Assessment Contact - Site |
| Activity date: | 29 August 2023 |
| Performance report date: | 19 September 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 Yaralla Place (**the service**) has been prepared by K. Reed, 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 - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 15 September 2023
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 5** Organisation’s service environment | **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 |
| 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 |

**Findings**

**Requirement 3(3)(b)**

Falls were identified as the service’s highest impact and highest prevalence risk. The service held weekly falls management meetings attended by the Care manager, clinical nurse, physiotherapist, and occupational therapist. Interventions implemented to decrease the incidence of falls for consumers included bed sensors, mobility stabilising devices and increased cleaning of consumers’ rooms.

Consumers were reviewed by the physiotherapist following falls, assessed by a registered nurse at the time of the fall and referred to their medical officer after the fall. Consumer representatives confirmed they were notified following a fall by a consumer, and preventative strategies were implemented as described.

For consumers with a diagnosis of diabetes requiring insulin, documentation supported blood glucose level parameters were recorded, actions were taken when blood glucose levels were outside of the reportable parameters, blood glucose levels were recorded as prescribed and insulin was administered as per medication chart directives. Catheter management was noted to be effective for two consumers with indwelling catheters. For consumers with significant wounds including pressure injuries, care planning documentation evidenced reviews by external wound specialists and the implementation of recommendations including pain relief prior to wound care.

Nurse initiated medications were not in use at the service due to the high percentage of agency staff utilised by the service. However, management has ensured all consumers are prescribed pain relieving and constipation medication if they required when consumers entered the service. The local hospital and tele-health services were available if required for additional medication support.

Consumers identified with weight loss were reviewed by a Dietitian and recommendations were made including high energy high protein drinks, it is noted communication deficits occurred in relation to the provision of the supplements. This has been considered in Requirement 3 e).

The service was managing high impact and high prevalence risks to consumers, and therefore this Requirement is Compliant.

**Requirement 3(3)(e)**

Information contained in the Assessment contact report related to the inability of staff to access information relating to the care needs of consumers, due to difficulties relating to the electronic care management system which was in use at the service. The Approved provider has refuted this information in their written response to the Assessment contact report.

The Approved provider has accepted the finding that four care workers did not have access to the electronic system and relied on other staff to share information about consumers’ care and preferences. The Approved provider contends that reasonable action was taken to facilitate access to the system for all members of the care team. The service was experiencing significant roster vacancies and was dependant on temporary staff to fill 27% of the service’s roster. Strategies were in place to manage the risk of a high level of temporary staff including an induction to the electronic care management system, however the Approved provider noted the engagement of some temporary staff to use the system is more difficult to achieve. The Approved provider states the three temporary staff who reported they were unable to access the system had been provided with all reasonable support to access the system. The remaining permanent staff member did have access to the system but had forgotten their password, according to the Approved provider in its response.

Other actions taken by the Approved provider following feedback provided onsite included an email sent to the temporary staff providers clarifying processes for accessing the clinical system and the obligation of staff to access and document care. A training session was held 30 August 2023 in relation to accessing the system. Training records submitted by the Approved provider indicated 25 staff members attended this training. Monitoring was occurring to ensure temporary staff members were utilising the electronic care system.

I am confident the feedback provided by four staff in relation to difficulty accessing the electronic care system has not resulted in poor care outcomes for consumers and actions taken by the Approved provider following feedback have been appropriate and reasonable to ensure effective information sharing via the electronic care system.

The Assessment contact report also contains information relating to a lack of information sharing pertaining to nutritional supplements for consumers. Three consumers who had been reviewed by a dietitian and prescribed nutritional supplements were not receiving their prescribed supplements as hospitality staff were unaware of the need to provide the supplements.

The Approved provider in its response has accepted three consumers were not included on the diet summary list to receive dietary supplements. The Approved provider stated that due to a change in staffing and a lack of communication regarding the role of the Hospitality supervisor and the requirement to review dietary change notifications to alert catering staff who provide meal and beverage service. A dietary assessment change process flow chart was created to remediate this deficit.

I am confident the actions taken by the Approved provider to ensure consumers receive their nutritional supplements was appropriate, and as I am unable to determine the length of time the three consumers did not receive their supplements, I do not have sufficient evidence to support a finding of Non-compliance in this requirement.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The service’s equipment, fittings and furnishings were observed to be well maintained, clean and safe for consumers. Cleaning and maintenance tasks were scheduled and monitored daily. Staff had processes in place to promptly attend to identified maintenance issues or hazards when required. Equipment and furnishings throughout the service were observed to be clean, including in the kitchen. Medication trolleys were clean and stored securely. Cleaning services were adjusted to meet consumers’ needs including where rooms were cleaned twice daily.

Staff confirmed they had access to sufficient, well-maintained equipment. The organisation recently moved from a contracted external maintenance provider and have employed a site specific Maintenance officer who commenced at the service the day prior to the Assessment Contact. Maintenance staff proactively maintained equipment to ensure it remains available for use and is fit for purpose. The air conditioning system was being replaced across the service at the time of the Assessment Contact visit.

Based on the information above, this Requirement is Compliant.

# 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 |

Findings

Consumers and representatives confirmed consumers received their cares promptly and were not rushed, and there was enough staff to meet the needs and preferences of the consumers. Care and registered staff stated they had time to complete their tasks within their allocated shifts and were observed to be delivering care in a calm and respectful manner. The roster evidenced there was sufficient staffing for all shifts in the previous fortnight, including temporary staff usage.

Management was undertaking ongoing recruitment processes including sponsorship of international workers, when using temporary staff would initiate long-term contracts and offering subsidised accommodation to staff moving to area. Management was working with the organisation’s workforce governance officer to ensure the service was prepared for the introduction of legislated care minutes.

Based on the information contained above, this Requirement is Compliant.

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