LHI Glynde

Performance Report

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**Commission ID:** 6200

**Provider name:** Lutheran Homes Inc

**Assessment Contact - Site date:** 24 May 2021

**Date of Performance Report:** 21 June 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 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | 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 performance report dated 11 February 2021
* other information and intelligence held by the Commission in relation to the service.

# STANDARD 3 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 undertook an assessment of Requirements (3)(b) and (3)(g) as part of the Assessment Contact. No other Requirements within this Standard were assessed; therefore, an overall rating of the Standard is not provided.

### Assessment of Standard 3 Requirements

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

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

The service demonstrated effective management of high impact or high prevalence risks for consumers. A range of risk-based assessments in the domains of mobility, pain and behaviour identified consumers’ high impact or high prevalence risks and guided staff practice in the identification of consumer care goals and preferences. Staff confirmed assessment processes were effective and staff described strategies to limit risk to consumers’ safety and well-being. Consumers received care that was safe and right for them and their care needs were managed appropriately.

The Approved provider had implemented rectification actions to demonstrate compliance in this Requirement. These actions included training for care and clinical staff to assist in managing challenging behaviours for consumers. Staff had been reminded regarding the implementation of non-pharmacological strategies prior to the administration of medication. Behaviour charting was to commence when behaviours are exhibited by consumers. Individual folders have been created based on a review by behaviour management specialists and contain strategies to assist staff in managing consumers with challenging behaviours. These folders were accessible to staff.

Daily checklists were completed by management which identified high-impact and high-prevalence risks to consumers and included appropriate actions for staff to follow to effectively manage these risks. A weekly health and well-being meeting had commenced to discuss risk management strategies. Medication reviews had been undertaken by a medical officer and will continue every three months. Meeting minutes from the Quality and clinical governance meeting evidenced discussions of high-impact and high-prevalence had occurred. Individual staff members to care for consumers with challenging behaviours has been implemented as required. Various education sessions have been held for staff in relation to managing risk for consumers. A tool has been developed to assist in recognising deterioration in consumers.

A review of the named consumer identified as exhibiting challenging behaviours at the Assessment contact 12 November 2020, evidenced a decrease in incidents of physical aggression, care staff were familiar with triggers and management strategies to assist and de-escalate the consumer’s behaviours. The named consumer was receiving ongoing support from a dementia behavioural specialist service, and staff confirmed this involvement and advice has been beneficial when caring for the consumer.

The service had policies and procedures to guide staff in the management of high impact or high prevalence risks, including, but not limited to falls, weight, continence, urinary tract infections, pain and medication management. High impact or high prevalence risks were analysed and trended in quarterly clinical indicator reports. The service had monitoring and review processes, such as scheduled clinical audits and progress note reviews by the senior clinical team ensuring consumers’ clinical and personal risks had been identified and effectively managed.

Based on the information contained above, it is my decision this Requirement is now compliant.

### 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 service demonstrated minimisation of infection related risks through the implementation of standard and transmission-based precautions to prevent and control infection and practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. Staff were able to demonstrate they had a clear understanding of infection control and antimicrobial stewardship principles. The service had policies and procedures to assist in guiding staff and mandatory training was provided to all staff to promote effective infection control.

The Approved provider had implemented rectification actions to demonstrate compliance in this Requirement. The actions included the implementation of a ‘Resident Pre-Admission Risk Assessment Checklist’ which identified if the consumer had any infectious condition, pathology testing and results, current wounds, history of responsive behaviour, history of smoking, specialised nursing care needs and COVID 19 symptoms and history. A memorandum was sent to all staff dated 13 November 2020 reminding them to undertake testing for COVID-19 in a timely manner. An updated COVID-19 outbreak management plan was completed. Consumers took part in an exercise involving the use of ultraviolet reactive gel to assist consumers in assessing their hand watching technique as a part of antimicrobial awareness week. Staff undertook an antimicrobial awareness week training module. The service completed regular hand hygiene observation audits to assess staff practice in adherence to best practice infection control.

Clinical and care staff demonstrated knowledge and understanding of antimicrobial stewardship principles and could describe practical strategies used to minimise the spread of infection. These included good handwashing techniques, use of personal protective equipment, pathogen testing and wound care principles, such as aseptic technique.

Management described their response to the COVID-19 outbreak and outlined proactive strategies for protecting consumers and staff from contracting the virus. Infection control measures were observed to include, all visitors and staff members completed screening questions and had their temperature taken on entry. Staff were observed using hand sanitiser and adhering to social distancing where possible. Staff described practical means to prevent consumers wandering whilst in isolation, including regular observation and ensuring the consumer was adequately occupied by a meaningful activity. Clinical management and care staff described training undertaken to minimise and prevent infections include COVID-19 training, infection control, personal protective equipment donning and donning and hand hygiene theory and practical training.

The Infection Control Coordinator monthly report for February and March 2021 demonstrated consumer infections were reported and reviewed by clinical staff, infection data was trended, and action was taken to reduce risks and rates of infection, including training sessions, and the introduction of new infection guidelines and hand hygiene audits. The service had an antimicrobial stewardship committee, who’s primary role involved the identification of infection related risks via analysis and evaluation of adverse events, clinical incidents and consumer documentation. Infections were reported quarterly in Quality Performance Systems bench marking that was reported to the Board. There was an annual influenza vaccination program for both consumers and staff, high levels of vaccination rates were noted.

Based on the information noted above, it is my decision this Requirement is now Compliant.

# STANDARD 7 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

The Assessment Team assessed Requirement (3)(a) as part of the Assessment Contact. All other Requirements in this Standard were not assessed; therefore, an overall rating of the Standard is not provided.

## 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.*

Consumers said staff were kind, caring and respectful. Most consumers were satisfied with the timely response to their requests for assistance, however some consumers experienced a delay in their call bell response from staff. Staff had enough time to conduct their duties, however staffs’ ability to attend to consumers in a timely manner were affected if shifts were unfilled.

The Approved provider had implemented rectification actions to demonstrate compliance in this Requirement. The actions included the employment of 38 staff members across various roles at the service. Processes are continuing to recruit additional care staff members. Additional shifts have been implemented in the roster. A revised staffing model was introduced including additional duties for care staff in assisting with meal provision for consumers. A reduction of agency staff has been noted through the employment of additional staff. Allocation sheets demonstrated minimal unfilled shifts.

Recruitment processes now include involvement of staff from the service, enabling the ability to recruit staff who will blend well with existing staff. Planned staffing changes not currently implemented will include staff working in particular areas and training of staff to assist consumers with their medication. Weekly call bell audits identified a reduction in waiting times for consumers requiring assistance. There was an escalation process for call bells exceeding recommended response times. Staff were issued with a letter if it was noted a consumer under their care had waited for an extended period of time for assistance.

While consumer satisfaction with staff response was mixed, it is my decision the Approved provider has taken reasonable actions to address staff shortages through the recruitment of additional staff, and planned actions will further strengthen human resource processes at the service. Therefore it is my decision this Requirement is now Compliant.

# STANDARD 8 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

The Assessment Team assessed Requirement (3)(d) as part of the Assessment Contact. All other Requirements in this Standard were not assessed; therefore, an overall rating of the Standard is not provided.

## Assessment of Standard 8 Requirements

### 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.*

The service had governance systems in relation to risk management to identify and respond to high impact or high prevalence risks, including to identify and respond to abuse and neglect, supporting consumers to live the best life they can and the Serious Incident Response Scheme reporting.

The Approved provider had implemented rectification actions to demonstrate compliance in this Requirement. These actions have included the service maintaining a compulsory reporting register to identify and respond to allegations of abuse and neglect. The register recorded a description of the incident, who was involved, the date, the actions taken, the outcome of the investigation and identifies if the incident is reportable.

While the service reported and actioned incidents, seven incidents relating to bruising were not recorded on the Serious incident reporting register. However, review of each of the seven incidents demonstrated the service recorded a description of the incident, the actions taken, actions taken to prevent future incidents, notification to medical officer and their authorised representative where applicable. Relevant diagnosis and medications affecting health, such as warfarin were documented.

The Risk Management Policy guided management to review all clinical risks that were identified as high or extreme. The Risk Management Committee reviewed the risk, completed a risk analysis/evaluation, risk treatment, monitored and reviewed the risk.

For a named consumer noted to have challenging behaviours, the implementation of folders containing recommendations following specialist service reviews have evidenced a reduction in episodes of physical aggression. Tools have been developed to assist staff in identifying deterioration in consumers, and for the assessment of consumers with swallowing deficits or choking risks. A checklist has been developed to identify if consumers have risks associated with their care, the checklist is completed prior to the consumer entering the service. Staff received education on a number of topics associated with risks to consumer care.

The service had a Clinical Governance Framework which is underpinned by the Relationship-Centred Care Approach which links directly to the organisation’s Foundation Statement, culture, vision, mission, distinctives, purpose and values. The Framework Principals is comprised of a number of integrated components, such as leadership and culture, consumer partnership, organisational systems, monitoring and reporting, effective workforce and communication and relationships.

Management supported and promoted consumers to live the best life they can. Consumers’ personalised needs and what is important to them were identified on entry to the service and monitored via a post entry survey at three months.

Staff had undertaken training in incident management and were aware of the incident management policy. Staff had training and demonstrated their understanding of reporting incidents, including a fall, skin tear, bruise and refusal of care, staff displayed an understanding of what constitutes abuse, including elder abuse. Staff provided examples of supporting consumers to live the best life they want by providing them with daily choices.

A revised medication system was introduced to reduce the risk of consumers not receiving their medication and staff omitting to sign medication charts to demonstrate medication had been administered. Results indicated there were no signature omissions since its implementation in March 2021.

Based on the information recorded above, it is my decision this Requirement is now Compliant.

# 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.