Performance

Report

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| Name of service: | LHI Hope Valley |
| Service address: | 1215 - 1217 Grand Junction Road HOPE VALLEY SA 5090 |
| Commission ID: | 6134 |
| Approved provider: | Lutheran Homes Group Incorporated |
| Activity type: | Site Audit |
| Activity date: | 7 March 2023 to 9 March 2023 |
| Performance report date: | 14 April 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 LHI Hope Valley (**the service**) has been prepared by G-M. Cain, 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 staff, consumers, representatives and others.

# other information and intelligence held by the Commission in relation to the service.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

Overall, consumers consider that they are treated with dignity and respect, can maintain their identity, make informed choices about their care, and live the life they choose. One consumer said they are supported to practice their religion, including attending weekly Church services using electronic technology, which staff assists with. Policy and procedures guide staff in providing care and services that respect consumers' culture and identity and maintain their dignity.

Consumers and representatives said their culture was respected, and staff supported consumers' cultural preferences. Staff knew the consumer's cultural identity and how consumers are supported, such as celebrating cultural days, and these were included in the activities calendar. The service had some multi-lingual staff who would speak to consumers in their preferred language, which the consumers enjoy. Care documentation reflected personalised information regarding consumers' cultural safety and what is important to them.

Consumers and representatives provided positive feedback and felt involved in and supported to make decisions about their care, maintain connections and relationships, and are encouraged to participate in activities to keep them connected with others. Observations showed consumers spending time with their family members, participating in group and individual activities, and chatting together.

Consumers said they are supported to take risks and live their best lives. Staff described processes for supporting consumers who wish to take risks, such as conducting a risk assessment in consultation with the consumer, their representative, and health professionals as relevant. Care planning documents include risk assessments for consumers who choose to take risks. Risk assessments are accessible to all staff in the electronic care documentation system.

Consumers are provided information to support decision-making, including meals, activities, care and services. Information is provided via meetings, newsletters, and in care planning consultations.

Consumers confirmed that consumers privacy is respected and personal information is kept confidential. Observations showed that staff respected consumers' privacy by knocking before entering consumers' rooms. Consumer information is kept on an electronic care documentation system requiring a password. The service has a privacy and confidentiality policy that outlines that the service is committed to ensuring information is collected, stored, used, and disclosed in line with the Australian Privacy Principles. A Privacy and Consent form is provided to consumers to seek their consent to use their personal information in marketing or newsletters.

# 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

The service's assessment and care planning processes included the identification of risks to the consumer's safety, health, and well-being. Consumers and representatives stated that staff talk to them about risks during care plan discussions, including strategies to minimise assessed risks. Information relating to identified risks to individual consumers, including assessments, is available to staff in the electronic care documentation system. Care documentation identified that the service utilises validated risk assessment tools for fall risk, skin integrity, and a psychotropic assessment scale. The service has a clinical assessment and care planning policy to guide the staff.

Staff asks consumers what is important to them regarding how their care is delivered, including individual preferences and choices at the end of life. Advanced care planning and end-of-life planning information is discussed with consumers and representatives upon entry to the service and when the consumers' care needs change.

Consumers and representatives confirmed they were involved in the assessment and care planning process on an ongoing basis. Documentation included multiple health disciplines and services in consumers' assessment and planning.

Staff discussed consumers' care needs with consumers and representatives and ensured changes were communicated promptly. Relevant information regarding consumers' care needs and preferences was available to staff on the service's electronic care management system. Consumers and representatives are offered a copy of consumers' care plans during each care review.

Care plans are reviewed every 6 months, and when incidents occur, or there is any change to a consumer's needs and circumstances. Clinical incidents are recorded in the electronic care management system, and the service demonstrated follow-up and actions occur promptly. Staff had knowledge of incident reporting and actions taken in response to incidents, including falls, behaviours, skin integrity and medication. Clinical indicators are reviewed monthly at a service and organisational level.

# 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 were satisfied with the care and services consumers received and that they were delivered in line with consumers' wishes. Staff described how they identify consumers' preferences and confirm them before providing care. Care documentation reflects individualised care that is safe, effective, and tailored to the specific needs and preferences of the consumer.

Consumers and representatives were satisfied that risks were effectively managed. Staff were aware of consumers' risks and strategies in place to minimise the risk. Care documentation identified strategies were in place to manage the consumers' identified risks, and service policies guided staff on high-impact or high-prevalence risks associated with the care of consumers. The organisation's risk management framework guides how risk is identified, managed, and recorded. Policies are available to all staff on high-impact or high-prevalence risks associated with the care of consumers.

Consumers expressed confidence that when they needed end-of-life care, the service would support them to be as free as possible from pain and to have those important to them with them.

Staff described how care is delivered for consumers nearing the end of life and how consumers' comfort is maximised. Care plans contained information on consumers' end-of-life care in line with the consumer's end-of-life care needs, goals, and preferences.

Consumers and representatives said the service recognises and responds to changes in consumers' health and/or well-being in an appropriate and timely manner. Clinical staff explained how deterioration is recognised, responded to, documented and monitored at the service. Consumer's care planning documentation and progress notes evidenced the identification of, and response to, deterioration or changes in condition. Clinical records indicated regular monitoring for consumer changes. The service had a registered nurse on-site 24 hours per day and access support from the nurse practitioner, medical officer and other health professionals as required.

Consumers and representatives provided positive feedback and were confident that relevant information about the consumer was shared with those caring for them. Information about consumers' conditions, needs and preferences is documented in the electronic care management system and communicated via shift handover. Observations showed shift handovers occurring between staff and staff and staff being informed of changes in individual consumers, including assessments and monitoring required on the next shift.

Referrals to other health professionals are appropriately made, and care documentation directives from health professionals guide staff in consumer care. The medical officer, other health professionals and services support the service in consumers' personal and clinical care.

The organisation has a suite of policies and procedures to guide staff in infection prevention and control processes, including an outbreak management plan, antimicrobial stewardship and infection control guidelines. Staff demonstrated an understanding of how to minimise the need for antibiotics and ensured they were used appropriately. Staff adhered to infection control practices and appropriate use of personal protective equipment.

The service has a suite of policies and procedures relevant to this Quality Standard.

# 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 were satisfied that they received services and support for daily living that met their needs, goals, and preferences. Consumers said their independence and quality of life are optimised. One named consumer stated that maintaining independence was important and liked to put away the laundry; this was documented in the care and service plan. Staff knew consumers' needs and preferences, and care documentation identifies consumers' choices and the support required to do what they want. Observations showed staff spending time sitting with consumers providing one on one support. The service provided various activities to consumers, including bingo, bowls, pet therapy and exercise classes.

Consumers and representatives confirmed that the service provided emotional, spiritual and psychological support to consumers when needed, which was reflected in care documentation. Staff described the processes for providing emotional, spiritual and psychological support to consumers, such as talking with them when they are feeling down. The service provides church services for various religious denominations for consumers who choose to attend.

Consumers are supported by the service to participate in their community and do things of interest. Staff described the supports in place for individual consumers to enable them to participate in the wider community and maintain personal relationships. Care documentation identified the people important to individual consumers, those involved in providing care and things of interest to the consumer. The service supports a number of consumers to maintain contact with people of importance via videoconferencing and telephone calls.

Consumers and representatives said the consumer's condition, needs and preferences are effective, and they do not need to repeat themselves. Staff demonstrated knowledge of how information is communicated with other care providers and how each consumer's change in condition, needs and preferences is kept current. Review of care documentation evidenced adequate information to support safe and effective care related to services and supports for daily living.

Consumers said they are supported with appropriate referrals to outside organisations, such as hairdressers. Staff demonstrated an understanding of how they work with other individuals, organisations, and providers of other care and services to ensure consumers had access to the care and support they needed and enjoyed. Care documents identified engagement with other organisations and services.

Consumers and representatives confirmed that the meals were satisfying, varied and of suitable quality and quantity. If they chose not to have the meal on offer, alternative meal options were offered to consumers. Staff demonstrated knowledge of consumers' dietary preferences and assessed needs, evidenced in the consumer's care plan.

Consumers were provided with equipment that was observed to be clean and well-maintained. There were processes in place for preventative and corrective maintenance. A review of preventative and reactive maintenance schedules evidenced that equipment was regularly serviced and monitored over by maintenance staff. Staff confirmed they had enough equipment to meet all consumer's needs, and it was in good condition.

# 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 they felt at home, that it was a nice place to live, and that they felt safe. Observations showed clear signage and directions for each wing of the service, and consumers and representatives stated that the service was easy to navigate. Consumers were observed participating in activities, interacting in communal areas, and walking or sitting outdoors.

The service environment was clean, well-maintained, and comfortable. Observations showed the service environment to be clean and well-maintained, with outdoor areas easily accessible to consumers with all doors to external outdoor areas unlocked, allowing consumers access to these areas when required.

Consumers and representatives confirmed that furniture and equipment are safe, clean, well-maintained, and suitable for consumers. Staff and consumers described the process of reporting maintenance requests and confirmed that these are actioned promptly. A review of responsive maintenance records identified that maintenance requests are allocated priority level and preventive maintenance is scheduled monthly, quarterly or annually depending on servicing requirements.

# 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 and representatives are encouraged and supported to provide feedback and were aware of avenues to do this, including speaking to staff or management directly or lodging a written complaint. Information on how to make a complaint is provided to consumers on entry to the service, during meetings, and in the monthly newsletters. The service records all verbal and written feedback in the electronic care documentation system. Observations showed feedback forms and boxes throughout the service.

Consumers and representatives were satisfied, and any matters raised were dealt with appropriately and demonstrated awareness of other avenues to escalate complaints. Staff understood the internal and external complaints, feedback avenues, and advocacy and translation services available to consumers. Staff described how they assist consumers with cognitive impairment or difficulty communicating to raise a complaint or provide feedback.

Consumers and their representatives were satisfied that the service was responsive to any matters raised. They confirmed that management and staff provide an apology upon making the complaint or when things go wrong. The service demonstrated that it takes appropriate action in response to complaints and uses a process of open disclosure when things go wrong. Staff had received education regarding the management of complaints. The organisation has a suite of documented policies and procedures which guides staff in documenting, investigating, resolving, and evaluating feedback and complaints made by consumers and representatives and applying an open disclosure process where appropriate.

Consumers and representatives described changes implemented in the service as a result of feedback and complaints. They were confident that feedback is used to improve the quality of care and services. The service trends and analyses feedback made by consumers and representatives to inform continuous improvement activities across the service. Changes and improvements made at the service are discussed at monthly consumer meetings, and utilised this mechanism to evaluate consumer satisfaction with the improvement activities. The service’s continuous improvement register confirms that it has a system that allows for feedback and complaints to identify areas for improvement.

# 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 there was adequate staff rostered at the service, and consumers were satisfied with the response of staff to call bells. The service demonstrated strategies to support the recruitment, including utilising medical students to work as personal care workers, forming relationships with the local hospital, and providing funding assistance to staff who wish to pursue further study as a form of succession planning. Staff said there was enough time and staff allocated. The roster is reviewed to ensure all shifts are filled with appropriately qualified staff.

Consumers and representatives expressed confidence that staff possess the necessary qualifications, skills and knowledge to deliver care and services and did not identify any additional training needs. Staff complete an induction program on the commencement of employment, including mandatory training. Specific training requirements depend on the staff's role, such as yearly food safety training for catering staff and medication competencies for enrolled and registered nurses. Clinical and care staff receive buddy shifts with experienced senior staff. Staff members confirmed the service is supportive and provides a buddy system for new employees, along with various training resources. All the staff confirmed they had received training and were familiar with the Quality Standards. The service has a schedule, including mandatory training and identified training needs. Role expectations are defined in duty statements and position descriptions for all job positions at the service. Training records showed staff were current with mandatory trainings and received training relevant to their roles.

Staff performance is assessed via an annual performance review, which includes self-assessing their performance, reviewing their practices, and identifying areas for development and training. Feedback about staff performance was captured in different ways, including through audits, consumer and representative feedback, staff feedback and observations.

# 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 were supported and encouraged to be involved in developing, delivering and evaluating their care and services, for example, through discussions around care planning and management. The service recently introduced a program where a consumer is interested in reviewing the service's current policies and providing input for improvements. The service is in the process of restarting the Consumer Advisory Group, which will enable consumers and representatives to apply for a position in the group, ensuring representation of the consumer's voice at an organisational level.

A Board of Directors governs the service, and Board members sit on the various organisational committees to ensure communication and oversight across all governance areas. Various quality, clinical and executive committees and leaders at the service report information to the Board. The Board regularly reviews information relating to clinical and incident data, internal audits and consumer and staff feedback. The chief executive officer regularly communicates with consumers, representatives and staff about updates to the service, including information related to COVID-19.

The service had effective governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Policies and procedures were available to staff. The organisation is a member of peak bodies to remain updated with any regulatory or legislative changes.

The organisation has a risk management system, clinical governance framework and relevant policies. Staff demonstrated knowledge of these and described their practical application to their work. The risk management framework outlined key roles and responsibilities related to risk management, with the information provided to the Board to assist with their governance responsibilities.

The clinical governance framework supports the service and guides staff to ensure continuous improvement in delivering safe, high-quality care and services. The service has a continuous improvement plan in place that outlines initiatives that come from various sources.

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)