Performance

Report

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| Name of service: | Lourdes Valley The Lodge Residential Care |
| Service address: | 18 Cross Road MYRTLE BANK SA 5064 |
| Commission ID: | 6091 |
| Approved provider: | Southern Cross Care (SA NT & VIC) Incorporated |
| Activity type: | Site Audit |
| Activity date: | 17 July 2023 to 20 July 2023 |
| Performance report date: | 24 August 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 Lourdes Valley The Lodge Residential Care (**the service**) has been prepared by J. Howard, 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 conducted from 17 July 2023 to 20 July 2023. 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 this 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 | | Compliant |
| 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

This Quality Standard is assessed as Compliant, as six of the six specific requirements were assessed as compliant.

Consumers and representatives said staff treated them with dignity, respect and valued their backgrounds and identities. Staff spoke to consumers with respect, used their preferred names and academic titles, and understood their individual choices and preferences. Care plans captured consumers’ details regarding their identities, backgrounds and cultural practices.

Consumers said staff recognised and respected their cultural backgrounds, cultural traditions and preferences and they felt safe at the service. Staff identified culturally and linguistically diverse (CALD) consumers and ensured they received the care required. Care plans included specific cultural needs.

Consumers were supported to exercise choice and independence, make decisions and maintain personal relationships. Staff described ways in which consumers were supported to maintain relationships of choice.

The service demonstrated consumers were supported to make choices and take risks, which enabled them to live the best lives possible. Care planning documentation reflected how consumers were supported to take risks, and described the safeguarding mechanisms in place to facilitate risk-taking.

Consumers were provided with information which assisted them to make choices about their care and lifestyle, including meal selections. Staff described various ways they provided information to consumers which enabled them to exercise choice, including consumers with cognitive impairments.

Consumers advised their privacy was respected, and personal information was kept confidential. The organisation has documented policies and procedures on the collection, disclosure, security, storage and protection of personal information of consumers.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

This Quality Standard is Compliant, as five of the five specific requirements were assessed as compliant.

Consumers were satisfied their care was well planned and considered risks to their health and well-being. Management and staff demonstrated sound knowledge of care planning systems and processes, and ensured care was reviewed regularly.

Consumers were provided the opportunity to discuss their care needs, goals and preferences, including advanced care planning and end-of-life care. Care plans clearly identified consumers’ goals and preferences.

Care plans demonstrated consumers were consulted throughout the assessment and care planning process, and whenever required. Staff sought input from health professionals and allied services as required.

Consumers confirmed outcomes of assessments and planning were communicated to them and they could access their care plans upon request. Care plans were updated when consumers’ circumstances changed.

Care plans contained evidence of regular review. Staff described how and when consumer care plans were reviewed. Consumers said staff regularly discussed their care needs with them, and all changes were addressed in a timely manner.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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

This Quality Standard is assessed as Compliant, as seven of the seven specific requirements were assessed as compliant.

Consumers received safe and effective care that was best practice, tailored to their needs, and that optimised their health and well-being. The service had policies and procedures in place to support the delivery of care provided. Management said and documentation reviewed confirmed, the service had no consumer subject to any form of restrictive practice, as the has policies and procedures in place to facilitate a restraint-free environment. Members of the workforce demonstrated effective monitoring and clinical oversight of these areas of care for consumers.

Care plans noted high impact or high prevalence risks were effectively identified and managed by the service. Management and clinical staff described high impact and high prevalence risks for consumers and the strategies in place to manage those risks.

The service demonstrated consumers who were nearing the end of life had their dignity preserved and care provided in accordance with their needs, goals and preferences. Family members said they were involved in palliative care decisions, and staff were skilled in providing care. Consumer files indicated where an advanced care directive was in place.

Consumers care plans and progress notes reflected the identification of, and response to deterioration or changes in condition. Staff described how they identified consumer changes and responded to these in a timely manner.

Consumers and representatives were satisfied staff worked together to meet consumer care needs and preferences. Clinical and care staff were kept informed about changing needs and preferences of consumers. Information about conditions, needs and preferences were documented and communicated with those responsible for providing care.

Consumers said the service had access to, and referred them to appropriate providers, organisations or individuals to meet their care needs. Referrals were prompt and the services provided were appropriate.

Consumers and representatives said infection control practices, especially during COVID-19, were effective. An Infection Prevention and Control Lead, policies and procedures were used to guide staff. Staff understood the service’s approach to minimising the use of antibiotics, including initiating non-pharmacological strategies first.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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

This Quality Standard is compliant, as seven of the seven specific requirements were assessed as compliant.

Consumers and representatives were satisfied services and supports provided met their needs, goals and preferences, and enabled them to maintain their independence and quality of life. Staff described the needs and preferences of consumers, which aligned with care plans.

Consumers reported their emotional, spiritual and psychological needs were supported. Staff supported the religious, spiritual and psychological needs of its consumers and demonstrated detailed knowledge of individual needs.

Consumers and representatives felt the service, and staff assisted them to participate in their community, within and outside of the organisation's service environment, have social and personal relationships, and do things of interest to them. Care plans reflected the feedback provided by consumers and staff on this matter.

Consumers and representatives advised consumers’ conditions, needs and preferences were effectively communicated within the service and with others responsible for care. Care plans recorded information that supported effective and safe care for consumers.

Consumers said they were referred to individuals and other organisations for care and services in an appropriate and timely manner. Staff described, and care plans confirmed, timely and appropriate referrals to other providers.

Consumers were satisfied with the quality, quantity and variety of food provided by the service. The service encouraged feedback on the quality of food through the food focus meetings. Consumers were offered alternative meal options if the daily menu was not to their liking. A review of consumers’ care plans included information about their dietary needs and preferences.

Where the service provided equipment, consumers said it was safe, suitable, clean and well maintained. Staff said the service conducted regular inspections of all equipment to ensure operational integrity and safety.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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

This Quality Standard is compliant, as three of the three specific requirements were assessed as compliant.

Consumers and representatives found the service environment welcoming and easy to navigate. Consumers’ rooms were decorated with personal items, which promoted a sense of belonging. The service incorporated strategies designed to ensure the service environment promoted a sense of belonging, supported consumers’ independence and safety.

Consumers and representatives said the service was cleaned regularly, and consumers were free to move around as they wished. Staff advised routine cleaning and maintenance was undertaken through scheduled programs. Cleaning and maintenance documentation evidenced cleaning was attended and repairs occurred quickly.

The service’s furniture, fittings, and equipment were clean, well maintained, and suitable for consumer’s needs. This was consistent with observations. Documentation demonstrated maintenance issues were addressed and resolved within a timely manner.

# Standard 6

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| Feedback and complaints | | Compliant |
| 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

This Quality Standard is assessed as Compliant, as four of the four specific requirements were assessed as compliant.

Consumers and representatives were encouraged to provide feedback or make complaints and understood how to do so. Staff were aware of the avenues available to consumers and representatives to provide feedback and supported consumers to lodge complaints.

Consumers and their representatives were comfortable raising concerns with management and staff. The Assessment Team observed information on advocacy services, language services and external complaints resolution avenues in brochures, posters and in the monthly newsletter.

The service demonstrated it took appropriate action in response to feedback or complaints and utilised an open disclosure process when things went wrong. Management and staff demonstrated an understanding of open disclosure by responding to complaints, acknowledging the issue, apologising to the consumer and their representative, and by keeping them informed throughout the investigation process. A complaint reviewed by the Assessment Team was resolved in a timely manner with open disclosure used throughout the resolution process.

Consumers and representatives confirmed the service used feedback and complaints received from them to improve care and services. Management demonstrated feedback and complaints were used to improve the quality of care and services provided to consumers.

# Standard 7

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| Human resources | | Compliant |
| 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

This Quality Standard is assessed as Compliant, as five of the five specific requirements were assessed as compliant.

Consumers and representatives said there were enough staff at the service. Call bells were answered within an acceptable timeframe, and staff gave them the care they needed. Vacancies were filled by staff who had capacity for additional hours, through the organisation’s regional network of casual staff, and through agency staff.

Consumers and representatives felt staff were kind, caring, respectful and gentle when delivering care and services and responsive to their needs. Staff demonstrated they were familiar with each consumer’s individual needs and identity.

Management ensured the workforce was competent and had the qualifications or knowledge to effectively perform their roles. Consumers and representatives felt confident staff were sufficiently skilled to meet their care needs.

Management demonstrated staff were trained, equipped and supported to deliver care and services that met consumers’ needs and preferences. The Assessment Team reviewed documentation and training records which provided evidence staff were trained and supported to deliver outcomes required by the Quality Standards.

The service had a formal performance appraisal process to ensure staff appraisals were conducted. Management said staff performance was continually assessed and monitored through ongoing supervision, identifying and addressing issues as they arise. A review of the performance appraisal register confirmed most staff have completed their annual performance review.

# Standard 8

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| Organisational governance | | Compliant |
| 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

This Quality Standard is assessed as Compliant, as five of the five specific requirements were assessed as compliant.

Consumers assisted the organisation in the development, delivery and evaluation of care and services provided, which was confirmed through discussions with consumers and management. The service involved consumers and their representatives in the development of service delivery.

Consumers and representatives reported they were engaged in the development, delivery, and evaluation of care and services. Management advised there were multiple avenues available for consumers to provide input to enhance the delivery of care and services, including resident meetings, surveys and feedback forms.

The organisation’s governing body promoted a culture of safe, inclusive care. The service submitted data to the Board from consolidated reports to identify the service’s compliance with the Quality Standards, initiate improvement actions to enhance performance and monitor care and service delivery.

The organisation had an effective risk management system to monitor and assess high impact or high prevalence risks associated with the care of consumers. Risks were reported, escalated and reviewed at the service level and by the governing body. Staff described their obligations to identify and respond to abuse and neglect, under the Serious Incident Reporting Scheme.

The Approved Provider has a documented clinical governance framework, which included policies and guidelines relating to antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. Members of the workforce had been educated about the policies and were able to provide examples of their relevance to their work.

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)