Immanuel Gardens

Performance Report

10 Magnetic Drive   
BUDERIM QLD 4556  
Phone number: 07 5456 7600

**Commission ID:** 5466

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

**Assessment Contact - Site date:** 23 June 2020 to 25 June 2020

**Date of Performance Report:** 10 August 2020

# Publication of report

This Performance Report **may 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

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| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-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** | **Non-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) | Non-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 Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment including observations at the service, review of documents and interviews with staff and consumers/representatives.
* the provider’s response to the Assessment Contact - Site report received 28 July 2020.

# STANDARD 2 NON-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.

For example:

* Consumers and representatives interviewed reported being involved in the initial assessment and ongoing planning of their care.
* Consumers and representatives interviewed reported they are informed about the outcomes of assessment and planning and can have access to their care and services plan if they wish.
* Care plans reviewed showed they were developed in consultation with the consumer and/or their representative and had been reviewed regularly and updated when changes have occurred.

While the service has assessment and planning processes the Assessment Team identified the service did not consistently identify individual risks in relation to the consumers’ clinical diagnoses and their assessed need for chemical, physical or environmental restraint.

The Quality Standard is assessed as Non-compliant as one of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-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.*

While for the consumers sampled assessments are completed upon entry to the service and are reviewed three monthly and/or when consumer needs change, the Assessment Team identified assessment and planning deficits relating to restraint management including documentation that was not accurate and that the service had not identified all forms of physical or environmental restraint and assessed accordingly. The approved providers response detailed actions to resolve the areas of concern identified but these will take some time to be completed.

Given the evidence above, this requirement is non-compliant.

### 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 NON-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. However, while the service has demonstrated some understanding of infection control practices the service did not demonstrate awareness of infection control best practice and staff did not demonstrate a shared understanding of their responsibilities in relation to the current infection control cleaning measures being used at the service

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements have been assessed as Non-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) Non-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 service does not provide adequate cleaning services on the weekends and cleaning shifts are not consistently filled when staff fail to appear for work due to sickness or unplanned leave. Staff reported concerns about the adequacy of cleaning in response to the COVID-19 pandemic.

While senior hospitality staff were focused on implementing Queensland Health directives, they were not aware of the Communicable Diseases Network Australia (CDNA) national guidelines for the prevention, control and public health management of COVID-19 outbreaks in residential care facilities in Australia and could not confirm best practice in relation to COVID-19 infection control processes.

The approved providers response detailed actions to resolve the areas of concern identified but these will take some time to be completed.

Given the evidence above, this requirement is non-compliant.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

### Requirement 2(3)(a) Non-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 3(3)(g) Non-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 service must implement all actions identified in its Plan for Continuous Improvement dated 28 July 2020 (refer below).
* The service must ensure the service is adequately cleaned at all times consistent with best practice COVID-19 infection control processes.

| * Review restraint form * Meeting with clinical staff regarding understanding restrictive practices * Education re documentation of restrictive practices and how best to inform what strategies have been tried before restraint is used. * Review site process regarding sign off by family and MO * Ensure all restraint documents are reviewed in line with best practice and updated to include requirements |
| --- |
| * Roster reviewed to ensure casual staff pool available * Trial evaluation completed regarding weekend changes * Education relating to infection control procedure (CDNA) |
| * Wound innovations audit * Wound Innovations to provide training to staff |
| * Review process at site * Toolbox talks for registered staff around repositioning and ADL documentation |
| * Formal handover process which includes print out from iCare to be implemented for non-registered staff |