Performance

Report

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| Name: | Yarriambiack Lodge Hostel |
| Commission ID: | 3381 |
| Address: | 18A Dimboola Road, WARRACKNABEAL, Victoria, 3393 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 11 September 2024 |
| Performance report date: | 7 October 2024 |
| Service included in this assessment: | Provider: 266 Rural Northwest Health  Service: 2139 Yarriambiack Lodge 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 Yarriambiack Lodge Hostel (**the service**) has been prepared by V Stephens, 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 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements were assessed |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements were assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements were 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 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 |

Findings

The service was previously found non-compliant with this requirement as the service did not demonstrate environmental risk assessments were conducted for consumers who were unable to leave the service. Since the site audit the service has implemented a range of improvements in response to the deficits previously identified. Improvements include completing environmental restrictive practice assessments where risk has been identified and training for all staff on restrictive practice.

At this assessment, consumers and representatives stated staff plan care which is safe and meets consumer health and well-being needs. Staff demonstrated understanding of assessment and care planning process including assessment of environmental restrictive practice. The Assessment Team reviewed care file documentation which demonstrated detailed behaviour support plans with individualised strategies to support effective use of restrictive practice. All consent forms were supported by progress note entries and are completed in collaboration with medical staff. The service has a process for regular review of assessments and consumers confirmed ongoing consultation occurs.

# Standard 5

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| Organisation’s service environment | |  |
| 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 |

Findings

The service was previously found non-compliant with this requirement as an electronic security system activated overnight prevented consumers from entering and exiting the facility independently. The hostel is contained within a larger hospital complex and entry and exit to the hostel is monitored by staff overnight. Consumers have consented to this arrangement and this consent is now appropriately documented. Consumers stated they could access external areas when desired and that staff were available if they require support.

# Standard 8

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| Organisational governance | |  |
| 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

The service was previously found non-compliant with this requirement as the service did not demonstrate effective governance systems were in place to accurately identify, classify and document restrictive practice. The service has implemented improvements to their clinical governance framework to ensure restrictive practice is accurately identified and managed.

Management confirmed a comprehensive review of policies and procedures relating to restrictive practice has taken place. A restrictive practice working group has been established and reports to the clinical advisory committee monthly, who in turn report to the Board. The working group reports on any new policies and procedures, continuous improvement activities, serious incidents and mandatory training completion rates.

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)