**Performance**

**Report**

**1800 951 822**

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| Name: | Good Shepherd Lodge Care Services |
| Commission ID: | 700877 |
| Address: | 15 McIntyre Street, MACKAY, Queensland, 4740 |
| Activity type: | Quality Audit |
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| Performance report date: | 15 March 2024 |

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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 3310 Good Shepherd Lodge Ltd  
Service: 26953 Good Shepherd Home Care

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7429 Good Shepherd Lodge  
Service: 24243 SB Wright Therapy Centre

**This performance report**

This performance report for Good Shepherd Lodge Care Services (**the service**) has been prepared by E Blance, 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 Quality Audit 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 received on 11 March 2024.
* other information known by the Commission.

# Assessment summary for Home Care Packages (HCP)

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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** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

|  |  |
| --- | --- |
| 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 | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | 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 | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | 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 | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

Consumers and representatives said staff treat consumers with dignity and respect. Staff demonstrated knowledge of consumers’ cultural backgrounds and management described how they ensure interactions with consumers and staff remain respectful through feedback processes. Consumers described staff as ‘wonderful’ and ‘showing respect and providing dignity and empathy’.

Consumers’ individual identity, culture and diversity is recognised and valued. Care and services are adapted for individual consumers to ensure they feel valued and safe for example respecting preferences for female only staff when providing personal cares. Preferences are documented within care plans.

Consumers are supported to make their own decisions about the services they receive. Management and staff evidenced knowledge, awareness and understanding of consumers’ choices and preferences. Consumers are supported to make informed decisions about the care and services they receive. Consumers described being activity involved in care planning, being informed of available choices to make an informed decision, and that the service works with the consumer to meet their choices.

Consumers feel they can live the life they choose and said they feel they would be supported by the service to take any potential risks. The service has a variety of processes to determine potential risks to consumers and strategies to help mitigate these risks. Vulnerability assessments are conducted on all consumers upon commencement with the service and are updated as required. The assessment identifies risk factors including for consumers who live alone, live in rural or remote locations, are socially isolated, have a cognitive impairment, limited mobility, or are highly dependent.

Information consumers receive is current, accurate, and timely. Consumers can make informed choices about care and services and are actively involved in discussions with the service. Consumers said monthly statements are easy to understand. Statements provided to consumers detail the services, costs, account balance, and government funding received.

Consumers said their privacy is respected and the confidentiality of their personal information is maintained. Staff described various ways they ensure a consumer’s privacy and confidentiality is upheld. Staff respect consumers’ privacy by knocking on the door and seeking permission before entering their residence as well as seeking consent before providing any care. Care documentation reflected consumers are consulted and consent is sought, for how their personal information is collected and used.

I have considered the information brought forward by the Assessment Team and the providers response. I am satisfied the service has demonstrated compliance with this Standard.

# Standard 2

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| --- | --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP | CHSP |
| 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 | 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 | 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 | 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 | 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 | Compliant |

Findings

Care plan documentation demonstrated current assessment and planning, and consideration of risks to inform the delivery of safe and effective care and services. Assessment and planning was conducted when an increase in support or change in need was identified.

Consumers are included by the service in assessment and planning. Care documentation includes goals and details the care and services to be provided. Management and registered staff discuss consumers’ wishes for end of life care when consumers are new to service and when clinical deterioration is identified.

Consumers and other organisations are included in assessment and planning when identifying appropriate services for consumers. Consumers described how management have regular contact with them regarding their care needs. Care documentation demonstrates the service includes other services including allied health providers.

Consumers were satisfied the service communicates the outcomes of assessments. Care documentation captures the consumers goals, needs and preferences and is accessible to staff across the organisation. Consumer’s (HCP) care plans are available in consumers’ residences, with any updates to care and services sent via email as they occur. Staff can access consumers’ (CHSP) care plans through an electronic care management system (ECMS).

Care documentation demonstrated care plans are reviewed as per organisational policy to inform the delivery of care and services. Staff communicate changes by documenting change in needs in consumer files and escalate changes to management for review.

I have considered the information brought forward by the Assessment Team and the providers response. I am satisfied the service has demonstrated compliance with this Standard.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| 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 | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | 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 | 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 | 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 | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | 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 | Compliant |

Findings

Consumers were satisfied the delivery of clinical and personal care is tailored to their needs and optimises their wellbeing. Care documentation demonstrated where care is delivered it is best practice. Staff were aware of consumer’s personal and clinical care needs and goals. Management described monitoring processes for ensuring the safe delivery of care including visual observations, and regular training for staff.

Consumers felt the service is managing risks. Care documentation demonstrated the service has processes in place to identify high impact and high prevalence risks, and staff were aware of processes to address and minimise these risks. High prevalence and high impact risks are monitored through incident trends, and communication with consumer’s and their representatives for example for falls and wound management.

Care documentation demonstrated goals, needs, and preferences are recognised and addressed for consumers nearing end of life. Staff were aware of processes to ensure goals, needs, and preferences are recognised and addressed to maximise comfort and preserve the dignity of consumers nearing end of life. Representatives explained the service provided good care and services and implemented referrals, strategies, and services to support their loved one during end of life.

Consumers were satisfied the service is recognising deterioration and responding to their needs in a timely manner. Care documentation evidenced response to and referrals made to other organisations and providers of care. Staff escalate concerns to management for clinical review if issues associated with deterioration is identified.

Care documentation demonstrated consumer’s needs and preferences is documented and communicated within the service, and with others where responsibility is shared including through alerts in work calendars.

Consumers were satisfied, and care documentation demonstrated referrals are initiated to providers of other care and services when required, and in a timely manner including for example to Dementia Australia where changed needs is identified. Management explained, and care documentation demonstrated when referrals are created the service follows up with other organisations to ensure referral processes are completed and required care and services is received.

Staff use processes to minimise infection related risks. Management described the strategies in place to minimise infection related risks, although did not currently have an antimicrobial stewardship policy or procedure. Consumers were satisfied with the service’s infection control processes. Staff use personal protective equipment (PPE) when required. Staff conduct handwashing before and after personal contact with consumers. Staff are informed of infection risks prior to the commencement of shifts. Staff have completed training for infection prevention and control, hand hygiene and personal protective equipment. While the service do not currently have an antimicrobial stewardship policy or procedure, I am satisfied infection control practices are consistent with best practice and while it is a requirement in Standard 8 of the Quality Standards under Requirement 8(3)(e)(i), no consumer impact has been identified as a result.

I have considered the information brought forward by the Assessment Team and the providers response. I am satisfied the service has demonstrated compliance with this Standard.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| 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 | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | 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 | 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 | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

Consumers were satisfied, and care documentation demonstrated, consumers are receiving services that align with their goals, needs, and preferences to optimise their health, wellbeing, and quality of life for example with support to go shopping and receive social supports. Consumers say the support enables independence and provides ‘opportunities to do other things’.

Care documentation and staff knowledge of consumer’s care goals and needs demonstrated the service is supporting consumers’ emotional, spiritual, and psychological wellbeing. Social groups support consumers who experience social isolation. Consumers felt social outings are important to optimise their emotional and psychological wellbeing.

Consumers were satisfied they are supported to participate in their community environment and to do things they have an interest in, including playing cards, visiting friends and shopping and other activities.

The service demonstrated processes to ensure needs and preferences are communicated within the organisation, and where responsibility for care is shared. Consumers said staff are aware of their needs and preferences. Care plans are accessible in consumers’ homes. Changes to consumers’ care needs are communicated between support workers and management via phone call and email. Staff can access CHSP consumers’ care plans through an ECMS.

Staff and management described the processes for timely and appropriate referrals to other organisations and providers of care. Care documentation demonstrated appropriate referrals to other organisations were implemented by the service when it was identified including for example to meal services, and in-home support services.

Consumers receiving meal support were satisfied melas provided are of suitable quality and quantity.

The service supports consumers to access equipment. Staff described how they ensure equipment provided is safe and maintained. Consumers confirmed the equipment is safe for use. Staff said they observe equipment during contact visits and described how they escalate to management regarding any maintenance requirements for consumers’ equipment.

I have considered the information brought forward by the Assessment Team and the providers response. I am satisfied the service has demonstrated compliance with this Standard.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| 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 | 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 | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

Consumers were satisfied the service environment was welcoming and supports a sense of belonging. The service’s therapy day centre was observed to be welcoming with staff interacting with consumers in a polite and respectful manner.

Consumers were satisfied the service environment is maintained, comfortable and allowed free movement indoors and outdoors. The service environment was observed to be safe, clean, with natural light, and had effective air conditioning for the comfort of consumer’s visiting.

Consumers were satisfied where equipment is provided it is safe, clean, and maintained. Equipment and furniture were observed to be clean, safe, well maintained, and suitable for consumers. Staff said consumers use equipment alongside staff at the therapy day centre. Staff were observed interacting and demonstrating use of equipment to consumers, and staff said issues relating to the suitability or cleanliness of equipment is addressed to ensure equipment is safe.

I have considered the information brought forward by the Assessment Team and the providers response. I am satisfied the service has demonstrated compliance with this Standard.

# Standard 6

|  |  |  |  |
| --- | --- | --- | --- |
| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | 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 | 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 | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

Consumers said they could make complaints and provide feedback. Consumers and representatives said they would feel comfortable raising any concerns using a compliments and complaints form, or by raising concerns directly with support workers or office staff. Staff raise any concerns regarding consumers’ care and services to management and assist consumers to complete a feedback form where required. Management encourage and seek feedback from consumers and representatives during assessment and care planning.

Consumers and representatives are made aware of the complaints process, the Commission, and external advocacy networks on commencement with the service, upon care and service review and in the consumer handbook and consumer service agreements. Where required, the service has access to interpreter services to support consumers with language barriers to provide feedback.

Consumers and representatives felt staff and management are responsive when they raise concerns. Staff and management demonstrated an understanding of the importance of utilising open disclosure throughout the complaints process and were able to describe the process. The service has policies and procedures in place to guide staff in responding to complaints as part of their onboarding process which references open disclosure.

The service has an established plan for continuous improvement (PCI) which includes planned actions to address feedback from consumers and representatives to improve the quality of care and services. These actions are tracked by management and monitored for their effectiveness.

I have considered the information brought forward by the Assessment Team and the providers response. I am satisfied the service has demonstrated compliance with this Standard.

# Standard 7

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

Findings

The workforce is planned to enable the delivery of safe and quality care and services. Consumers said staffing is consistent and the service notifies them of any changes to their scheduled care and services. Management has contingency plans in place for planned and unplanned leave.

Consumers and representatives said staff are kind, caring and respectful. Management demonstrated ways they monitor staff interactions with consumers. Management advised they regularly seek feedback from consumers regarding their care and services to ensure they are satisfied with their current support staff.

Staff have the necessary skills to perform their role and are supported by management to obtain qualifications. Staff said they feel confident and competent in the undertaking of their roles. Staff have completed various competency based training. Position descriptions establish the roles, responsibilities and competencies required of various staff members.

The service has processes for the recruitment, induction, and onboarding of staff. The service provides online and face-to-face education for staff, including education about key elements of the Quality Standards, and the Serious Incident Response Scheme (SIRS). Training compliance is monitored. Consumers said staff are well trained.

Management and staff demonstrated systems are in place to regularly assess, monitor and review staff performance. Staff are regularly engaged in their professional development including opportunities to request further supports relevant to their role.

I have considered the information brought forward by the Assessment Team and the providers response. I am satisfied the service has demonstrated compliance with this Standard.

# Standard 8

|  |  |  |  |
| --- | --- | --- | --- |
| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | 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 | 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 | 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 | 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 | Compliant |

Findings

Consumers said they have the opportunity to provide feedback on care and services. The service demonstrated the various avenues for consumers to be involved in the evaluation of care and services including an annual survey, care plan reviews, and feedback and complaints processes. Consumers said they considered the service to be well run.

The governing body monitors compliance with the Quality Standards, and ensures it is accountable for the delivery of quality care and services across the organisation. The leadership team supports the governing body to ensure the service’s compliance with the Quality Standards through ongoing monitoring of risks, feedback, and service delivery outputs. Information is shared with the board including, but not limited to feedback and complaints, clinical indicators, workforce planning and organisational policy and legislative updates.

The service has effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback, and complaints.

All staff can access current policies and procedures via the service’s online information repository application. Care documentation and information is available through hard copy files and an ECMS.

The service’s PCI identifies planned and completed improvement actions in relation to various areas of care and service delivery and their relation to the Quality Standards.

The service’s finances are managed by the chief executive officer and chief finance officer. Financial reports including the service’s financial positions, planned expenditure and forecasts are presented at the Board meetings.

The service has a workforce governance framework in place to ensure staff are skilled and qualified to provide safe, respectful, and quality care and services to consumers.

Legislative changes, industry standards, and guidelines are monitored by the service through subscriptions to various legislative services and peak bodies including the Commission.

The service has established systems in place to encourage the provision of consumer feedback and complaints and ensure appropriate and proportionate action is taken, including applying an open disclosure process, to improve outcomes for consumers.

The organisation has policies and procedures to support management of high impact and high prevalence risks, respond to abuse and neglect, support consumer choice and decision-making, and report and manage incidents.

The service provides clinical care and has implemented an effective clinical governance framework.

I have considered the information brought forward by the Assessment Team and the providers response. I am satisfied the service has demonstrated compliance with this Standard.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)