Performance

Report

**1800 951 822**

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| Name: | Luson Bloom |
| Commission ID: | 4024 |
| Address: | 61s Laker Boulevard, CLYDE NORTH, Victoria, 3978 |
| Activity type: | Site Audit |
| Activity date: | 24 September 2024 to 26 September 2024 |
| Performance report date: | 28 October 2024 |
| Service included in this assessment: | Provider: 9144 Luson Aged Care Pty Ltd  Service: 26573 Luson Bloom |

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 Luson Bloom (**the service**) has been prepared by P. Sherin, 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 report was informed by a site assessment, observations at the service, review of documents, and interviews with staff, consumers/representatives, and others.

# 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 staff treat consumers with dignity and respect and make consumers feel valued as an individual. Staff spoke about consumers in a respectful manner and demonstrated knowledge of consumers’ individual identity, background, and preferences. Care planning documentation contained information specific to consumers' background, culture, and preferences. Management and staff were observed interacting with consumers in a kind and respectful manner.

Consumers and representatives said care and services are delivered in a culturally safe manner in line with consumers’ individual needs and preferences. Staff provided examples of how they ensure care and services cater to each consumer’s background and cultural needs. Various cultural events and activities are conducted catering to the diverse needs of consumers. The service implements a diversity and inclusion policy to guide staff practice.

Consumers and representatives said consumers are provided choice in relation to care and service delivery. Staff described how they support consumers to make choices, maintain their independence, and engage in relationships of their choosing. Care planning documentation identified consumers’ individual choices pertaining to how and when care is delivered, who is involved in their care, and the relationships important to them. The service has policies and procedures to guide staff practice on supporting consumer choice and decision-making.

Consumers and representatives described how the service supports consumers to take risks of their choosing. Care planning documentation captured information regarding the risks consumers have chosen to take and strategies to manage and mitigate those risks. Staff demonstrated an awareness of the risks taken by consumers and explained how they discuss risks with consumers and representatives and complete risk assessments.

Consumers and representatives said the service provides them with regular and current information, including via written documentation and verbal reminders. Care planning documentation identified information about the communication needs of each consumer, such as any visual or hearing impairment, and/or the languages they speak. Management and staff described the ways in which information is provided to consumers in line with their individual needs and preferences, and in languages they prefer. Information such as lifestyle schedules, menus, posters, and pamphlets on complaints mechanisms and advocacy agencies were observed available across the service.

Consumers said staff respect their privacy and confidentiality. Staff described the practical measures taken to respect consumer privacy and keep their information confidential. Staff were observed respecting consumer privacy and confidentiality by knocking on doors before entering consumers’ rooms, closing doors when providing care, and keeping computers locked when unattended. The service implements a privacy policy outlining the appropriate handling, storing, access, and collection of personal information to guide staff practice.

# 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 expressed satisfaction with the service’s assessment and care planning process. Management and staff described the assessment and care planning process, including how the service considers risks for individual consumers. Review of care planning documentation identified the consideration of individual risks and mitigation strategies to inform care and service delivery.

Consumers and representatives said assessment and planning identifies and addresses consumers’ current needs, goals, and preferences, including advance care planning and end-of-life planning, if the consumer wishes. Management and staff described how the service ensures assessment and planning reflects each consumer’s current needs, and how they approach conversations around end-of-life planning. Care documentation for sampled consumers reflected their needs, goals and preferences, as well as advance care or end-of-life directives for consumers who have chosen to do so. Policies and procedures on assessment and planning, and on advance care planning, are available to guide staff practice.

Consumers and representatives said they are involved in the assessment and planning of care and can provide input to ensure consumers’ needs are met. Management and staff described how assessment and planning is completed in partnership with consumers and others they wish to involve. Care plans identified input from a range of external health specialists and providers based on consumers’ needs.

Consumers and representatives said, and care planning documentation evidenced, the service regularly communicates changes relating to care and services and staff explain information to consumers and representatives, if needed. Clinical staff described how they effectively communicate outcomes of assessment and planning to consumers and representatives, offer them a copy of the care plan, and maintain regular contact with representatives.

Consumers and representatives confirmed care and services are reviewed regularly. Staff described the service’s process for scheduled review of care plans which includes a monthly review to update any changes. Review of care documentation identified regular monthly and annual reviews occur, including when circumstances change, or when incidents occur impacting the consumer. The service’s clinical care manager has oversight and responsibility to ensure care plan reviews occur in a timely manner in line with the service’s schedule.

# 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 receive safe and effective personal and clinical care. Staff demonstrated knowledge of the individual needs and preferences of consumers and described how they ensure care provided is tailored to their needs. Care documentation, including care plans, progress notes and charting, evidenced safe and effective care aligned to consumer needs and preferences. Where restrictive practices are used, appropriate authorisations, assessments, and behaviour support plans are in place.

The service demonstrated high-impact and high-prevalence risks are effectively managed through monthly clinical data monitoring, trending, and reporting, and the implementation of risk mitigation strategies. Consumers and representatives said they felt the service is effectively managing risks to consumers' health. Care planning documentation evidenced individual risks to consumers are considered and effective risk mitigation strategies documented to guide staff practice.

Review of care plans evidenced discussions with representatives regarding palliative care, where appropriate. Staff demonstrated an understanding of how to deliver care for consumers nearing end-of-life, including strategies to maximise consumer comfort and support their dignity. The service has palliative care and end-of-life policies and procedures to guide staff practice.

Consumers and representatives said the service recognises and responds to changes in consumers’ condition in a suitable and timely manner. Staff described how they monitor signs of changes or deterioration in consumers and how they escalate this. Care planning documentation evidenced timely and appropriate response to deterioration in consumers. Policies and procedures on recognising and responding to deterioration are available to guide staff.

Consumers and representatives said staff work together to meet consumers’ care needs, and they do not have to repeat themselves when staff change over. Staff described how information about consumer needs, condition, and preferences are documented and communicated within the service and with others where clinical care is shared. Review of care plans, progress notes, and handover documentation identified adequate information on the consumer’s health and condition to support care delivery.

Consumers and representatives said referrals are timely and appropriate, and consumers have access to a range of health professionals. Care planning documentation and progress notes evidenced the involvement of a range of allied health professionals, medical officers, and specialists based on the consumer’s individual needs. The service has policies and procedures to guide and support staff to make referrals.

Consumers and representatives said they are satisfied with the service’s infection control measures. Management and staff demonstrated an understanding of infection control practices as relevant to their roles. Clinical staff receive training on antimicrobial stewardship and demonstrated sound knowledge in this regard. The service has 2 trained infection prevention and control leads. Infection control policies and an outbreak management procedure are available for staff to refer to. Screening processes for staff, visitors, and contractors are in place prior to service entry. Staff were observed practising hand hygiene and following infection prevention protocol.

# 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 services and supports for daily living meet consumers’ individual needs and preferences. The service implements a robust lifestyle program informed by consumer interest and feedback. Lifestyle staff described how they tailor lifestyle activities for consumers with varying cognition and mobility levels. Staff demonstrated knowledge of activities of interest to consumers and described the support they provide consumers in this regard; this aligned with information captured under care planning documentation.

Consumers and representatives said consumers are supported when they are feeling low, and described how the service promotes consumers’ emotional, spiritual, and psychological well-being. Care documentation evidenced information to guide staff practice regarding supporting individual consumers’ social, emotional, and spiritual needs. Staff described how the service supports consumers by facilitating connections with people important to them, through access to volunteers for social support, and by delivering religious services.

Consumers said they are supported to participate in the community within and outside the service, keep in touch with people important to them, and to do things of interest to them. Staff demonstrated sound knowledge of individual consumers’ activities of interest and important relationships. Consumers were observed engaging in activities, socialising with each other and with visitors, and leaving the service to attend external activities and appointments.

Consumers and representatives said information about consumers’ condition, needs, and preferences is effectively communicated within the service and with others where responsibility for care is shared. Management and staff described ways in which information is shared including via updates to care plans and progress notes and via staff handover. Care planning documentation, and observation of staff handover evidenced sufficient information to support safe and effective care and service delivery.

Consumers said the service refers them to other individuals and organisations, where needed. Management and staff described how the service has access to a range of external providers and services to supplement the lifestyle services and supports delivered to consumers. Care planning documentation identified appropriate referrals to other providers and organisations, such as external counselling and volunteer services, based on individual consumers’ needs.

Most consumers and representatives expressed satisfaction with the variety, quality, and quantity of food provided at the service. Care planning documentation identified information on the dietary needs and preferences of consumers and staff demonstrated knowledge of this. Staff described how choice is offered to consumers; how consumers’ individual preferences are accommodated; and how the service gathers and considers feedback on meals, including via monthly consumer/representative meetings and quarterly food focus meetings.

Consumers reported having access to various lifestyle equipment to assist them with their daily living activities. Staff described the service’s processes to ensure the cleanliness and maintenance of equipment. A range of leisure and lifestyle equipment was observed available for consumer use and kept in a clean and suitable 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 and representatives said the service environment is welcoming and easy to understand. Management described various features of the service that optimise consumers’ sense of belonging, independence, and function. Consumer rooms were observed to be personalised. The service was observed to have sufficient lighting, clear signage for navigation, and handrails to assist with mobility. The service provides a range of communal areas, outdoor courtyards, and garden areas for consumer use.

Consumers and representatives said, and observations confirmed, the service environment is kept safe, clean, and well-maintained, and enables free movement. Consumers were observed mobilising independently and with staff assistance around the service. Environmental services staff described the service’s routine cleaning schedule. Staff described the process for reporting any safety hazards and maintenance requests via an electronic system and confirmed these are actioned in a timely manner.

Consumers and representatives expressed satisfaction with the furniture, fittings, and equipment at the service. The service conducts monthly environmental audits and implements a preventative maintenance schedule which includes regular call bell testing and reviews of shared equipment. Review of the preventative maintenance schedule identified it is up to date. Furniture in communal areas and various equipment around the service was observed to be clean and in good condition.

# 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 said they are aware of how to provide feedback or make a complaint and feel comfortable to do so. Management and staff described the various mechanisms used to encourage consumers and representatives to submit feedback and complaints such as via feedback forms, through consumer meetings, food focus meetings, and speaking directly with staff or management. Information on how to submit feedback and complaints was observed displayed around the service, including feedback forms and locked boxes for the forms to be submitted anonymously.

Consumers and representatives were aware of external complaints agencies, interpreters, and advocacy services available to them. Management and staff described how the service promotes these services via displaying information on noticeboards and discussion during consumer meetings. The service has access to resources for interpreter and translation services for consumers from a culturally and linguistically diverse background, should this be required. Various posters and pamphlets were observed displayed around the service providing information on external advocacy and complaints mechanisms.

Consumers and representatives expressed satisfaction with how the service responds to their feedback and resolves complaints. Management and staff described the service’s complaints handling processes and demonstrated an understanding of open disclosure. Review of the service’s feedback and complaints register identified timely and appropriate response to complaints. The service has policies and procedures to guide staff in relation to complaints management and open disclosure.

Consumers and representatives said the service implements improvements in response to their feedback and complaints. Management provided various examples of how feedback and complaints have led to improvements in care and service delivery. Review of documentation such as the service’s feedback and complaints register and plan for continuous improvement evidenced feedback and complaints are reviewed and used to inform improvements at the service.

# 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 and representatives expressed satisfaction with the service’s staffing levels and call bell response time. Staff said they have adequate time to provide care and services in accordance with consumers’ individual needs. Management described the service’s rostering system to ensure workforce planning; strategies to manage unplanned leave; and regular review and analysis of call bell response data to inform appropriate staffing allocation. The service has a registered nurse available 24 hours a day, 7 days a week and is currently meeting care minute targets as per regulatory requirements. Staff were observed responding to call bells in a timely manner.

Consumers and representatives said staff are kind and caring. Staff demonstrated knowledge of individual consumers’ background and culture and spoke about consumers in a respectful manner. Staff were observed interacting with consumers in a positive and caring way. Management advised, and review of training records confirmed, all staff undergo training and education to ensure respectful workforce interactions with consumers. The service implements various policies and procedures to guide staff practice regarding person-centred care, dignity and respect, and diversity and inclusion.

Consumers and representatives felt staff are competent and know what they are doing. Management described how the service ensures staff are competent and capable to perform their role through the recruitment process, orientation, mandatory and ongoing training, allocation of buddy shifts, and ongoing monitoring. Position descriptions are in place outlining the key qualifications, competencies, and responsibilities for each role. Management said, and review of documentation confirmed, systems are in place to track workforce competency and compliance with regulatory requirements.

Consumers and representatives said staff are knowledgeable and well trained. Staff said the service provides access to mandatory and supplementary training to equip them to perform the duties of their role. Staff said their professional development is supported and they can request further training, where required. Review of training documentation identified staff mandatory training is up to date. Staff receive training in a range of areas, including but not limited to serious incident reporting, infection control, elder abuse, manual handling, and restrictive practice.

Management described the service’s performance management system and how staff performance is monitored through probationary and annual appraisals, and informal monitoring and discussions. Staff confirmed performance appraisals are regularly conducted to review staff performance, and they are provided the opportunity for feedback, and to request training. Review of performance appraisal records identified staff appraisals are up to date.

# 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 felt the service is well run and they can provide feedback and suggestions which are considered by management. Management described a variety of mechanisms to seek input from consumers, including via monthly meetings, food focus meetings, and participation in a consumer advisory body. Review of meeting minutes and related documentation evidenced consumers and representatives are supported to actively participate and engage in the development and evaluation of care and services.

The service demonstrated the organisation is governed by a body that promotes a culture of safe, inclusive, and quality care and services and is accountable for their delivery. Management described the organisational structure including communication and reporting mechanisms to support oversight of care and service delivery. The governing body has visibility of the service's clinical data, feedback and complaints, incidents, and continuous improvement through regular reporting. The governing body ensures compliance with the Quality Standards through reporting by the clinical governance committee, feedback from consumers and representatives, and through internal audits.

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

The service demonstrated appropriate systems and processes to effectively manage high-impact high-prevalence risks to consumers and to support consumers to live the best life they can. Staff described risks to individual consumers and strategies in place to manage and mitigate risks. Consumers are supported to take risks of their choosing in line with the service’s dignity of risk policy. The service implements an incident management system and staff demonstrated knowledge of their responsibilities to report, document, and escalate any incidents, including elder abuse or neglect.

The service has a documented clinical governance framework supported by a range of policies and procedures, including but not limited to antimicrobial stewardship, restrictive practices, and open disclosure. Staff demonstrated knowledge of these policies and described their application as relevant to their roles.

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)