Performance

Report

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| Name of service: | Luson The Vue |
| Service address: | 15-29 Reserve Road GROVEDALE VIC 3216 |
| Commission ID: | 4571 |
| Approved provider: | Luson Aged Care Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 30 August 2023 |
| Performance report date: | 9 October 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 The Vue (**the service**) has been prepared by N Chahal, 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 Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 21 September 2023.

# Assessment summary

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| Standard 4 Services and supports for daily living | Not applicable as not all requirements have been assessed |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

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 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

The service was found non-compliant with Standard 4 in relation to Requirement 4(3)(f) following a site audit in April 2022 where it did not demonstrate consumer involvement in menu creation and mixed feedback was received from consumers relating to the variety of meals provided.

At the August 2023 assessment contact, the Assessment Team found the service had implemented improvements to address the deficits identified at the previous site audit.

Overall, consumers and representatives provided positive feedback regarding the quality and quantity of meals at the service. One consumer expressed dissatisfaction with the temperature of meals. Staff demonstrated knowledge of each consumer's dietary needs and discussed how consumers are provided with alternatives if they prefer not to eat what is on the menu. Management outlined that consumer feedback is received through food focus meetings which have been increased from monthly to fortnightly and the service has also introduced a new feedback form that is provided to consumers after each meal if they choose to complete it. Consumers and representatives confirmed participation in food focus meetings and completion of feedback forms to provide feedback in relation to menu and meal options. The service has a seasonal menu that caters to the cultural needs of consumers and includes gourmet lunch and consumer’s choice, the menu is also reviewed by a dietician. Consumer care documentation reviewed included dietary information in line with the staff interviews and displayed information in the kitchen.

The Assessment Team observed that meals in the memory support unit were served altogether for consumers and the dining tables were not set. In response to the Assessment Team’s feedback, management implemented a range of actions including toolbox training with the staff and ensuring there were table settings available. Management said they will conduct further monitoring and review of the meal service.

The Approved Provider submitted a plan for continuous improvement outlining various actions taken to improve the dining experience in the memory support unit including ongoing visual audits and review of the roster for the unit. The PCI also outlined actions taken in response to the feedback received from a consumer regarding the temperature of meals.

As a result, and with consideration to the available information I find this requirement is now compliant.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

The service was found non-compliant with Standard 6 in relation to Requirement 6(3)(d) following a site audit in April 2022 where it did not demonstrate complaints and feedback received through consumer meetings and surveys were consistently recorded or that actions were recorded in the plan for continuous improvement (PCI). Consumer feedback did not always lead to demonstrated improvement in the care and services provided to consumers.

At the August 2023 assessment contact, the Assessment Team found the service had implemented improvements to address the deficits identified at the previous site audit.

Consumers and representatives expressed satisfaction with the service’s feedback systems, and management’s responsiveness confirming that concerns and suggestions have been addressed and resulted in change. Management demonstrated knowledge of managing complaints and feedback in line with the organisation’s updated complaints policy. Management discussed that feedback and complaints received from a range of sources are documented, reviewed, and actioned to improve care and services. A review of the June 2023 feedback survey confirmed the service had organised a visit from advocacy services in response to consumers' lack of awareness of their rights. Further documentation review demonstrated that consumers raised concerns and feedback result in change, are recorded in the PCI, and include actions taken to review and improve services this included examples of improvement to laundry services and lifestyle activities.

In response to feedback regarding the condition of the carpet throughout the service, management implemented planned and in-progress actions, which include reviewing the cleaning process, sourcing quotes and planning the replacement of the carpet. These actions were also reflected in the PCI.

The Approved Provider submitted a PCI outlining actions to rectify the cleanliness of the carpet identified by the Assessment Team.

As a result, and with consideration to the available information I find this requirement is now 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 |

Findings

The service was found non-compliant with Standard 7 in relation to Requirement 7(3)(a) following a site audit in April 2022 where it did not demonstrate that the numbers and mix of staff were sufficient for the delivery of safe and quality care and services, resulting in delays to consumer care.

At the August 2023 assessment contact, the Assessment Team found the service had implemented improvements to address the deficits identified at the previous site audit.

Consumers expressed satisfaction with the availability of staff and the reduction in the use of agency staff. Consumers also confirmed that they do not have to wait long for assistance and noted a reduction in call bell waiting times. All staff described there are sufficient levels of staff across the service to meet consumer care needs without rushing them. Staff said that shifts are filled during unplanned or planned leave and they have noticed positive results from the recruitment of staff. Management described the process to fill both planned and unplanned vacancies, focusing on using the service’s casual and part-time staff and reducing agency staff. Management described that the service has two additional morning care staff added to the roster to cover leave and when there is no leave, the staff are still retained and contribute to consumer care. The service has also partnered with an education provider to introduce students into aged care to retain skilled trainees, the service has successfully recruited and retained trainees from this program. A review of the roster identified that vacant shifts were filled by casual or permanent staff, with minimal reliance on agency staff.

As a result, and with consideration to the available information I find this requirement is now compliant.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

The service was found non-compliant with Standard 8 in relation to Requirement 8(3)(c) following a site audit in April 2022 where it did not demonstrate effective governance systems in relation to continuous improvement, feedback and complaints, and workforce governance.

At the August 2023 assessment contact, the Assessment Team found the service had implemented improvements to address the deficits identified at the previous site audit.

The service demonstrated effective governance systems relating to continuous improvement, feedback and complaints, and workforce governance. Consumers were aware of feedback mechanisms and consumers who had submitted feedback said that their feedback was acknowledged by management, and they were provided with updates and outcomes. Staff described feedback mechanisms utilised by the service which included completion of feedback forms, verbal discussions with management, and raising feedback at meetings.

Management confirmed a new process for feedback and complaints has been implemented and the complaints procedure has been updated. Management discussed new education modules that have been developed and implemented to address regulatory and legislative changes including code of conduct and restrictive practice. The compliance with education is monitored through monthly education reports, this is also reported to the Board.

A review of the plan for continuous improvement (PCI) identified suggested improvements, actions undertaken, progress updates, outcomes, and evaluations as well as the number of days from notification to completion. The PCI contained improvements sourced from consumers, representatives, staff, and management.

As a result, and with consideration to the available information I find this requirement is now compliant.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)