Performance

Report

**1800 951 822**

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| Name of service: | Good Shepherd Lodge |
| Service address: | 15 McIntyre Street MACKAY QLD 4740 |
| Commission ID: | 5116 |
| Approved provider: | Good Shepherd Lodge Ltd |
| Activity type: | Site Audit |
| Activity date: | 24 July 2023 to 27 July 2023 |
| Performance report date: | 4 September 2023 |

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 Good Shepherd Lodge (**the service**) has been prepared by K Richards, 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 Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management and others.

The service submitted an email on 7 August 2023 stating they would not be responding to the Assessment Team’s report.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers said staff treated them with dignity and respect and that staff knew their cultural backgrounds. During interview, staff could recall details about consumers’ identities, cultures and personal histories. Care plans contained information about consumers’ privacy preferences, and their expectations concerning dignity, and respect.

Consumers said the service’s care was culturally safe, and diversity valued. Staff knew consumers’ specific cultural needs and preferences, and how to accommodate these within care. Care plans and assessment documents contained information about consumers’ cultural needs and preferences.

Consumers said the service supported them to exercise choice, maintain independence, and to uphold relationships of choice. Staff knew consumers’ preferences and could cite examples of how they supported consumers to make choices about their care. The service used multiple communication channels to engage consumers about their care decisions.

Consumers said the service supported them to take risks, to enable them to live the best life they could. During interview, staff knew which risks individual consumers within the service carried, and they confirmed the service had multiple ways to communicate about and manage these risks. Consumer care files included dignity of risk forms demonstrating supports for taking risks.

Consumers said the service communicated with them clearly, verbally, and through newsletters, meeting attendance and minutes, and displayed notices. Staff knew the service’s various strategies for supporting consumers to exercise choice. Care plans showed that staff recorded consumers’ communication preferences, and that they supported consumers to make choices about their care.

Consumers said the service respected their privacy and personal information. The service had a dedicated privacy policy, that outlined its processes for sharing information. Consumers’ information packs contained forms to enable consumers to consent to their information being shared.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | 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. | Compliant |
| Requirement 2(3)(b) | 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. | Compliant |
| Requirement 2(3)(c) | 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. | Compliant |
| Requirement 2(3)(d) | 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. | Compliant |
| Requirement 2(3)(e) | 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. | Compliant |

Findings

Consumers said they were satisfied with the service’s assessment and care planning processes and that the service’s care met their needs. Staff knew the service’s comprehensive assessment and care planning processes, including its risk assessment component. The service had clinical guidelines, policies and procedures to guide staff in delivering care.

Consumers said staff had sought their directions for advance care from them, including end-of-life wishes. The service’s admission and care plan review processes involved discussing advance care planning and end-of-life planning with consumers and their representatives. Care planning documents showed consumer’s needs, goals, and preferences including for advance care directives and end-of-life care.

Consumers and representatives said the service regularly collaborated with them to assess consumer needs and plan care. Care documents showed the service involved a multi-disciplinary team in planning consumer care. During interview, clinical staff described how they consult consumers and representatives within care planning, working in partnership to ensure provision of personalised care.

Consumers said they knew what care and services they received and that they would be comfortable requesting a copy of their care plans if they wanted one. Consumers’ care plans showed evidence the service had tailored care to their needs. The service engaged consumers and/or representatives in case conferences at least once per year, or more frequently as appropriate. Care planning documentation was observed to be readily available to staff through the electronic care management system.

Consumers said the service reviewed their care regularly, including when their circumstances had changed, or if they experienced a deterioration. Care plans demonstrated evidence of review on a regular basis, including following incident or change. Staff knew their responsibilities concerning care plan reviews, including which events might trigger a review, I line with organisational policies and procedures.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | 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. | Compliant |
| Requirement 3(3)(e) | 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| 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

Consumers and representatives said the service provided care personalised to consumer needs to maintain safety and well-being. Staff demonstrated understanding of personal and clinical care needs of consumers and how care is designed to meet these needs. Care documents showed individualised care was safe, effective, and tailored to the specific needs and preferences of the consumer. The service had policies, procedures, and tools in place to support best practice care delivery, including engagement of specialists for expert advice.

Consumers said they were satisfied with how the service managed risks associated with their care. Clinical staff knew the various risks individual consumers carried, and their associated mitigations. Care planning documents identified key risks for each consumer and mitigation and monitoring processes.

Clinical staff knew appropriate care protocols for palliative care delivery, including optimising comfort, managing pain, and preserving dignity. Representatives of consumers receiving end of life care described staff as respectful, supportive, kind, and attentive, checking regularly to ensure the consumer is pain free and comfortable. Documentation demonstrated how end-of-life wishes were incorporated into care provision.

Consumers said they were confident staff would recognise a deterioration in their health, and that staff would take prompt action in response. Care plans and progress notes showed evidence that staff had monitored, identified and responded to consumer deterioration or changes. The service had policies and guidelines to direct staff in the event of consumer deterioration.

Consumers said staff communicated their care needs and preferences effectively to each other. Care plans contained adequate information to support effective and safe care. Staff described effective communication systems, such as online progress notes, handover meetings, and protocols, to support understanding of consumer needs, goals and preferences.

Consumers said staff made timely, appropriate referrals and that they had access to relevant health professionals, including allied health providers. Care documents showed other health professionals had inputted into consumers’ care where needed. The service had appropriate procedures for making referrals to external health professionals, with staff able to describe how they ensured these were timely and appropriate.

Consumers said they were satisfied with the service’s infection control practices during COVID-19 outbreaks. The service had documented policies and procedures to help minimise infection related risks, implement infection prevention and control principles, and promote antimicrobial stewardship. Care and clinical staff knew how to prevent over-use of antibiotics.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers said the service’s supports for daily living promoted their quality of life, and optimised their independence. Staff tailored supports and services to consumers’ individual needs and abilities. Consumers care planning documents contained information about their choices, preferences, and needs.

Consumers said staff did a good job of supporting their emotional and spiritual wellbeing. Staff explained actions and activities to support consumer’s emotional needs, including provision of an ecumenical church service. Care plans contained information about consumers’ emotional and spiritual needs to enable supportive actions by staff.

Consumers said staff supported them to maintain their personal relationships and participate in social activities within and outside the service. Care planning documents contained consumers’ goals, relationships, and lifestyle preferences. During the Site Audit, consumers participated in a range of lifestyle activities, including departing the service for off-site activities, and socialising with visitors and other consumers.

Consumers said staff communicated well about their health conditions and care needs, including with external providers. Care plans contained evidence that staff shared information effectively and efficiently, including ensuring volunteers are aware of changes to consumer needs. Direct observation of staff handovers showed them to be efficient, comprehensive and protective of consumers’ privacy.

Consumers said the service’s referrals process was prompt and effective. Lifestyle and leisure staff demonstrated that the service worked with external providers to meet consumers’ needs. Care planning documents showed evidence of timely referrals to address consumers’ needs.

Consumers said they were satisfied with the quantity, quality and variety of the service’s food, and alternate options to menu items were readily available. Care plans contained accurate information about consumers’ dietary needs and preferences. The service’s catering records showed it had appropriate practices to ensure safe food storage, preparation, and delivery. Input from consumers and dietitian informed items included within the seasonal menu.

Consumers said the service’s equipment was safe, clean, and well-maintained. Staff said the service provided enough lifestyle equipment to support them to deliver quality care, and cleaning and maintenance processes were followed. During the Site Audit, equipment was safe, suitable, clean, and well maintained.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers said the service’s environment was welcoming, and that its layout was easy to understand. Direct observation showed the service to be easy to navigate, featuring clearly visible dementia-friendly signage. The décor of the service was homely and themed to reflect the diversity of the consumers residing at the service. Hallways, communal spaces, and outdoor areas were clear of clutter and hazards with handrails to support consumer mobility.

Consumers said the service environment was safe, clean and comfortable, and they could freely access indoor and outdoor areas. Cleaning and maintenance staff worked according to preventative and reactive maintenance schedules and described reporting processes for maintenance repairs and hazards. The service environment was safe, clean and well-maintained.

Consumers said the service’s furniture, fittings, and equipment were clean, safe, well-maintained and suitable. The service had protocols, processes and procedures to guide staff in ensuring the environment, furniture and equipment were safe and well-maintained. Service maintenance documents showed effective reporting processes and staff actioned reactive requests in a timely manner.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers said the service encouraged them to provide feedback, or if appropriate, raise complaints about their care. Staff knew the various channels through which the service received complaints, and how to support consumers to raise them. The service had a feedback and complaints handling policy and procedure.

Consumers said they were aware of the external advocacy supports available to them. The service provided consumers with welcome packs upon their admission, and these contained information about external advocacy support organisations and language services. Information about advocacy groups was available at various locations throughout the service facility.

Consumers said the service listened to their complaints and responded appropriately. Management described the complaint process, incorporating use of open disclosure, and all staff receive training. The service had various policies for handling complaints, including covering the use of open disclosure.

Consumers said the service makes improvements in response to their feedback and complaints. Management provided examples of improvements made in response to feedback. The service’s feedback and complaints policy outlined use of feedback and complaints to inform its continuous improvement activity.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | 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. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers said the service had sufficient staff to provide quality care. Management explained specific methods it used to ensure the service’s workforce included an appropriate number and mix of staff, with a priority in ensuring a stable workforce. During interview, staff reported that there were sufficient staff at the service and it was unusual for shifts to be unfilled.

Consumers said staff provided kind, respectful care and that staff treated them as individuals. Throughout the Site Audit, staff interacted with consumers respectfully, showing knowledge of each consumers’ individual preferences. The service had protocols on expectations of staff behaviour, and processes to support staff to report disrespectful conduct.

Consumers said staff were competent and that they had enough knowledge to perform their roles. Recruitment and training records showed staff were appropriately qualified for their roles. Staff advised they received position descriptions with expectations of qualifications and competencies upon commencement of their role.

Consumers said the service trained, equipped and supported staff to perform their roles. Care and clinical staff reported the service had provided a range of training, including in relation to the Aged Care Quality Standards, and could request further training if required. Recruitment documents showed that the service recruited, trained, equipped and supported its workforce to deliver appropriate care.

Staff performance appraisal records showed the service engaged in a regular performance appraisal process. Care staff knew the service’s performance appraisal process and said they had recently participated in it. The service had a range of mechanisms for monitoring and reviewing staff performance, and management pathways to follow for identified under performance against expectations. The organisation did not have a current policy to guide this practice, however, management advised it was currently under review due to a change of process, for completion and implementation of the new system by October 2023.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | 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. | Compliant |
| 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 |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Consumers said the service engaged them to help develop, deliver and evaluate their care. The service engaged consumers through a variety of channels, including through direct conversation, the service’s feedback processes, and regular meetings, and is currently developing a consumer advisory board to represent consumer interests at governance level. The service’s Feedback Register and meeting minutes corroborated its engagement efforts.

Consumers said the culture at the service was safe and inclusive, and that the service delivered quality care. The service’s reporting and hierarchical structure was such that its Board was intimately involved in, and accountable for, its culture of care. During interview, the Chair reported that the Board routinely monitored the service’s compliance with the Quality Standards, taking responsive action where improvement is required.

The service’s records showed it had effective organisation-wide governance systems in all applicable domains. During interview, staff and management knew the key principles of the service’s governance systems. The service had policies and procedures to guide staff in each aspect of its governance framework. For example, the organisation’s executive team review changes to legislation and informs the Board, governance committees, and staff, making necessary changes to procedures and educating all staff.

The service had a Risk Management Framework to guide staff in integrating risk management into their daily care delivery. The framework included dignity of risk policies that affirmed consumers’ rights to take the risks they wanted. During interview, staff knew which risks consumers carried, and the associated mitigation strategies. Staff and management could describe their responsibilities in managing and responding to incidents, including identifying and responding to abuse and neglect of consumers.

The service had implemented its approved provider’s clinical governance framework effectively, and staff applied the framework when delivering care. The framework included directives to minimise restrictive practices, implement antimicrobial stewardship and use open disclosure when things went wrong. A range of policies, procedures and guidelines underpinned the service’s governance framework.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)