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:** 17 November 2020

**Date of Performance Report:** 22 December 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** |  |
| Requirement 2(3)(a) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-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, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Assessment Contact - Site report received 16 December 2020
* the Infection control monitoring checklist completed 17 November 2020.

# STANDARD 2 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

The Assessment team did not assess all Requirements in this Standard and therefore a compliance rating and summary is not provided.

## 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.*

The Assessment Team confirmed interim assessments were completed on entry to the service and reviewed three-monthly identifying consumers’ needs, choices and preferences and when changes occurred. Registered staff completed initial assessments identifying consumer needs, choices and preferences. Consumers, representatives, Medical Officer’s and other allied health professionals were involved in the assessment process as required. Care planning documents reviewed were individualised and contained information relative to the risks to each consumer’s health and well-being.

Consumers described how they were involved and active in the direction of their care planning needs and that registered staff regularly involved them when their care planning reviews were due. Staff interviewed demonstrated they were aware of the assessment and reassessment processes, which identified risks to consumers’ safety, health and well-being. These risks included restraints, skin integrity, falls, nutrition and hydration, medication management and pain. They reported consumers were referred to specialist practitioners if required following assessment.

The Assessment Team identified the service had a suite of evidence-based assessment tools is available for staff to access. Staff had access to training relevant to their position. The organisation had developed policies, procedures and guidelines for staff to refer to and these were available in hard copy.

The service had a new management team. Management had conducted a number of audits across the service that were not limited to but included restraints. Progress notes for sampled consumers demonstrated alternative strategies were used instead of psychotropic medications such as individual conversation and focus on activity diversions.

# 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

The Assessment Team did not assess all Requirements in this Standard, therefore a compliance summary is not provided.

The Quality Standard is assessed as Non-compliant as one Requirement has been assessed as Non-compliant.

### Assessment of Standard 3 Requirements

### 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 was not prepared for a potential COVID 19 outbreak. Documentation, including the service’s outbreak management plan, did not support the service’s readiness for a COVID 19 outbreak. Communication processes were not effective to ensure staff were aware of consumers’ infection control risks. Staff practices did not support effective infection control processes.

The Approved provider in its response to the Assessment Team’s finding submitted a plan for continuous improvement and spot check audit results. While I acknowledge the actions taken by the Approved provider in rectifying deficits identified by the Assessment Team, it is my decision at the time of the Assessment contact the service was not prepared for a potential COVID 19 outbreak, therefore 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.

* The service must be adequately prepared for a potential COVID 19 outbreak.