Performance

Report

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| Name of service: | Luson Eden Park |
| Service address: | 31-33 Thompson Street WHITTINGTON VIC 3219 |
| Commission ID: | 4148 |
| Approved provider: | Luson Aged Care Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 3 May 2023 to 5 May 2023 |
| Performance report date: | 8 June 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 Luson Eden Park (**the service**) has been prepared by Denise McDonald, 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.
* 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 they are treated with dignity and respect, and staff value their identity, culture, and diversity. Staff described how they incorporated their knowledge of the consumer’s background and personal identity into the services and supports they provide consumers. The consumer handbook contained details about consumer rights, freedom of choice, dignity of risk, and provision for a home-like environment, as well as supporting consumers to maintain their identity, culture, and diversity.

Consumers and representatives said care and services provided were culturally safe as staff value their culture, personal values, and diversity which influences the delivery of their day-to-day care. Staff identified consumers with individual preferences and care needs and explained how care is delivered with respect. Care planning documentation reflected consumers’ cultural needs and preferences including who is important to them, information on their life journey, cultural background, spiritual preference, and personal preferences.

Consumers and representatives said consumers are supported to make choices regarding their care, and who they want to be involved in their care. Staff described how consumers are supported to maintain relationships, such as regular family visits. Care planning documentation included nominated contact information for the consumer’s representative and enduring power of attorney.

Consumers and representatives said the service supports consumers to take risks to enable them to live the best life they can. Staff demonstrated an understanding and provided examples of how consumers took risks and how they are supported to understand the benefits and possible harm in taking risks. Care planning documentation identified different consumers’ risks, as well as strategies to mitigate risks and ensure consumer safety. The service has a policy on respecting dignity and choice, which guides staff practice.

Consumers and representatives advised they receive up-to-date information about activities, meals, COVID-19, and other special events organised at the service. Staff said the service provides regular communication via email to representatives and hard copies for consumers. Staff were aware of interpreter services available which they could access if required. Minutes of the consumer/representative meeting and contact details for translating and interpreting services were displayed throughout the service.

Consumers and representatives reported their privacy is well respected, and they are confident their personal information is kept confidential. Staff described keeping computers locked and using passwords to access consumers’ personal information and were observed knocking on bedroom doors and waiting for a response before entering and closing doors when providing care. The service has an up-to-date privacy policy which guides staff practice and is included in the consumer handbook which is provided on admission to the service.

# 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 confirmed they are actively involved in developing their care plans based on their preferences, goals, and needs including potential risks to their health and well-being such as smoking, use of an electric wheelchair and self-administration of medications. Staff described the assessment and care planning processes and mitigation of risks to ensure safe delivery of care and services. Care planning documentation described assessment and planning processes including the involvement of consumers and representatives. The service has an ongoing assessment and care planning procedure embedded in the service’s electronic care management system to guide staff practice.

Consumers and representatives confirmed the assessment and planning processes addressed the current needs, goals, and preferences of consumers including their end-of-life preferences. Staff said the advance care plan is discussed as part of the admission process. Care planning documentation was individualised to consumer needs, reflecting their preferences for care and their end of life wishes.

Consumers and representatives confirmed assessment and planning is an ongoing partnership between them, staff and external health professionals; they are informed in a timely manner when circumstances change and are consulted when referrals to other service providers is required. Staff confirmed it is their practice to inform consumers/representatives of changes to consumer’s care needs and ask for their consent prior to referrals being made. Care planning documentation demonstrated the involvement of consumers, representatives, medical officers and allied health professionals in the assessment and planning of care. Allied health professionals were observed reviewing consumers at the service.

Consumers and representatives confirmed the service effectively communicates the outcomes of assessments and they always offered a copy of the care plan. Staff confirmed a copy of the care plan is provided or offered to consumers/representatives after discussing the 3-monthly care plan review. Care plans reflected the outcomes of assessments and were readily accessible via the electronic care management system.

Consumers and representatives confirmed services are constantly reviewed, staff keep them informed and ensure they have input into care and service changes. Staff described how the service reviews and evaluates care and services through 3-monthly care plan reviews. Care planning documentation had been reviewed in line with the service’s 3-monthly care plan review process.

# 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 reported consumers are receiving care that is safe and right for them and meets their needs and preferences. Care planning documentation confirmed staff are following documented strategies and clinical management policies to deliver individualised care to consumers including behaviour support plans. A personal and clinical care policy to direct appropriate personal and clinical care in line with best practice guidelines.

Consumers and representatives said high impact or high prevalence risks are effectively managed by the staff. Staff described high-impact high-prevalence risks and strategies to manage risks as well as consumers’ individual risks. Care planning documentation evidenced the consideration of risks such as falls management, pressure injury prevention, catheter management and minimising restraint. Staff are guided by the service’s personal and clinical care policy in managing consumer’s high impact high prevalence risks.

Consumers and representatives confirmed their advance care plan and end of life care planning was discussed with them. Management reported they are guided by medical officers for involvement of the palliative care team, staff complete an end-of-life care plan and pathway charting is commenced. The service has an advance care planning and end of life care procedure to guide staff practice.

Consumers and representatives said staff respond in a timely manner when deterioration in a consumer was identified. Staff described the escalation process should they notice a change in a consumer including contacting clinical management on duty and referrals to allied health professionals as clinically indicated. Policies and procedures are accessible to all staff to guide them in the clinical escalation process.

Consumers and representatives said the consumer’s condition, needs, and preferences are documented and communicated with relevant staff and staff are aware of the consumer’s preferences and care needs. Staff said the handover process is effective and they receive up to date information. Care planning documentation provided adequate information to support effective and safe sharing of the consumer’s information in providing care.

Consumers and representatives said timely and appropriate referrals occur when needed and the consumers have access to relevant health care supports. Staff described the referral process for referring consumers to their medical officer and other health care professionals and how this informs care and services provided to consumers. Referral documentation was noted in care planning documentation including referrals to dietitians, physiotherapists, and medical officers.

Consumers and representatives said the service managed the COVID-19 outbreaks effectively. Staff confirmed they had received training in relation to infection prevention and control, hand hygiene competency and donning/doffing competency. Staff described the principles of antimicrobial stewardship. The service has implemented policies and procedures to guide staff related to AMS, infection control management, COVID-19, influenza, and gastroenteritis outbreak management.

# 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 said they are supported by the service to do the things of interest to them, to optimise their health, wellbeing and quality of life including participating in activities as part of the service’s lifestyle program and/or spending time on independent activities of choice. Care planning documentation identified the needs and preferences of consumers which aligned with staff feedback. Consumers were observed engaging in various group and independent activities.

Consumers said they feel supported to maintain social, emotional, and spiritual connections which are important to them. Staff said they know the consumers well and if a consumer is feeling emotional, unwell or agitated, they know why and provide necessary emotional support to them. The service has policies and referral procedures in place to support consumers with their emotional, spiritual, and psychological well-being.

Consumers felt supported to participate in activities within the service and in the outside community as well as have personal relationships and doing things of interest to them. Staff demonstrated the service has a wide variety of activities available to consumers and described services and supports adapted to consumer needs when their situation changes. Care planning documentation identified the people important to individual consumers and activities of interest. Lifestyle staff highlighted a strong connection to the community with regular visits from volunteers.

Consumers and representatives said information about their condition was effectively communicated and staff understand their needs. Management said any changes to the consumers’ care is communicated to their representatives. Care planning documentation identified the condition of consumers and their needs and preferences to support the delivery of safe and effective care.

Care planning documentation demonstrated timely and appropriate referrals are made to individuals, other organisations and providers of care and services. Consumers confirmed referrals were made in a timely manner and they could access other organisations as needed. Staff were familiar with other organisations, services and supports available in the community should a need be identified for a consumer.

Consumers and representatives said they were satisfied with the variety and quantity of food offered. Care planning documentation showed consumer dietary requirements and preferences were captured, and food was being prepared in line with this. Staff said consumers can request an alternative meal if they do not like any of the choices offered. Management said they are constantly improving their menu and food offering based on collective feedback gathered from consumer/representative meetings, informal feedback, feedback forms, and surveys.

Consumer and representatives said the service equipment appears to be safe, suitable, clean, and well maintained. Equipment used to support consumers engagement with activities of daily living, and lifestyle activities, was observed to be safe, suitable, clean, and well maintained. Equipment to enable consumers to mobilise and equipment for lifestyle activities were clean and regularly maintained. Maintenance logs showed no outstanding requests.

# 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 open and welcoming and they feel at home. Consumers’ rooms were observed to be decorated with their personal belongings. Staff described how consumers could move independently, throughout the service and consumers were observed moving freely between their rooms, the lounge and dining areas for daily activities.

Consumers and representatives said the service environment is clean, well maintained, and comfortable, and they can move freely indoors and to the outdoor courtyards. The service’s cleaning is all completed in house and operates 7 days a week. The service environment was observed to be clean, and well-maintained and cleaning logs were up to date.

Consumers and representatives said equipment provided by the service is well maintained, safe and clean. Furniture and fittings were observed to be safe, practical, clean, well maintained and sturdy, equipment for daily living activities were suitable for consumer needs. Staff described how maintenance is scheduled and carried out for routine, preventative, and corrective maintenance 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 said they feel encouraged and supported to provide feedback and make complaints directly through speaking with staff and management, electronic mail, at consumer/representative meetings and with feedback forms. Staff described feedback and complaints process in place. Feedback forms were displayed and available for consumers to use in the service, and an electronic feedback register was in place documenting feedback, compliments and complaints received.

Consumers and representatives said they are aware of advocacy and language services, and other methods for raising and resolving complaints although they have never needed to make use of these services. Staff and management said they are aware of services such as external advocacy networks and language services such as translator interpreter service. Information on senior’s rights and advocacy, brochures and pamphlets were displayed for consumers and representatives.

Consumers and representatives confirmed staff and management addressed their complaints, resolved any concerns they raised in a timely manner and apologised when things go wrong. Staff explained how they would apologise to a consumer and representative in the event of something going wrong. The feedback and complaints register evidenced the use of open disclosure and timely management of complaints in line with the service’s feedback and complaints policy and clinical governance framework.

Consumers and representatives said their feedback and complaints are reviewed and used to improve the quality of care and services. Staff described how trending and analysing feedback and complaints has resulted in improvements at the service which are driven by consumer feedback, these are evaluated in consultation with consumers/representatives at meetings, case reviews, surveys and were evidenced in the continuous improvement plan. Meeting minutes and the continuous improvement plan demonstrated that feedback and complaints are reviewed to make improvements.

# 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 said there were enough staff at the service to provide safe and quality care and services and to meet their care needs. Staff said they have sufficient time to complete their duties each day. Management said they plan the roster based on consumer acuity, staff and consumer feedback, incidents review and call bell response times.

Consumers and representatives said staff are kind, respectful and caring when providing care and staff know what is important to consumers. Staff were familiar with consumers needs and preferences and what they required assistance with. Staff were observed knocking on consumers’ doors, waiting for the consumer to answer before entering and greeting consumers/representatives by their preferred name.

Consumers and representatives said staff were effective in their roles and skilled to meet consumers’ care needs. Staff said they were supported by management in completing orientation, ongoing and annual training and completed competencies from their employment commencement to date. Position descriptions provided staff guidance relating to their responsibilities and duties for each role.

The service demonstrated a thorough process for recruiting, training, equipping, and supporting their staff to deliver safe, quality care and services. Consumers and representatives confirmed staff have the appropriate skills and knowledge to ensure the delivery of safe and quality care and services. Staff said they receive orientation training and ongoing training, including annual mandatory training and completing core competencies.

The performance review schedule demonstrated staff reviews were up to date. Staff confirmed participating in initial and annual performance reviews. Management said they use continuous assessment of staff through peer and management feedback processes, observations, and via consumer feedback. The service has a staff performance policy in place.

# 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 confirmed their participation in consumer/representative meetings, individual case review, care planning meetings and surveys, to provide their input on care and services. Staff described changes based on consumer feedback such as the introduction of a twilight bingo activity. The continuous improvement plan reflected actions in response to consumer feedback such as improving the meals experience.

Management described how the organisation’s governing body promotes a culture of safe, and inclusive care by monitoring clinical indicators, quality initiatives and incidents. Board meeting minutes, audit documentation and clinical reports evidenced board level involvement in all aspects of the organisation. Management described how the Board and the quality and safety subcommittees maintain oversight of the service to ensure they are meeting the Quality Standards.

The service has a documented governance framework in place relating to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. The service uses an effective electronic care management system to document all consumer related care information. Management review quality performance data, clinical indicator details, consumer feedback/complaints and incidents to satisfy itself the Quality Standards are being met. The continuous improvement plan is continuously reviewed and updated.

The service has risk management systems in place to monitor and assess high impact or high prevalence risks associated with care of consumers. Risks are identified, reported, escalated, and reviewed by the management at the service level and then at the organisational level by subcommittees and the Board. The service undertakes continuous monitoring of high impact and high prevalence risks such as falls, behavioural incidents, infections, and weight loss.

The service demonstrated a clinical governance framework and systems to ensure the quality and safety of clinical care and promote antimicrobial systems, the minimisation of restrictive practices, and the use of an open disclosure process. The service presented policies, procedures and other tools supporting effective clinical governance. Staff said the service’s clinical governance framework functioned effectively and they are trained in the systems supporting clinical governance.

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)