**Performance**

**Report**

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| Name: | YellowBridge QLD |
| Commission ID: | 700754 |
| Address: | 2A Station Street, TOOWOOMBA, Queensland, 4350 |
| Activity type: | Quality Audit |
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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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 7119 Yellowbridge QLD Ltd  
Service: 26490 YellowBridge QLD Ltd

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8357 YELLOWBRIDGE QLD LTD  
Service: 25093 YELLOWBRIDGE QLD LTD - Community and Home Support

**This performance report**

This performance report for YellowBridge QLD (**the service**) has been prepared by Bruce Bassett, 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 Quality 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 for Home Care Packages (HCP)

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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 | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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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 | **Not Applicable** |
| **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 | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | 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 | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | 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 | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

Consumers and their representatives provided positive feedback about staff, saying they are kind, and take care to be respectful. The service’s care documentation includes information on consumers’ cultural and diversity backgrounds and relevant needs and preferences. Relevant information is incorporated into consumers’ care plans to guide staff. Staff understand consumers’ cultural needs and preferences.

Staff provided examples of how services are delivered to meet the needs and preferences of individuals, to ensure inclusive care and support. Consumers said staff understand their needs and preferences and care and services are delivered in a way that make them feel safe and respected.

Consumers and representatives advised consumers are supported to make their own decisions about the services the consumer receives. Management and staff evidenced knowledge, awareness and understanding of consumers’ choices and preferences and described how each consumer is supported to make informed decisions about their care and services they receive.

Consumers are supported to take risks, and the initial and ongoing assessment and planning processes identify hazards and assess risk both individually and in the home. Risk assessments and risk minimisation strategies are documented in consumers’ care records, and care plans. Staff are aware of how to support consumers taking risks.

Consumers and their representatives said they receive regular information in a way they can understand and, in a format appropriate to their needs. This includes information to understand aged care services, financial statements, and practical support to access the services they need. They advised they regularly receive information from staff and management.

The service demonstrated each consumer’s privacy is respected and personal information is kept confidential. Consumers/representatives are advised how consumers’ personal information will be used as outlined in the home care package documentation. Consumers advised care staff are respectful of their personal privacy. Staff interviewed were able to describe how they maintain privacy and confidentiality of consumer information.

Following consideration of the above information, I have decided that Standard 1 is Compliant.

# Standard 2

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| --- | --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP | CHSP |
| 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 | 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 | 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 | 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 | 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 | Compliant |

Findings

Consumers and their representatives confirmed care plans in place for consumers are tailored to the types of care and support required. Consumers stated they were satisfied with their care plans and that the service’s staff assisted them to determine the right package of care to suit them. Care plans demonstrated the service assessed risks in relation to each consumer, put strategies in place to mitigate risks and identified new risks as the package of care progressed. Care managers complete an initial intake assessment of new consumers and identify any evident risks. Care and support risks are assessed and managed on a continuous basis.

Consumers’ likes, dislikes and support preferences were identified and recorded in their support plans. Consumers/representatives confirmed care plans reflected their desired package of care and were able to be changed by the service at any time. Care managers stated they always consulted consumers and their representatives about how consumers liked their care provided and tailored. Support workers knew how consumers preferred their support provided, such as how the house should be cleaned, and what items to purchase during shopping. End of life preferences were not always obtained or recorded for all consumers. Care managers demonstrated advanced health directives and substitute decision makers for some consumers were saved on the service’s computer systems.

Consumers and representatives confirmed that they are treated by the service as partners in the care process. They stated they were asked what support was required, the frequency of the visits and their preferences for support workers, and where consumers were unable to determine the best package of care, the Care Managers assisted consumers with suggested solutions and support that was right for them. Packages of care were flexible, and able to be modified by the consumer/representative as desired. Care managers confirmed the frequency of regular care plan reviews was at least every six months, but also if consumers’ needs changed. A range of allied health professionals were involved in consumers’ care.

The Electronic Care Management System (ECMS) stored intake assessments, risk assessments and support plans for each consumer, as well as associated documentation such as referrals. These were viewed electronically by the support workers conducting consumer’s care, however a folder with a hard copy of the care plan was also available for reference. Care managers explained that support workers contacted the office if there were any questions about the care plan. Consumers and their representatives confirmed they were consulted about consumers’ care plans and had ready access to the current version in their home.

Consumers and representatives confirmed that care and support are regularly reviewed in conjunction with the consumer. Support workers confirmed that where a consumer’s condition was changing, they would document this in the daily notes and inform one of the Care Managers. Care managers stated they actively monitored each consumer’s package of care and support, making changes where needs increased or decreased or when the consumer/representative requested amendments. Care documentation demonstrated care was reviewed at regular intervals, as well as when consumers’ circumstances changed between reviews. The service’s monitoring mechanisms, including care management meetings, identified consumers who may require higher levels of home care.

Following consideration of the above information, I have decided that Standard 2 is Compliant.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| 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 | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | 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 | 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 | 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 | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | 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 | Compliant |

Findings

Consumers and their representatives stated consumers received the personal and clinical care they needed to optimise their health and well-being. Consumers said care received was safe and effective and met their individual needs. Support workers and the registered nurse knew consumers’ needs well, and explained how they strive to ensure the best outcomes for everyone. Care documentation confirmed personal and clinical care is provided in line with the consumers’ care plans. Personal and clinical care handbooks, as well as organisational policies and procedures are available for staff to refer to when implementing and evaluating care.

Staff were knowledgeable about consumers’ high prevalence risks for example wounds, falls, pressure injuries, infections and social isolation. Consumers/representatives confirmed that care workers and registered nurses provided care to prevent harm and assist with the healing process. Support plans for each consumer with high risks of harm identified how the risks were assessed, managed and evaluated. Staff knew which consumers had personal and clinical high risks, and how the care provided to the consumers aimed to ensure health and wellbeing. The service reviews and learns from consumer clinical incidents, ensuring consumers received the care they need to reduce recurrence, including working with other healthcare professionals.

At the time of the assessment, no consumers were receiving end of life care. Staff explained how they previously provided dignified and respectful care to consumers in palliative stages of life. This included acknowledging and honouring consumers’ wishes and preferences for example whether they chose to stay at home during end of life, move to hospice care or be transferred to hospital. Although consumer end of life preferences was a standard section within the ECMS record, consumer’s choices were not always recorded. Where they were recorded, easy access to end-of-life preferences were not available to support workers in the community.

Consumers and representatives confirmed that care workers and managers always checked consumers’ conditions, whether they felt well and if any assistance was required regarding their wellbeing. Consumers confirmed staff summoned assistance when needed, for example if there was a medical incident or they felt unwell. Staff explained clearly how would respond to changes in a consumer’s physical or mental health condition, including consulting the registered nurse and other healthcare professionals. Where necessary, referrals were made to relevant allied healthcare professionals for assessment and recommendations regarding changing consumer healthcare needs.

The service demonstrated effective communication mechanisms in place for ensuring consumers’ needs were shared amongst the care workers, Care Managers, management and allied health teams. Most of the information sharing occurred via the ECMS, however telephone calls and electronic mail were also used effectively to disseminate consumer information. A robust communication process was in place with other professionals, for example with the registered nurse, the yard maintenance and home modifications team.

Consumers and representatives confirmed that referrals to other services were made by the service if considered necessary as part of a consumer’s needs. Staff confirmed knowledge of the range of services available to consumers and the process for making referrals for advice and support beyond that provided by the service itself. Management was aware of most allied health professionals available within the community, as well as in the acute healthcare sector. Care documentation confirmed referrals were made to other professionals when requested by consumers, or if the service identified input was required to ensure safe and effective care.

Care workers and care managers explained strategies for infection prevention and control. Staff confirmed use of handwashing, alcohol-based hand gel rubs and personal protective equipment to prevent the spread of infections. Staff confirmed the signs and symptoms to be aware of for different types of infections, such as urinary or respiratory. Consumers were encouraged to obtain relevant vaccinations and where necessary, transported and supported by care workers to obtain them. The service had relevant policies and procedures in place for the prevention and control of infections, including outbreaks.

Following consideration of the above information I have decided that Standard 3 is Compliant.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| 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 | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | 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 | 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 | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

Consumers and their representatives provided complimentary feedback about how the service and its staff supported consumers with their activities of daily living. Care plans documented consumers’ choices and how care workers and others could provide effective support tailored to the person. Staff had an extensive knowledge of consumers, their social networks and life history which they used to inform provision of care and support.

Consumers stated staff were kind and caring and put their needs first. Consumers said staff supported them not only with personal care, but also by providing emotional support and reassurance. Information about each consumer’s background and social network was within the ECMS and care plan, so staff could access information to personalise care and promote psychological wellbeing.

The service promoted consumers’ engagement in their local community and to take part in social activities that aligned with their preferences. Staff knew consumers well, including the types of things that were of interest to them and how they could support consumers to take part. Staff encouraged consumers to keep in contact with family and friends and respected their decision to decline in any conversations.

Consumers said staff know them well, including their individual goals, needs and preferences. Staff explained how they are updated and can share updates they have observed on changing conditions, needs or preferences of consumers, including accessing the service’s ECMS, speaking with colleagues and consulting other health and social care workers.

Consumers and representatives confirmed the service referred consumers to other professionals based on their individual needs. Referrals included to the registered nurse, physiotherapy, occupational therapy, and others as needed. Other professionals provided recommendation to the care managers, who were responsible for reviewing the findings and taking actions to ensure consumer health and wellbeing.

Consumers had access to sufficient varied nutrition and hydration to ensure a healthy lifestyle, prevent malnutrition and weight loss. Although the service did not directly provide meals, care workers supported consumers eating and drinking by facilitating grocery shopping, preparing food, heating or cooking meals and serving them. Consumers preferences for eating and drinking were detailed within their care plans. Consumers at risk of malnutrition or dehydration were identified as risks, and steps taken by staff to ensure consumer wellbeing.

Some consumers obtained equipment through their home care package which enabled them to maintain their independence and maximise their access within their house and in the community. Consumers confirmed that the service assisted them to choose the equipment that was best suited to their living arrangements. Care managers confirmed that care workers ensured equipment was cleaned regularly in accordance with the instructions, and any defects were reported and acted on promptly.

Following consideration of the above information I have decided Standard 4 is Compliant.

# Standard 6

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| --- | --- | --- | --- |
| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | 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 | 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 | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

Consumers and their representatives said they would be comfortable making complaints and providing feedback, nominated a variety of methods to provide feedback and said they have no concerns talking with staff or management if they want to make a complaint. Several consumers and their representatives said they have provided feedback or made complaints through feedback forums, by electronic mail or raised topics directly with the Care Managers.

Consumers and representatives are provided information about advocacy and interpreting services available, however all consumers and representatives interviewed said they were happy to manage their complaints with the service directly. Management described the information around advocacy services available.

The service has documented processes in place for receiving and actioning feedback and complaints, including contacting consumers/representatives to advise of outcomes, and providing an apology. Although not all staff recognised the term ‘open disclosure’ they said they would offer an apology to consumers/representatives and try to resolve the complaint if it was within their scope and always inform, or escalate the concern to, the Care Managers.

All consumers and representatives interviewed said they have confidence in the service’s processes for reviewing feedback and complaints and using the information to improve care and services. Consumers and representatives said the service conducts regular formal and informal surveys in which feedback is sought from consumers on several topics.

Following consideration of the above information I have decided that Standard 6 is Compliant.

# Standard 7

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| Human resources | | HCP | CHSP |
| 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 | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | 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 | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

Consumers/representatives said staffing is consistent and Care Managers notify them of any changes to their scheduled care and services. Management has contingency plans in place to replace staff when required and rosters are reviewed (in conjunction with feedback) on a regular basis to ensure staff allocations are adequately meeting changing consumer needs and preferences.

Consumers said staff and volunteer interactions are kind, caring and respectful of each consumer’s identity, culture and diversity. Consumers provided positive feedback in relation to their interactions with the workforce.

Consumers/representatives said staff are competent and have the knowledge to effectively meet the needs of consumers in a friendly and helpful manner. Staff said they have the necessary skills to perform their role and are supported by management.

The service demonstrated it has processes for the recruitment, induction, and onboarding of staff and contractors. The service provides online and face-to-face education (supported by external providers) for the workforce, including education about key elements of the Quality Standards.

Management and staff demonstrated systems are in place to regularly assess, monitor and review staff performance. Staff confirmed how they are regularly engaged in their professional development including opportunities to request specific training relevant to their role.

Following consideration of the above information I have decided Standard 7 is Compliant.

# Standard 8

|  |  |  |  |
| --- | --- | --- | --- |
| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | 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 | 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 | 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 | 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 | Compliant |

Findings

Consumers/representatives said they believe their feedback is used to improve the delivery of care at the service and said they feel they are supported to engage with the service. Management described how consumers and their representatives are supported to be engaged in the development, delivery, and evaluation of care and services.

The service was able to demonstrate its governing body promotes a culture of safe, inclusive, and quality care and services. The Assessment Team interviewed management who provided examples of how the governing body provides oversight of the organisation’s strategic direction and monitors care and services to meet the Quality Standards.

The service has effective governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. A range of committees support governance, including finance, risk and audit, clinical care and risk, emerging issues and innovation and engagement committees. Governance meetings are held either monthly, bi-monthly or quarterly depending on which committee or Board meeting is scheduled. The service has ISO 9001 Quality Management System certification.

The service has a policy and procedure around risk assessment and management, as well as an incident and accident register which encompasses both clinical and non-clinical incidents. From these, management said it identifies high-impact, high-prevalence risks.

The service has a documented clinical governance framework and associated policies and procedures to guide the delivery of clinical care. Clinical care is delivered by registered nurses and monitored by Care Managers and quality assured by the clinical governance committee. Clinical staff are trained in topics that fall under the clinical governance framework, such as antimicrobial stewardship, open disclosure and restrictive practices.

Following consideration of the above information, I have decided that Standard 8 is Compliant.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)