Performance

Report

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| Name of service: | Yarraman Nursing Home |
| Service address: | 22B Yarraman Road NOBLE PARK VIC 3174 |
| Commission ID: | 4439 |
| Approved provider: | Monash Health |
| Activity type: | Site Audit |
| Activity date: | 29 March 2023 to 31 March 2023 |
| Performance report date: | 8 May 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 Yarraman Nursing Home (**the service**) has been prepared by A. Douglas, 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, dated 29 March 2023 to 31 March 2023; 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 and representatives said consumers are treated with dignity and respect. Staff were observed treating consumers with dignity and respect and demonstrated an awareness of consumers’ individual choices and preferences. Care documents reflected what is important to consumers to maintain their identity and dignity.

Consumers were able to describe how staff valued their culture, values, and diversity. Staff could identify consumers from a culturally diverse background and demonstrated an awareness of their associated care requirements. Care documents included information about consumers’ cultural backgrounds and preferences.

Consumers and representatives felt they were involved in and supported to make decisions about care. Staff were able to describe how they support consumers to maintain relationships of choice. The Assessment Team observed consumers spending time with their family members at the service in their rooms and common areas.

Consumers said the service supported them to take risks to enable them to live the best life they can. Staff described how risk assessments were documented for each consumer upon admission and regularly reviewed and updated as necessary. Care documents included dignity of risk forms which evidenced consultation with consumers and representatives.

Consumers and representatives said information is provided to them in a timely manner. Staff could describe the ways in which information was provided to consumers, including those with cognitive impairments. The Assessment Team observed the service communicated through printed information, verbal reminders, consumer meetings, and email correspondence.

Consumers and representatives said they were confident consumers’ information was kept confidential. Staff described the practical ways in which they maintain consumers’ privacy when providing care. The Assessment Team observed staff conducting their roles in a way that protected consumers’ privacy.

# 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 and representatives said consumers received the care and services they needed. Staff outlined the assessment and care planning process and described specific interventions which were in place to manage consumers’ needs. Care documents detailed individual consumer risks and were tailored to individual needs.

Consumers and representatives confirmed consumers receive the care they needed in line with their needs and preferences, including end of life (EOL) preferences. Staff explained how they carried out assessments and care planning which included consumers’ needs, goals and preferences. Care documents included EOL wishes and advance care planning for sampled consumers.

Consumers and representatives confirmed they actively participated in care planning. Staff described how they involved individuals the consumer wanted to include in care planning. Care documents showed evidence of involvement from a range of services, including medical officers (MO) and allied health professionals.

Consumers and representatives said the service communicated the outcome of assessments and planning. Staff confirmed they had access to consumers’ care planning information to provide safe care and services. Care documents included evidence of regular communication with consumers and representatives regarding the outcomes of assessments.

Consumers and representatives confirmed the service conducted regular reviews of care and services and updated care plans with any relevant outcomes. Staff could describe how and when care plans were reviewed for effectiveness. Management provided evidence confirming all routine care plan reviews had been attended.

# 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 and representatives expressed satisfaction with the personal care and clinical care provided by the service. Staff explained how the care they provided was best practice and met the needs of each consumer. Care documents reflected individual care that is safe, effective, and tailored to the specific needs of consumers.

Consumers and representatives expressed satisfaction with how the service managed high impact or high prevalence risks associated with care and services. Overall, staff recognised high prevalence or high impact risk, and were able to specify individual consumer risks and strategies in place to mitigate these risks. Care documents included strategies for managing key risks to consumers.

Consumers and representatives said they had completed an advanced care directive documenting their advanced care preferences and EOL wishes. Staff described the practical ways in which consumers’ comfort is maximised and dignity preserved during EOL care. Staff practice is guided by the service’s palliative and EOL policy.

Consumers and representatives reported feeling confident that the service would respond in a timely manner to address any deterioration in the consumers’ health. Staff described the ways in which they responded to a change in a consumer’s condition. Care documents included information about deterioration and changes in consumers’ conditions.

Consumers and representatives said they were satisfied with the service’s communication of consumers’ care needs and preferences and engagement with internal and external services. Staff described how information was shared and communicated throughout the service. Care documents included input from MO and allied health professionals.

Consumers and representatives said consumers were referred to other providers of care, including allied health, when required. Staff were able to describe referral processes in consultation with consumers and representatives. Care documents included timely referrals to various health professionals when required.

Consumers and representatives expressed satisfaction with the service’s management of COVID-19 outbreaks and lockdowns. Staff and visitors were observed to be following effective infection control measures throughout the Site Audit. Staff demonstrated an awareness of infection control measures and the appropriate use of antibiotics.

# 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 were satisfied services and supports for daily living met their needs, goals and preferences. Staff demonstrated knowledge of consumers’ preferred activities and confirmed the service has bus outings and visits from the hairdresser. Care documents included information about the support consumers required to facilitate their personal needs and interests.

Consumers said the service promoted their emotional, spiritual, and psychological well-being. Staff explained how information relating to consumers’ choices, needs, preferences, and emotional and spiritual needs were recorded upon admission and routinely updated. Care documents identified emotional, spiritual, and psychological well-being needs.

Consumers and representatives confirmed consumers were engaged with their local community, supported to maintain relationships, and do things of interest to them. Staff described how they supported consumers to maintain social relationships by organising group sessions at the service. Care documents included information which aligned with feedback provided by consumers, representatives, and staff.

Consumers said they felt information about their daily living choices and preferences was effectively communicated between staff responsible for delivering care. Staff described how they effectively communicate consumer care and other needs at handovers. The service utilised an electronic care management system (ECMS) which was accessible by staff.

Consumers and representatives confirmed the service had referred them to external organisations, support services and providers of other care and services. Staff demonstrated an understanding of how they work with other individuals, organisations, and providers of other care and services. Care documents identified engagement with other organisations and services.

Most consumers expressed satisfaction with the quality and quantity of meals. Consumers at the service with dietary needs were accommodated and all staff were knowledgeable regarding their needs. The service had feedback mechanisms which allowed consumers to provide feedback on the performance of the kitchen.

Consumers said they felt safe using equipment at the service and were aware of how to report any concerns. Staff said there were processes in place for preventative and corrective maintenance. The Assessment Team observed 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

Consumers said they felt safe and at home living at the service. Staff confirmed there are both indoor and outdoor areas for consumers to use and pathways are kept free from obstructions. The Assessment Team observed consumers’ rooms were personalised with photographs and decorations.

Consumers and representatives said service was safe, clean, well maintained, and comfortable. Cleaning staff provided the Assessment Team with an overview of the service’s cleaning systems and processes. The Assessment Team observed staff cleaning furniture, balconies, and courtyards during the Site Audit.

Consumers were observed using a range of equipment which was clean and suitable for use. Staff said the service conducted regular inspections of all equipment to ensure operational integrity and safety. The Assessment Team sighted preventative and reactive maintenance registers which showed no outstanding items.

# 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

Consumers and representatives said they felt encouraged to provide feedback and make complaints. Staff demonstrated an awareness of feedback and complaints processes. The service had various avenues for making a complaint and providing feedback, including speaking directly to the management team, submitting a feedback form, consumer meetings, surveys, or emailing the care manager.

Consumers and representatives said they knew how to access external complaints mechanisms. Staff described how they access advocacy and interpreter services for consumers. The Assessment Team observed information on advocacy services was available around the service.

Consumers said management addressed their complaints and resolved concerns. Staff demonstrated an understanding of open disclosure and complaint management processes. Review of the complaints data demonstrated the service took appropriate and timely action in response to complaints.

Consumers and representatives said their feedback was used to improve the quality of care and services. Consumer meeting minutes and the plan for continuous improvement (PCI) demonstrated complaints, feedback and suggestions were generally documented and changes at the service were communicated with consumers.

# 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

Consumers and representatives said there were sufficient staff to meet the care needs of consumers. Management said the service recruits staff based on service needs and have access to a casual bank of staff from other aged care facilities. Staff rostering documents showed 1 unfilled shift in the 2 weeks prior to the Site Audit.

Consumers and representatives said staff were kind and respectful when providing care. Staff demonstrated they were familiar with each consumer's individual needs and identity. The Assessment Team observed kind and respectful interactions between staff and consumers.

Overall, consumers and representatives felt staff were sufficiently skilled to perform their roles. Management described the service’s process for ensuring staff were suitable and competent in their role. All staff had the relevant qualifications to perform the duties outlined in their position descriptions.

Consumers and representatives said they were confident with staff abilities and practices. Staff confirmed they received training and support to provide the care and services consumers required. The Assessment Team reviewed documents which evidenced high competition rates for mandatory training.

The service had a staff performance framework which identifies appraisals are conducted annually. Staff interviewed said they had completed their annual appraisal and indicated they felt supported by management in their roles.

# 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 they felt involved in the design, delivery, and evaluation of services. Management advised that all feedback or suggestions made by consumers and representatives were included in the service’s PCI. Documentation review showed consumers were meaningfully engaged in the evaluation of services through consumer meetings, feedback mechanisms, and surveys.

Management outlined systems and reporting processes in place through which the governing body monitors the service’s compliance with the Quality Standards. Management discussed how the organisation supported the service in providing care and services through regular meetings with the governing body. Meeting minutes showed the governing body analyses various documentation, such as internal audits, clinical indicators, complaints, and incidents.

Management and staff described processes and mechanisms in place for effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service had an effective ECMS, continuous improvement framework and PCI, established financial governance arrangements, and processes for workforce governance, feedback, and complaints

Staff confirmed they analysed incidents and identify issues and trends, and these were reported to various committees. The service had a wide range of frameworks, policies, and procedures to support the management of risks and incidents. In addition to reporting incidents falling under the Serious Incident Response Scheme (SIRS), the service maintained an incident register.

Staff demonstrated an awareness of antimicrobial stewardship, minimising the use of restrictive practices, and open disclosure. The service demonstrated there was a clinical governance framework in place, including antimicrobial stewardship, minimising the use of restraint, and open disclosure.

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)