Immanuel Gardens

Performance Report

10 Magnetic Drive
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**Commission ID:** 5186

**Provider name:** Lutheran Church of Australia - Queensland District

**Site Audit date:** 15 June 2021 to 17 June 2021

**Date of Performance Report:** 20 July 2021

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this 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.
* information provided by the intake and complaints resolution group.
* The performance report dated 20 December 2020

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Overall sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

Consumers said staff treat them respectfully and expressed satisfaction with the interactions and engagement with staff across all aspects of care and services. Consumers interviewed confirmed that they are encouraged to do things for themselves and that staff know what is important to them. Consumers provided examples of matters of importance to them, acknowledged staff awareness and staff response to support their lifestyle choices. Consumers interviewed confirmed that their personal privacy is respected.

Interviews with staff and review of care planning documents demonstrated that relevant information is collected and shared to support the consumers’ choice, their decisions are respected and shared with relevant care and service staff. Consumers’ relationships are acknowledged and supported; consultation occurs to ensure staff awareness of matters of importance to the consumer to support the consumer to live the best life they can.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*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.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*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.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

Overall sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services.

Consumers and representatives interviewed confirmed that they are involved in care planning and when there are changes to consumers’ care needs.

Consumers and representatives interviewed confirmed that they are informed about the outcomes of assessment and planning and have ready access to the consumer’s care and services plan if they wish.

Consumers and representatives were able to provide examples of how other providers of care are involved in meeting consumers’ healthcare needs.

The Assessment Team reviewed care planning documentation for consumers sampled and identified assessment and planning includes the consideration of risk and reflects the consumer’s current needs, goals and preferences, including advance care planning and end of life planning. Care and services are reviewed for effectiveness, and when circumstances change or when incidents occur.

While the Assessment Team identified some documentation gaps in wound care, the management team provided evidence of recent improvement activities in this aspect of care and detailed actions in progress or complete to ensure wound records are consistently completed.

Overall the service demonstrated assessment and planning is effective and these processes support staff to deliver safe and effective care.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

### Requirement 2(3)(b) Compliant

*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.*

### Requirement 2(3)(c) Compliant

*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.*

### Requirement 2(3)(d) Compliant

*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.*

### Requirement 2(3)(e) Compliant

*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.*

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

Overall sampled consumers considered that they receive personal care and clinical care that is safe and right for them.

Consumers sampled said they receive the care they need and have access to a MO or other health professionals when they need it, including regularly asking them about their care and the way it is delivered and involving them in discussions regarding alternative care options available.

Representatives interviewed said the consumers they represent receive care that is safe and right for them and the documented individual needs of consumers inform the provision of safe and effective personal and clinical care.

Consumers and representatives said the referral occurs promptly and they are satisfied with the care delivered by those to whom the consumer has been referred.

Care documentation reflect the identification of, and response to, changes in the consumer’s condition and/or health status.

Staff could identify the highest prevalence risks for different cohorts of consumers and how incidents were used to inform changes in practice. Staff could describe how they ensure care is best practice, their opportunities for continuing education and how they ensure information is shared both within the service and with others outside the service. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics.

The service demonstrated preparedness in the event of an infectious outbreak including for COVID-19. Policies and processes are in place for minimisation of infection-related risks, including an Outbreak management plan that explains how the service will prepare for, identify and manage any outbreaks.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*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.*

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

### Requirement 3(3)(d) Compliant

*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.*

### Requirement 3(3)(e) Compliant

*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.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*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.*

The Assessment Team provided information that the Approved Provider has taken actions to improve the performance of the service in this requirement. The service has documented policies and procedures to support the minimisation of infection related risks through the implementation of infection prevention and control principles and the promotion of antimicrobial stewardship. The service was able to demonstrate preparedness in the event of an infectious outbreak including for COVID-19.

Staff interviewed said they received training in infection prevention and control strategies including hand hygiene, the use of appropriate personal protective equipment and training related to COVID-19. Registered staff provided examples of how they minimise infection related risks.

The Infection Prevention and Control Lead described their role and responsibilities including how they monitor staff practices to ensure staff practice safe hand hygiene and appropriate use of personal protective equipment. The Infection Prevention and Control Lead advised they provide training to staff and practical competencies in handwashing and donning/doffing personal protective equipment, undertake infection control audits and risk assessments, and participate in regular infection control meetings.

Management advised the service undertook a COVID-19 outbreak mock exercise and practice of the COVID-19 outbreak management plan (OMP). A report was generated, gaps identified, the outbreak management plan updated, and a video of the exercise presented to staff as part of their training. Staff influenza vaccination records demonstrated 100 percent of staff have received the influenza vaccine for 2021.

The Assessment Team observed information available on the management of outbreaks, posters and other information on infection prevention and control displayed throughout the service and hand sanitisers available on entry and readily available throughout the service. Personal protective equipment was readily available, including enough stock for the first 24-48 hours in the event of an outbreak of COVID-19. The Assessment Team observed staff complying with social distancing requirements in communal areas, including staff rooms and treatment rooms.

I have considered the information from the Assessment Teams report and find this Requirement is compliant.

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

Overall sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

Consumers said they felt supported by the service to do things of interest to them, which included participating in the service’s lifestyle program or other independent activities.

Consumers and representatives described ways in which they are supported to maintain social and emotional connections with those who are important to them.

Lifestyle staff advised that consumer’s emotional, social and psychological needs can be supported in ways including facilitating connections through technology, staff support and matching them with volunteers with similar interests.

Consumers interviewed provided positive feedback in relation to food and said there was good quantity, quality and variety.

Review of the weekly activity calendars and discussion with staff demonstrated there are a variety of activities offered to meet the different needs and preferences of consumers. Lifestyle staff explained the service’s lifestyle program accommodates and modifies activities to cater for consumer’s needs, preferences and varying levels of functional ability. Activity preferences are also discussed at consumer meetings.

Staff advised how they ensure equipment is cleaned and suitable for consumers to use.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*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.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*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.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

Overall sampled consumers considered that they feel they belong in the service and they feel safe and comfortable in the service environment. For example:

Consumers identified that they feel at home in the service, safe and comfortable, they are involved in how the service environment appears and they are satisfied that the service is clean and well maintained.

The Assessment Team observed that the service environment is clean, welcoming and has outdoor spaces where consumers can move freely.

Management advised that features of the service environment including ensuited rooms, access to computers, gardens and the community hall are designed to support consumers to maximise their independence.

Staff were aware of the process for recording maintenance issues and identified they would escalate to the maintenance team directly if required. Staff also identified equipment requiring maintenance would be removed from use. Staff reported maintenance issues are managed in a timely manner.

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

Consumers, representatives and other people are encouraged and supported to provide feedback and/or make a complaint. Sampled consumers and representatives said they had access to complaints mechanisms and those that had submitted a complaint were satisfied with the response from management. Advocacy and language support services are available.

Consumers and representatives are informed about how to access external complaints services. Records show that consumers, representatives and other people have used both internal and external complaints services.

Complaints are investigated. Records of complaints and action taken are maintained. In some cases, complaints prompt continuous improvement activities.

An open disclosure approach is used when things go wrong.

Complaints are included in reports to the governing body by the Service manager.

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

Overall sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable and capable. Sampled consumer representatives are satisfied with the quality of care and services provided and satisfied with the performance of the workforce.

Workforce planning and the allocation of staff is based on consumers’ care and service needs. A range of qualified staff are deployed, including at least one registered nurse on all shifts. Senior registered nurses are on call after hours. Clinical staff, care staff and service support staff are satisfied with the number of staff rostered and with the allocation of time per shift.

Consumers are satisfied their interactions with management, staff and other members of the workforce are kind, caring and respectful. Management and staff were observed to interact with consumers in a kind, caring and respectful manner.

The service has effective processes to recruit, train, equip and support staff to provide safe and quality care and services. Consumers and representatives are satisfied with care and service delivery. Staff are satisfied with training and support.

Staff are required to undertake training set by the organisation. Certain topics are mandatory for all staff, such as the Serious incident response scheme (SIRS) while others are role dependent, such as medication administration for registered staff. Some training requires an assessment of competency, such as medication management and medication assistance.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

Sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. The organisation has effective systems to engage and support consumers in the development, delivery and evaluation of care and services.

The organisation’s governing body and the Board are accountable for the delivery of safe and quality care and services. The governance system is based on systems that regularly report key information from the service to the governing body and the Board and systems to review this information and provide directives to the service’s management and staff.

The organisation has effective governance systems, effective risk management systems and a clinical governance framework.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*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.*

### Requirement 8(3)(d) Compliant

*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.*

### Requirement 8(3)(e) Compliant

*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.*

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.