Performance

Report

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| Name of service: | Lions Haven For The Aged |
| Service address: | 9 Pendraat Parade HOPE ISLAND QLD 4212 |
| Commission ID: | 5188 |
| Approved provider: | Lions Haven for the Aged Limited |
| Activity type: | Site Audit |
| Activity date: | 15 November 2022 to 17 November 2022 |
| Performance report date: | 9 December 2022 |

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 Lions Haven for The Aged (**the service**) has been prepared by J Earnshaw, 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

Consumers and representatives said consumers are treated with dignity and respect and staff value their identity, culture, and diversity. Staff were able to demonstrate an understanding of what is important to each consumer and how they treat consumers with respect.

Care planning documentation identifies consumers’ cultural needs and preferences, who is involved in their care and how the service supports them to maintain relationships of importance to them.

Consumers and representatives confirmed that consumers are supported to maintain their identity, make informed choices about their care and services and live the life they choose. Consumers and representatives interviewed reported consumers are encouraged to maintain their independence, supported to take risks and that staff know what is important to individual consumers. Consumers reported their social connections are supported both inside and outside the service.

Consumers said they have the information they need to make informed choices, including what they want to eat, activities they wish to attend, and were confident their information is kept confidential.

The service was able to demonstrate information surrounding care and services provided to consumers and representatives is clear, easy to understand, is in a timely manner and allows them to make informed choices.

Staff interviewed were aware of consumers’ preferences, culture, values, and beliefs and were able to explain how those preferences influence how care is delivered, including supporting consumers to make choices which may involve risks; and staff were observed to interact with consumers respectfully.

The organisation has policies and procedures including a privacy and confidentiality policy which demonstrates the service is committed to protecting and maintaining consumer privacy of information and dignity.

In coming to my decision of compliance with this Standard, I have considered the information included in the Site Audit report under this and other standards alongside the Approved Providers compliance history. Therefore, it is my decision that each requirement and the overall quality standard are compliant.

# 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 and representatives considered consumers are partners in the ongoing assessment and planning of consumers’ care and services, including consideration of consumers’ wishes for care at end of life and how other health professionals are involved in the consumers’ care. Consumers and representatives are informed about the outcomes of assessment and care planning by staff at the service and with external health care providers.

Staff demonstrated an understanding of the service’s assessment and care planning processes, and the organisation had policies, procedures, and guidelines in regard to assessment and planning to guide staff practice, including a suite of evidence-based assessment tools. Staff advised they have access to care planning documentation related to consumers they provide care and services to; through the electronic care management system and handover records.

Consumers’ care documentation demonstrated review on both a regular basis and when circumstances changed, such as consumer deterioration or incidents. Consumer care documentation identified assessment and planning included the consideration of risk and reflected the consumer’s current needs, goals and preferences, advance care planning and consideration of individual consumers’ risks. Consumers’ care and services were reviewed for effectiveness, including when circumstances changed or when incidents occurred.

In coming to my decision of compliance with this Standard, I have considered the information included in the Site Audit report under this and other standards alongside the Approved Providers’ compliance history. Therefore, it is my decision that each requirement and the overall quality standard are compliant.

# 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 consumers’ needs and preferences are effectively communicated between staff and other health care providers, and that consumers receive the care they need. Care documentation sampled reflected referrals and recommendations from a range of health professionals including medical officers, and other health care practitioners.

Care planning documentation for consumers demonstrated effective assessment, management and evaluation of restrictive practices, skin integrity and pain. Where restrictive practices are used, assessments, authorisation, consent and monitoring were demonstrated.

Behaviour support plans are in place for sampled consumers who are subject to restrictive practices and the service maintains a psychotropic medication register identifying consumer diagnosis, medications prescribed, whether medication used constituted a restrictive practice and consumers who have had their medications reduced or ceased.

Staff were able to describe the ways they recognise and respond to deterioration or change in the consumer’s condition.

The service has introduced an electronic medication management system which provides monitoring of administration and medication usage.

The service had effective processes to manage high impact or high prevalence risks associated with the care of each consumer. Care documentation identified consumers at risk, and staff were able to describe risks to the consumers including falls, infection and skin tears and the risk mitigation strategies that are used for these. The service review, trend and analyse clinical incident and quality indicator data which is reported within the organisation and to external bodies.

The service demonstrated policies and procedures are in place to manage end-of-life preferences for consumers and clinical pathways are available to guide staff in identifying and responding to a change or deterioration in consumers’ conditions.

Staff described the ways in which information was shared amongst staff, which included within the electronic care management system, handover and staff meetings.

The service is supported with a documented suite of policies and procedures including in relation to minimisation of infection related risks through the implementation of infection control principles and the promotion of antimicrobial stewardship, and outbreak management.

In coming to my decision of compliance with this Standard, I have considered the information included in the Site Audit report under this and other standards alongside the Approved Providers’ compliance history. Therefore, it is my decision that each requirement and the overall quality standard are compliant.

# 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 and representatives said consumers are engaged in a variety of leisure and lifestyle activities based on consumers individual needs and interests. Services and supports for daily living cater for consumers’ emotional, spiritual and psychological well-being.

Consumer care documentation demonstrated assessment processes capture who and what is important to individual consumers to promote their well-being and quality of life, and included information about external services, individuals and community groups who support consumers to maintain their interests and participate in the community outside the service.

Staff were able to describe what is important to consumers, what is of interest to them, and their social, emotional, cultural, and spiritual needs. Staff reported they have access to the equipment they need and can access it readily when they need it. The Assessment Team observed equipment used to provide and support lifestyle services to be safe, suitable, clean and well maintained.

Staff described how changes in consumers’ care and services needs or preferences are communicated within the service, and with other health care providers as required.

Consumers and representatives said the meals are varied and of suitable quality and quantity and that consumers are offered a range of alternatives if they do not wish to have the offered menu items. Consumers dietary needs and preferences are accommodated and staff demonstrated an awareness of consumers’ nutrition and hydration needs and preferences which are available and recorded within the electronic care management system.

The service’s activity schedule was visible in common areas and described a range of activities available for consumers to attend.

Timely and appropriate referrals occurred for consumers, to individuals, other organisations and providers of other care and services. Lifestyle staff described how the service works in conjunction with external parties and organisations to supplement the services and supports for daily living offered to consumers.

Consumers felt safe when using equipment and knew how to report any concerns they may have about the safety of the equipment. The service had appropriate arrangements for purchasing, servicing, and maintaining, renewing and replacing equipment. Mobility and lifestyle equipment were observed to be clean and well maintained.

In coming to my decision of compliance with this Standard, I have considered the information included in the Site Audit report under this and other standards alongside the Approved Providers compliance history. Therefore, it is my decision that each requirement and the overall quality standard are compliant.

# 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

The service environment is welcoming, easy to understand and optimises each consumer’s sense of belonging, independence, and freedom of movement .

Consumers and representatives advised consumers feel at home, enjoy the indoor and outdoor spaces and the service is clean and well maintained.

Consumer rooms contain personal items and some pieces of furniture from home.

The service environment, equipment, furniture and fittings were observed to be safe, clean, well-maintained and suitable for use. Maintenance issues are monitored and actioned by the service’s maintenance staff promptly.

In coming to my decision of compliance with this Standard, I have considered the information included in the Site Audit report under this and other standards alongside the Approved Providers compliance history. Therefore, it is my decision that each requirement and the overall quality standard are compliant.

# 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, representatives, and staff advised they are encouraged and supported to provide feedback and make complaints, and that appropriate action is taken by management following the raising of concerns.

Staff demonstrated a shared understanding of the internal and external complaints/feedback avenues, and advocacy and translation services available to consumers and representatives. The plan for continuous improvement and consumer meeting minutes identified concerns raised by consumers are documented and timely actions taken to address the concerns.

The service’s complaints and feedback policies and procedures, consumer handbook and consumer meeting minutes demonstrate the service supports and encourages consumers/representatives to provide feedback and make complaints.

Management and staff demonstrated an understanding of open disclosure and was able to give examples of how they work with the consumer or representative to resolve the issues to the consumer’s satisfaction and described changes that have been made at the service as a result of feedback received.

Feedback, complaints, and suggestions from consumers and representatives are sought through written feedback forms and informal ways including speaking to staff or management. Information on access to external complaints options and/or advocacy services were observed to be available to consumers and representatives.

The service trends and analyses complaints, feedback, and concerns raised by consumers or representatives and uses this information to inform continuous improvement activities across the service which are documented under the Plan for continuous improvement.

In coming to my decision of compliance with this Standard, I have considered the information included in the Site Audit report under this and other standards alongside the Approved Providers compliance history. Therefore, it is my decision that each requirement and the overall quality standard are compliant.

# 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

The service demonstrated the workforce is planned to meet the needs of consumers and deliver quality care and services. The service has systems and processes in place to ensure there is a sufficient number of staff rostered across all shifts.

The Assessment Team observed staff interactions with consumers to be kind and respectful and care planning documentation reflected respectful language.

Consumers and representatives said staff are kind and caring, are qualified and have the knowledge and skills to provide safe and quality care and services that meet consumers’ needs and preferences.

Staff considered there were enough staff to provide care and services to meet the needs and preferences of consumers and they were allocated enough time to complete their assigned tasks.

Staff had a shared understanding in relation to what was important to consumers and how they could support consumers to live their best life.

The service uses consumer and representative feedback, complaints and survey results to monitor staff behaviour and to ensure interactions between staff and consumers meet the organisation’s and consumer expectations. Call bell response times were monitored, with delays in response for assistance investigated by management and discussed with staff. The service demonstrated improvements developed from review of call bell response data including additional Personal care assistants’ hours and an increase in Food service attendants.

Staff were able to describe the training, support, professional development and supervision they receive during orientation and on an ongoing basis. Staff confirmed they can raise requests for further training and education which is supported by management. Management advised staff undertake yearly online training including culture and diversity and the service has two staff trained as Lesbian, Gay, Bisexual, Trans, Queer, Intersex champions.

Training records demonstrated staff have completed mandatory training including but not limited to the Serious Incident Response Scheme, open disclosure, infection control, manual handling, and fire safety.

The service was able to demonstrate they have processes in place to monitor and regularly review staff performance.

Position descriptions establish the responsibilities, knowledge, skills and qualifications required for each role. Mandatory and role specific training was completed and monitored by the service.

In coming to my decision of compliance with this Standard, I have considered the information included in the Site Audit report under this and other standards alongside the Approved Providers compliance history. Therefore, it is my decision that each requirement and the overall quality standard are compliant.

# 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 and representatives advised they felt the service was well run, and they can partner in improving the delivery of care and services and expressed satisfaction with the way information about care and services is managed and how the information is provided to them.

Management described various ways the Organisation involves consumers in the development, delivery and evaluation of care and services, which included regular consumer meetings and, focus groups.

Management described the various ways in which the organisation communicates with consumers and representatives and staff regarding updates on policies, procedures or changes to legislation.

Staff advised feedback and the analysis of clinical indicators was used to inform continuous improvement activities. Staff advised they were able to access the information they needed to perform their roles. Staff demonstrated an understanding of consumers with high impact or high prevalence risks; these included falls, changed behaviours, weight loss and compromised skin integrity and demonstrated how they implement the service’s policies in alignment with best practice.

The organisation’s governance framework identifies a leadership structure with the governing body holding overall accountability for the delivery of, and promotes a culture of safe, inclusive, and quality care and services for consumers.

Management described how the organisational structure is supported by a clinical governance team who maintains oversight of the service’s clinical matters and the service has a governing body which consists of a Board of Directors who regularly attend the service and meet with consumers and management.

The service was able to demonstrate established governance frameworks, policies and procedures that supports the management of risk associated with the care of consumers.

Management advised an external business advisory service implemented a financial budget based on strategic planning and the Account manager and Accountant compile all submissions for the Chief Executive Officer to present to the Board.

The Board receives updates on the service’s position monthly and the Chief Executive Officer is able to arrange purchases for urgent essentials in accordance with the service’s approval process.

The service demonstrated systems are in place to monitor workforce competency and ensure the workforce is appropriately planned to facilitate the delivery of safe and effective consumer care.

The service demonstrated systems are in place to encourage the provision of consumer feedback and complaints and ensure appropriate and proportionate action is taken. Evidence of open disclosure was observed within staff practices and how consumer feedback and complaints positively contribute to improvement initiatives and outcomes.

The service has policies and procedures in relation to incident reporting, including reportable incidents and reporting timeframes. The service was able to demonstrate consumers are supported to take risks and participate in activities to enable them to live the best life they can.

Management and staff described, and the incident management system and reportable incidents register demonstrated, incidents are managed through an electronic Incident management system, and, how the service identifies, responds to, and reports incidents, including serious incident reporting.

The service has a documented clinical governance framework and policies in relation to antimicrobial stewardship, restrictive practices and open disclosure. Staff demonstrated an understanding of the clinical governance framework and provided practical examples of how antimicrobial stewardship, minimising the use of restraint and open disclosure was implemented within their daily tasks.

In coming to my decision of compliance with this Standard, I have considered the information included in the Site Audit report under this and other standards alongside the Approved Providers’ compliance history. Therefore, it is my decision that each requirement and the overall quality standard are compliant.

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