Performance

Report

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| Name: | Eventide Lutheran Homes |
| Commission ID: | 3285 |
| Address: | 72 Ballarat Road, HAMILTON, Victoria, 3300 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 21 August 2024 |
| Performance report date: | 10 September 2024 |
| Service included in this assessment: | Provider: 671 Lutheran Church of Australia Victorian District  Service: 2043 Eventide Lutheran Homes |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Eventide Lutheran Homes (**the service**) has been prepared by L Glass, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements were assessed |
| **Standard 8** Organisational governance | **Not applicable as not all requirements were assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

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

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(g) | 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. | Compliant |

Findings

The service was previously found not compliant in this requirement. I am satisfied based on the Assessment Team’s report and that the service has since implemented actions which have resulted in sustained improvement. I find Requirement 3(3)(g) Compliant.

The Assessment Team found consumers and representatives are confident the service takes appropriate actions to minimise infection related risks. Management and staff understand how to prevent, recognise, and minimise the spread of infection as well as the work processes to promote antimicrobial stewardship. Clinical staff described the protocol used when consumers are prescribed antimicrobials and the completion of infection reports, and the evaluation required to follow best practice antimicrobial stewardship. The service has an Infection Prevention and Control (IPC) lead staff member. The IPC lead role includes monitoring staff practice and personal protective equipment, infection surveillance, and facilitating staff education and training in relation to infection prevention and control, outbreak management, and antimicrobial stewardship. The service has in place policies and procedures on antimicrobial stewardship, infection prevention and control, and an infectious disease outbreak management plan for gastroenteritis, COVID-19 and acute respiratory infections in line with national guidelines. The service maintains COVID-19 and influenza vaccination registers for both consumers and staff. The service holds quarterly medication advisory meetings with antimicrobial stewardship as a standard item for discussion.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(d) | 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. | Compliant |

Findings

The service was previously found not compliant in this requirement. I am satisfied based on the Assessment Team’s report and that the service has since implemented actions which have resulted in sustained improvement. I find Requirement 8(3)(d) Compliant.

The Assessment Team found the service demonstrated robust systems and processes are in place to ensure risks are identified, managed and responded to appropriately. Consumers are satisfied with incident management and are supported to live their best lives. Staff understand the process to report abuse and neglect and escalation of incidents. The service’s documentation demonstrated the services’ risk management system and bi-monthly quality meetings to review high-impact or high-prevalence risks. The service has detailed policies on organisational governance (clinical and operational), risk management and choice.

Care documentation review showed incident reporting, follow up notes, up-to-date assessment, timely referrals, communication with representatives and improvement for risk mitigation in future. Service documentation review showed staff have completed training on identifying, preventing and reporting harm, abuse and neglect. Staff provided examples of identifying and reporting neglect and abuse, supporting consumers to make choices and reporting an incident.

Management identify high-impact and high-prevalence risks through quality indicators and incident reports and monitor and report the trends.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)