**Performance**

**Report**

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| Name: | Lutheran Aged Care |
| Commission ID: | 200256 |
| Address: | 10 Somerset Drive, WEST ALBURY, New South Wales, 2640 |
| Activity type: | Quality Audit |
| Activity date: | 22 May 2024 to 23 May 2024 |
| Performance report date: | 24 June 2024 |

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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 778 Lutheran Aged Care Albury  
Service: 23375 Lutheran Aged Care (Albury and Corowa Shire)  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 9074 Lutheran Aged Care Albury  
Service: 26694 Lutheran Aged Care Albury - Care Relationships and Carer Support

**This performance report**

This performance report for Lutheran Aged Care (**the service**) has been prepared by E Woodley, 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 Quality 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 for Home Care Packages (HCP) and Short-term Restorative Care Programme (STRC)

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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 | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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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 | **Not Applicable** |
| **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 | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | 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 | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | 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 | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

The Quality Standard is compliant as the six specific Requirements have been assessed as compliant.

Consumers and representatives interviewed by the Assessment Team confirmed they are always treated with dignity and respect with their identity, culture and diversity valued. They said staff are kind, caring and know what is important to them. Consumers and representatives confirmed care and services are delivered in a culturally safe way and in accordance with consumer’s needs and preferences. Observations by the Assessment Team confirmed that staff treat consumers with dignity and respect. Comprehensive and streamlined admissions processes are applied by experienced staff which identifies consumer’s cultural and spiritual preferences, personal background and history, and needs and preferences for services and care. Diversity and inclusion are reflected in the service’s mission and values, policies, and consumer and staff handbooks. The service’s mission and vision, strategic planning, code of conduct, education documents and resources provide comprehensive information to support staff to deliver person-centred care.

Consumers and representatives confirmed consumers are supported to exercise choice and independence regarding their care and services. Advocates and relevant representatives support the consumers to make decisions as required and there are relevant policies and procedures to guide staff practice. Consumers and representatives interviewed confirmed consumers are supported to take risks to enable them to live the best life they can. Consumers interviewed provided examples where staff had supported them to safely undertake risks regarding their mobility and independence. Documentation reviewed by the Assessment Team demonstrated staff are provided with education regarding dignity of risk, and consumers are provided with a wide range of care and services which support them to live the best life they can.

Consumers and representatives confirmed that information provided to each consumer is current, accurate, timely, is communicated clearly, easy to understand and enables consumers to exercise choice. Information provided to consumers and representatives that support their decision making includes care plans, budgets and monthly statements, fees and services schedule, complaints and feedback systems, and information relevant to the diversity of consumers.

Consumers and representatives interviewed said consumer’s privacy is respected by staff and they are confident staff keep their personal information confidential. Staff interviewed described how they protect consumer’s personal information and how they respect consumer’s privacy. The service has policies and procedures in place to guide confidentiality and privacy of personal information. There is a wide range of education staff are required to complete annually to support their knowledge of how to protect consumer’s privacy and confidentiality.

# Standard 2

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

Findings

The Quality Standard is compliant as the five specific Requirements have been assessed as compliant.

The service demonstrated assessment and planning processes include consideration of risks to consumer’s health and well-being, and this informs the delivery of safe and effective care and services. Validated assessment tools are used identify consumer’s risks, needs, goals, and preferences. Where appropriate the services use clinical and allied health professionals to assist in assessment of consumer risk. For consumers sampled, risks associated with falls, mobility, and the home environment were considered in assessment and planning. All consumer documentation sampled by the Assessment Team demonstrated the identification and discussion of the consumer’s goals, needs, and preferences, and each consumer is provided with a template to guide discussions around advance care planning.

Care documentation reviewed by the Assessment Team evidenced that assessment and planning is based on partnership with consumers and others that consumers wish to involve including other organisations and providers of care and services. Consumers and representatives interviewed by the Assessment Team felt they were involved in the care assessment and planning process including through regular reviews and communication. Consumers and representatives were satisfied that the outcomes of assessment and planning were communicated to them, and all had access to their care plan if requested. The service demonstrated assessments and care plans are discussed with the consumers and their representatives, and a copy of their care plan and agreement is provided and readily accessible if needed.

The service demonstrated care and services are regularly reviewed for effectiveness, and when circumstances change or when incidents impact on the needs, goals, or preferences of consumers. For consumers sampled, all care plans were reviewed regularly in line with the service’s policy, and following incidents.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| 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 | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | 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 | 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 | 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 | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | 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 | Compliant |

Findings

The Quality Standard is compliant as the seven specific Requirements have been assessed as compliant.

The service demonstrated that consumers receive safe and effective personal and clinical care that is tailored to meet the needs of the consumers, optimise their health and well-being, and manages the high impact and high prevalence risks associated with their care. For consumers sampled safe and effective management of pain, mobility, falls, and isolation was demonstrated. Domestic assistance, social support and mental health services provided to consumers sampled was tailored to their needs and optimising their well-being. Overall, consumers and representatives interviewed were satisfied with the care and services they received and were able to describe how the care has optimised their health and well-being.

The service demonstrated the needs, goals, and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved. The service works in partnership with external palliative care providers to support the care of consumers nearing the end of their life. Staff are guided by management, receive training from external providers, and have access to policies and procedures to guide them in providing care for consumers nearing the end of their life.

The service demonstrated deterioration of change in a consumer’s mental health, cognition, physical function, capacity, or condition is recognised and responded to in a timely manner. For consumers sampled, identification of pressure injuries and changes in pain were identified in a timely manner and responded to appropriately by the service. The service has policies and procedures to guide staff on how to document and report consumer deterioration and incident management, and staff were aware of these escalation pathways. Consumers and their representatives interviewed expressed satisfaction that the consumer’s condition, needs, and preferences are well communicated. The service demonstrated processes to communicate with medical officers, hospital staff, allied health staff, and representatives to ensure the provision of safe and effective clinical care. The service demonstrated timely and appropriate referrals to organisations and providers of other care services including occupational therapists, dietitians, speech pathologists, infection specialists, and psychiatrists.

The service demonstrated the minimisation of infection related risks through the implementation of precautions to prevent and control infections. Consumers and their representatives interviewed were satisfied with the measures taken by support workers to protect consumers from infection. Support workers are provided with infection control training and supplied with personal protective equipment such as masks, gloves, and gowns, and rapid antigen tests. The service monitors consumers receiving antibiotics through the clinical monthly report, and the service provides consumers with information on antibiotic resistance and infection prevention.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| 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 | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | 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 | 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 | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not Applicable | Not Applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Not Applicable |

Findings

The Quality Standard is compliant as the six specific Requirements have been assessed as compliant.

Consumers and representatives interviewed by the Assessment Team confirmed consumers receive safe and effective services and supports for daily living that meet their needs, goals and optimise their independence, health, well-being, and quality of life. Consumers and representatives provided positive feedback regarding domestic assistance, social support, meal preparation support, transport, spiritual and psychological support, and the equipment provided for daily living. Consumers and representatives felt this support and services enables them to participate in their community, do things of interest, and make and maintain relationships. Care planning documentation reviewed identified consumer’s needs, goals, and preferences, including to promote emotional, spiritual, and psychological well-being.

Consumers and representatives confirmed information about the consumer’s condition, needs and preferences for daily living is communicated within the organisation, and with others where responsibility for care is shared. Staff can readily access consumer information electronically and care planning documentation is shared with consumers, representatives, allied health providers and contracted workers as required. The service demonstrated timely and appropriate referrals are made to support consumer daily living. For example, referrals are made to physiotherapists, occupational therapists, home maintenance and modification organisations, counselling services, language services, domestic assistance, social support, and personal care services.

Consumers and representatives confirmed that equipment provided to them is safe, suitable, clean, and well maintained. Staff confirmed that assistive devices, mobility aids and other equipment provided were assessed by either an occupational therapist or physiotherapist and deemed safe and suitable for the consumers.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | 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 | 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 | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

The Quality Standard is compliant as the four specific Requirements have been assessed as compliant.

Consumers and representatives interviewed said they feel encouraged, safe, and supported to provide feedback and make complaints. The service has processes and systems in place for consumers, representatives, and staff to provide feedback or make a complaint, and these are included in the continuous improvement process. Information on how to make a complaint and provide feedback is provided to all consumers at commencement of services, including information on advocacy services, language services, and other methods for raising and resolving complaints. All staff are encouraged to report any feedback received and support workers described how their mobile devices have the function for them to register any concern raised immediately during service provision. This feedback function can also be given to consumers to complete and submit.

Consumers said the service appropriately addresses and resolves their concerns and complaints, and confirmed staff and management provide an apology when things go wrong. Staff described the process when receiving feedback or a complaint and said they escalate complaints for investigation and follow up. Management said an open disclosure process is applied following an adverse event, and as part of the service’s complaints management and resolution process. The service has policies and procedures that guide staff through the complaints management and open disclosure process. For example, interviews with management and consumer documentation reviewed demonstrated an open disclosure process was followed following a recent medication incident for a consumer.

The service conducts regular consumer experience surveys giving consumers the opportunity to provide feedback on care and services. Management described how they use the information from consumer complaints and feedback across HCP, CHSP, and STRC programmes to gain insight to the quality of care and service provision and reports are made to the governing body to inform improvements across the service.

# Standard 7

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| Human resources | | HCP | CHSP |
| 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 | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | 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 | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

The Quality Standard is compliant as the five specific Requirements have been assessed as compliant.

The service demonstrated that the number and mix of workforce members is sufficient to deliver safe and quality care and services to consumers. Management described how they consider consumer needs, preferences, and locations when planning care and service times. Consumers and representatives interviewed provided positive feedback about the sufficiency and mix of staff. The service had no unfilled shifts in the month prior to the Quality Audit. All services affected by unplanned staff leave were reallocated to another worker or rescheduled to another suitable time for the affected consumer.

The service demonstrated workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity. All consumers and representatives interviewed commented positively that management and staff are kind, caring, respectful, responsive, and know what is important to each consumer.

The service demonstrated the workforce is competent and the members of the workforce have the skills, qualifications, and knowledge to effectively perform their roles. The service’s recruitment processes ensure staff have the qualifications specific to their roles or be willing to undertake the necessary training, and contract agreements with brokered service providers include clauses relating to minimum qualifications and other compliance requirements. The service has an ongoing training and development program to support staff to meet the outcomes required by the Quality Standards. Staff training needs are identified based on feedback from consumers and representatives, monitoring of incidents and other trends, consumer needs, and by staff request.

The service demonstrated the performance of the workforce is regularly assessed, monitored, and reviewed. Management advised, and staff interviews confirmed, the service has probationary and ongoing performance review systems in place. For brokered staff, feedback is regularly sought from consumers and representatives on their performance and any issues are addressed through ongoing discussions with the relevant providers.

# Standard 8

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| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | 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 | 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 | 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 | 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 | Compliant |

Findings

The Quality Standard is compliant as the five specific Requirements have been assessed as compliant.

Consumers interviewed by the Assessment Team felt they are engaged in the development, delivery and evaluation of care and services. The organisation established a consumer advisory body chaired by a consumer to support in the development, delivery and evaluation of care and services and report to the governing body to inform changes. The service demonstrated that the organisation’s governing body promotes a culture of safe, inclusive, and quality care. The governing body uses information from reports to monitor the service’s compliance with the Quality Standards, initiate improvement actions to enhance performance, and monitor care and service delivery. The organisation drives improvements and innovations using data from internal and external audits, clinical indicator reports, incidents or near misses, and consumer and staff feedback and complaints.

The service demonstrated organisational governance systems are effectively implemented at the service. Information management systems support the protection, appropriate access and sharing of consumer information. Continuous improvement is identified from a variety of sources, including consumer and representative feedback and complaints, consumer experience survey results, regular analysis of clinical and incident data, and internal and external audits. The service has a continuous improvement plan that identifies planned improvements, personnel responsible, planned completion date, action status, outcomes, and evaluation. This was up to date and showed evidence of ongoing review for a number of activities relevant to the Quality Standards. The organisation’s financial governance systems were enabling the effective monitoring and tracking of financial outcomes to ensure sustainability in the provision of quality care and services and address consumer unspent funds from their packages. The organisation’s workforce governance systems support clarity of roles and responsibilities, staff training, and monitoring of subcontracted services. The organisation demonstrated they keep up to date and monitor compliance with various aged care legislation across the service.

The organisation has risk management systems and practices that support the effective management of high impact and high prevalence risks, response to abuse and neglect of consumers, support for consumers to live their best lives, and incident management and prevention. Risks across the service are identified, assessed, and monitored through risk registers, risk matrix, clinical and quality indicators, and trending and analysis of data including benchmarking against similarly sized providers. The organisation uses an electronic incident management system that is accessible to staff. All staff have responsibility to report any incident or near miss and review of the system by the Assessment Team demonstrated this occurs.

The organisation has a clinical governance framework that includes antimicrobial stewardship, minimising the use of restraint, and open disclosure. The clinical governance framework sets out the key structures, systems and processes that enable accountability for the delivery of quality and safe clinical care that is based on the needs, goals and preferences of the consumer. To guide implementation there are clear definitions of roles and responsibilities, and strategies with detailed and specific criteria for how these will be implemented, and success measured. The clinical governance framework is supported by a comprehensive range of policies and procedures and ensures the workforce is supported, with qualified clinical staff advice when needed.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)