Performance

Report

**1800 951 822**

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| Name: | Lutheran Services - Cooinda Aged Care Centre |
| Commission ID: | 5134 |
| Address: | 2 Cooinda Street, GYMPIE, Queensland, 4570 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 4 October 2023 |
| Performance report date: | 19 October 2023 |
| Service included in this assessment: | Provider: 393 Lutheran Church of Australia - Queensland District  Service: 3491 Lutheran Services - Cooinda Aged Care Centre |

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 Lutheran Services - Cooinda Aged Care Centre (**the service**) has been prepared by K. Reed, 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 (performance assessment) – 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 16 October 2023
* the Performance report completed following the Site audit conducted 16 to 17 May 2023
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 7 Human resources | Not applicable |

A detailed assessment is provided later in this report for this 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 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 to be Non-compliant in this Requirement following an Assessment contact - site conducted 16 to 17 May 2023. The organisation implemented several actions in its plan for continuous improvement in response to the non-compliance which have been effective.

Consumers stated staff responded to their requests for assistance in a timely manner, and they were confident staff were providing safe care. Consumers receiving time sensitive medication, consumers with complex needs, and consumers requiring two or three staff to assist them mobilise said they received the care they needed when they needed it. Staff advised although they can be busy, there are sufficient staff members to provide care and services in accordance with consumers’ needs and preferences.

A base roster was completed six weeks in advance, with consideration to occupancy and clinical needs, ensuring there were sufficient clinical staff; including registered and enrolled nurses, as well as available escalation points to support staff in providing clinical and personal care. Staff were encouraged to provide feedback to their supervisor or directly to the Service Manager on scheduling and any suggested changes. The service was meeting mandatory care minutes and was actively recruiting to ensure it is compliant with October 2024 legislative changes to mandatory care minutes.

Management investigated call bell reports weekly, and this investigation and analysis assisted in finding the root cause, particularly for consumers who may need more attention as their condition declines, which can then inform the roster. The Assessment Team observed staff responding promptly to requests for assistance from consumers.

Actions taken by the Approved provider to address the previous deficiencies in this Requirement include the development of improved onboarding processes for agency staff to ensure they have the required knowledge required prior to starting their shift, in effect reducing buddying responsibility for permanent staff. The new onboarding process provides a digital induction including security and site orientation, training agency staff to access and navigate the electronic records management system, as well as policies and procedures.

Ongoing relationships were established with a recruitment agency for international recruitment of registered nurses equating to an additional 10 shifts for four new registered nurses. A training and recruitment program was implemented to attract new aged care workers to the industry which resulted in 15 new aged care workers available to the service.

A Nurse Practitioner was recruited for the region and attends the service four days per week. The Approved provider implemented two Residential regional manager roles, which were internally filled. A roving Service manager role was to commence 09 October 2023, the roving Service manager will be available to backfill organisational Service manager leave.

A centralised recruitment team worked collaboratively with the Service manager to alleviate the need for the Service manager to complete many recruitment activities. A new rostering system was established which allowed staff to see available shifts, volunteer for additional shifts and allowed management to access and adjust staffing levels and skills s required. A call bell competition was held to encourage more timely responses to consumer needs, this resulted in a reduction of lengthy call bell wait times.

Additional staff were allocated across the service including an extension to the lifestyle staff finish times to support additional needs in the dementia support unit during the afternoon period, when behaviours may increase. Handover processes were reviewed and updated and included the development of new handover sheets and a clinical handover procedure to improve the effectiveness and consistency of handover across the service.

Based on the information recorded above and the level of satisfaction with staffing voiced by the consumers, their representatives and staff, 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)