LHI Hope Valley

Performance Report

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**Commission ID:** 6134

**Provider name:** Lutheran Homes Inc

**Assessment Contact - Site date:** 21 January 2021

**Date of Performance Report:** 12 May 2021

# 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

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) | 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 consumers, representatives, staff and others
* the provider’s response to the Assessment Contact - Site report received 31 March 2021
* the Performance Assessment Report dated 17 August 2020 for the Assessment Contact conducted 7 July 2020.

# 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 assessed Requirement (3)(b) in relation to Standard 3. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(b) in this Standard. This Requirement was found Non-compliant following an Assessment Contact – Site conducted 7 July 2020.

At the Assessment Contact - Site conducted 7 July 2020, in relation to Standard 3 Requirement (3)(b), it was found the service was not effectively managing behaviours of concern for one consumer, placing other consumers at risk. Additionally, appropriate assessments had not been completed or care plans generated for a respite consumer to address pain and nutritional requirements. In response to the Non-compliance, the service has implemented a range of actions to address the deficiencies identified which are detailed in the specific Requirement below.

The Assessment Team recommended Requirement (3)(b) in Standard 3 met. I have considered the Assessment Team’s findings, the provider’s response and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 3 Requirement (3)(b) and find the service Compliant with Requirement (3)(b).

### 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 Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Assessment Contact – Site conducted 7 July 2020, including, but not limited to:

* Reviewed consumer care plans to ensure all care needs were identified and reflective of each consumer’s needs.
* Reviewed pain assessments and care plans to ensure they were undertaken when required.
* Increased information to representatives in relation to the potential choking risks associated with bringing food into the unit.
* Implemented a food register to ensure food being brought into the service is screened and captured formally to minimise risks.
* Provided education to staff in relation to incidents, elder abuse and compulsory reporting.
* Implemented a 24 hour progress note check by senior clinical staff to ensure uncaptured incidents are identified and appropriate action taken.
* Updated the complaint policy and process to ensure escalation of potential high risk complaints to the Chief executive officer.
* Updated the compulsory reporting and elder abuse policy to include the Chief executive officer notification and reporting timeframes for critical incidents.

In relation to Standard 3 Requirement (3)(b), information provided to the Assessment Team by consumers and staff through interviews and documentation sampled demonstrated:

All consumers sampled described ways staff support their choice to take risks and strategies implemented to minimise impact of risks to their health and well-being. Staff sampled provided examples of strategies they implement to minimise risk of harm to consumers. Additionally, staff described how they would de-escalate consumers’ challenging behaviours to assist with consumers’ well-being and to maintain the safety of other consumers.

Consumer care files sampled included comprehensive care planning documents which identified risks to consumers’ health and well-being and care strategies to minimise impact of risks. Risks considered included falls, nutrition, pain and skin integrity. Documentation demonstrated where risks emerge, appropriate actions are taken, charting is initiated, reassessments are completed, referrals to Medical officers and/or allied health specialists occur and consumer care plans are updated.

Documentation sampled demonstrated where consumers display challenging behaviours, the service seeks assistance from multiple health teams to minimise potential incidents. One consumer file sampled demonstrated recommendations from external specialists had been incorporated into the consumer’s care plan, and staff interviewed described triggers for the consumer’s behaviours and management strategies in line with the care plan.

Based on the evidence documented above, I find Lutheran Homes Inc, in relation to LHI Hope Valley, Compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

# 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)(c) in relation to Standard 8. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(c) in this Standard. This Requirement was found Non-compliant following an Assessment Contact – Site conducted 7 July 2020.

At the Assessment Contact - Site conducted 7 July 2020, in relation to Standard 8 Requirement (3)(c), it was found the service did not identify an incident as a reportable incident or mange the incident in line with legislative requirements. In response to the Non-compliance, the service has implemented a range of actions to address the deficiencies identified which are detailed in the specific Requirement below.

The Assessment Team recommended Requirement (3)(c) in Standard 8 met. I have considered the Assessment Team’s findings, the provider’s response and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 8 Requirement (3)(c) and find the service Compliant with Requirement (3)(c).

## Assessment of Standard 8 Requirements

### 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.*

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Assessment Contact – Site conducted 7 July 2020, including, but not limited to:

* Updated compulsory reporting policies with correct reference to the Aged Care Quality and Safety Commission.
* Issued the compulsory reporting policy to all staff.
* Updated and displayed new compulsory reporting flowcharts.
* Updated escalation guide to include Chief executive officer reporting timeframes.
* Updated the compulsory reporting register to refer to support provided to parties involved.
* Provided training to staff in relation to compulsory reporting, how to access relevant documents and the compulsory reporting process.

In relation to Standard 8 Requirement (3)(c), information provided to the Assessment Team by consumers, representatives and staff through interviews and documentation sampled demonstrated the organisation has effective organisation wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

Based on the evidence documented above, I find Lutheran Homes Inc, in relation to LHI Hope Valley, Compliant with Requirement (3)(c) in Standard 8.

# 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.

# Other relevant matters

The Assessment Team’s report indicated they noted a strong smell of urine in the memory support unit. The provider’s response included a Plan for continuous improvement which outlines plans to replace the flooring in this area of the service. The planned completion date for this improvement is noted as May 2021.