Performance

Report

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| Name: | Lutheran Services - Immanuel Gardens |
| Commission ID: | 5466 |
| Address: | 10 Magnetic Drive, BUDERIM, Queensland, 4556 |
| Activity type: | Site Audit |
| Activity date: | 22 April 2024 to 24 April 2024 |
| Performance report date: | 30 May 2024 |
| Service included in this assessment: | Provider: 393 Lutheran Church of Australia - Queensland District  Service: 3756 Lutheran Services - Immanuel Gardens |

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 - Immanuel Gardens (**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 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 May 2024
* other information and intelligence held by the Commission in relation to the performance of 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

The Quality Standard is found compliant, as 6 of the 6 specific requirements were assessed as compliant, as:

Consumers and representatives confirmed consumers were treated with dignity and respect, and staff value their identity, culture, and diversity. Staff demonstrated knowledge of consumers’ personal circumstances, life experiences, and cultural backgrounds, Staff were observed to consistently treat consumers with dignity and respect.

Consumers and representatives confirmed consumers unique cultural identities, beliefs, needs, and practices were recognised, respected, and supported. Staff gave practical examples of how they adapted the delivery of day-to-day care in line with the cultural preferences of consumers. A diversity policy reflected all consumers were free to pursue their cultural, spiritual, and gender identity preferences in a safe and encouraging environment.

Consumers and representatives confirmed consumers were supported to be their own decision maker regarding care, including deciding who they want to be their representative and what relationships they wished to maintain. Staff gave practical examples of how consumers were supported to exercise choice and decision making in their care and daily living activities. Care documentation evidenced consumer involvement in care decisions and identified their nominated representatives.

Consumers and representatives confirmed consumers were supported to take risks such as driving motorised scooters and consuming alcohol, so they can live life the way they wished. Staff understood which consumers took risks and confirmed consumers were provided with information on benefits and possible harm to make informed choices. Care documentation confirmed responsive strategies were planned to promote consumer safety while engaging in risk-based activities.

Consumers and representatives said consumers were kept up-to-date via meetings, newsletters and care consultations. Staff confirmed information was communicated to consumers in ways they could understand based on the outcome of communication assessments. Consumers were observed to be advised of activities over a public address system, documentation was printed in large font and posters displayed were current.

Consumers confirmed their privacy was well respected, and they were confident their personal information was kept confidential. Staff described how they maintain consumer privacy when providing care, keeping computers locked, and using passwords to access consumers’ personal information. Staff were observed to seek consent prior to entering a consumer’s room.

# 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

The Quality Standard is found compliant, as 5 of the 5 specific requirements were assessed as compliant, as:

Staff described the assessment and care planning process used to identify risks to consumers and plan interventions to inform what care they required. Care documentation included a range of validated assessment tools to identify consumer’s risks of falls, skin injuries and restrictive practices. Care documentation evidenced where risk was identified, care plans informed staff of the care requirements to promote consumer safety.

Consumers and representatives said their care goals and preferences had been assessed, and they had discussed their preferences for advance care and their end of life wishes. Care documentation reflected consumer’s current specialised nursing needs, personal hygiene preferences and contained an advance care directive, where this had been completed. Staff advised currency of advance care preferences and end of life wishes are confirmed through care consultations.

Consumers and representatives confirmed their ongoing involvement in care discussions including when consumer’s conditions or needs changed and during routine reviews. Staff advised consumers and their representatives are invited to participate in case conferences and a multidisciplinary approach to assessment and care planning is undertaken. Care documentation included input from medical officers, specialists and allied health professionals.

Consumer representatives confirmed they have a copy of the consumer’s care plan and staff had explained its contents. Care documentation evidenced the outcomes of assessment and planning for each consumer, including changes, reviews, updates, and communication with consumers/representatives. Care documentation was observed to be readily available via the electronic care management system (ECMS).

Consumers and representatives confirmed consumers’ care plans were regularly reviewed and reassessment occurred in response to an incident such as a fall. Staff advised care plans were reviewed 3 monthly, annually and in response to decline in condition. Care documentation evidenced the consumers care strategies had been reviewed as scheduled, with reassessment occurring and care plans updated, following incidents or changes.

# 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

The Quality Standard is found compliant, as 7 of the 7 specific requirements were assessed as compliant, as:

Consumers and representatives confirmed consumers received safe and effective personal and clinical care which was tailored to meet their individual needs and preferences. Staff demonstrated knowledge of consumers care needs and understood best practice approaches to management wounds, pain and restrictive practices. Care documentation evidenced wounds or pain were present the consumer was reviewed, monitored and care directives were followed, however, when mechanical restrictive practices were applied these had not been reviewed in line with organisational policy, with staff training provided in response.

Consumers and representatives gave positive feedback in response to the management of their high impact risks, including falls prevention, diabetes and catheter management. Staff demonstrated knowledge of the risks to individual consumers and the care required of them to manage those risks. Care documentation evidence care directives for the management of high impact risks were being followed.

Care documentation for a consumer who had recently passed away evidenced they were kept comfortable through the provision of crisis medications and family members were present at end of life. Staff demonstrated knowledge of how care changed at end of life to ensure the consumers dignity was maintained and they were kept comfortable. Staff confirmed they had access to specialist palliative care support, if required and policies on end of life care guided their practice.

Care documentation evidenced when a consumer’s condition was noted to have deteriorated, they were transferred to hospital for review. Staff described the signs, symptoms and monitoring processes used to identify deterioration and their response was guided by a flowchart. Consumers said when they became unwell, staff were quick to identify it and they responded promptly.

Consumer’s representatives felt information was effectively shared. Allied health professionals confirmed they communicated their care recommendations to staff and the consumers care plan was updated. Staff confirmed receiving updates on consumers care through handover processes and consumers care documentation was available via the ECMS.

Consumer’s representatives advised the consumer was referred to allied health professionals for review in response to falls. Staff understood referral processes and confirmed a range of allied health professionals, outreach services and specialist were available. Care documentation supported referral of consumers was undertaken in a timely manner.

Staff demonstrated knowledge of strategies used to reduce the inappropriate prescription of antibiotics such as increasing fluids, completing pathology testing and providing personal hygiene to prevent infection. Policies and procedures guided staff on antimicrobial stewardship and an outbreak management plan guided staff’s response to an infectious outbreak to reduce the likelihood of transmission. Visitors were observed to be screened for infection prior to entry and staff were observed to practice hand hygiene.

# 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

The Quality Standard is found compliant, as 7 of the 7 specific requirements were assessed as compliant, as:

Consumers confirmed they received services which promoted their independence, well-being, and quality of life. Staff said consumers were actively engaged to understand their preferences for daily living activities. Care documentation outlined the specific needs and preferences of consumers.

Consumers said they felt supported to maintain social, emotional, and spiritual connections, which are important to them, including those who practiced a different faith. Care documentation reflected consumers’ emotional and spiritual preferences, and described supports required to maintain their emotional and spiritual well-being. Consumers were observed being provided with emotional support by pastoral staff and participating in group prayer services.

Consumers said they felt supported to participate in activities within the service and in the wider community, to have social relationships and could do things of interest. Staff demonstrated knowledge of what was of interest to consumers including doing crafts, writing articles for the service newsletter and gave practical examples of supporting consumers who were friends to reside in rooms located closely to each other. Consumers were observed to gather in social groups and participated in a range of internal and external activities aligned to their documented interests.

Consumer representatives said information about consumers’ services and supports were effectively shared, as they did not have to repeat the consumers preferences. Staff said information regarding consumer daily living needs was documented on consumer’s care plans and was stored in the ECMS. Care documentation contained adequate information to ensure consumers needs and preferences were shared between care and catering staff.

Consumers confirmed when they required additional support they were referred quickly to external services. Staff demonstrated knowledge of referral processes and gave practical examples of referring consumers for additional social and emotional supports. Care documentation evidenced when referrals were required, staff completed these quickly.

Consumers gave positive feedback on the variety, quality and quantity of food provided, with consumers who required texture modifications confirming they were offered the same meals as was available on the menu. Staff demonstrated awareness of consumers current dietary requirements and preferences and confirmed consumers provide meals suggestions as part of the menu development process. Consumers were observed to enjoy the meals served and had choice what they ate at each service.

Consumers gave practical examples demonstrating equipment and furniture is checked for safety and repairs are attended to promptly to ensure it remains in good working order. Maintenance documentation evidenced equipment and fittings was routinely inspected and serviced regularly so it is safe for consumers use. Equipment and furniture were observed to be clean, and well maintained.

# 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

The Quality Standard is found compliant, as 3 of the 3 specific requirements were assessed as compliant, as:

Consumers and representatives described the service environment, as warm, welcoming, easy to navigate and consumers said they felt at home. Staff advised consumers were encouraged to decorate their rooms with their own furniture and personal effects to create a sense of belonging. Directional signage was observed to guide consumers on how to locate different buildings, communal and outdoor areas, with consumers observed spending time with each other and their family members in the gardens.

Consumers said the service environment was clean, it was well maintained, consumer’s rooms were comfortable, and they could come and go as they pleased. Staff described and documentation evidenced, cleaning was guided by a schedule and completed as tasked. Consumers were observed leaving the service independently, moving between various buildings, internal environments were clean and external grounds were well maintained.

Consumers and representatives said furniture was kept clean, equipment was in good condition and any repairs needed were attended to promptly. Maintenance documentation evidenced equipment and fittings were inspected routinely, regularly serviced and faults were logged for repair, based on a priority. Furniture, equipment and fittings were observed to be clean, in working order and safe for consumer use.

# 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

The Quality Standard is found compliant, as 4 of the 4 specific requirements were assessed as compliant, as:

Consumers and representatives said they were encouraged to give feedback at meetings and were supported to make suggestions or lodge complaints via feedback forms or by speaking to staff. Staff described processes which encouraged feedback and complaints to be given verbally or in writing. Feedback forms and lodgement boxes were readily accessible and written material encouraged consumers to give feedback through various mechanisms.

Consumers and representatives knew advocacy services were available and how they could escalate a complaint to the Commission. Staff said they have made referrals and assisted consumers to contact advocacy services and had invited advocates to present at consumer meetings. Posters and pamphlets, available in various languages, promoted consumer access to advocacy, language and external complaints supports.

Most consumers and representatives, said when complaints were made, responsive actions were taken and open disclosure was practiced, however one said their feedback had not been actioned. Staff demonstrated knowledge of complaints management processes, were familiar with the principles of open disclosure and management immediately engaged with the consumer who gave negative feedback. Complaints documentation evidenced resolution processes involved the complainant and apologies were given.

Consumers and representatives said their feedback contributed to improvements. Staff confirmed annual surveys were conducted and the results of this were reviewed and used to inform where improvements were required. Continuous improvement documentation evidenced consumers feedback on communication had resulted in streamlined processes being implemented.

# 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

The Quality Standard is found compliant, as 5 of the 5 specific requirements were assessed as compliant, as:

Consumers and representatives said staff were sufficiently allocated, there was always someone available when the consumer required help and staff were prompt to respond to calls for assistance. Staff said they were resourced to provide the level of care consumers required and agency staff were utilised to fill vacant shifts when unplanned leave occurred. Rostering documentation evidenced all shifts had been filled, nursing staff are continuously onsite and care minute targets were being met.

Consumers and representatives reported staff to be kind, caring and respectful of consumers and their identity. Staff were observed to interact with consumers in a kind and respectful manner. Education records evidenced staff had been trained in the Code of Conduct for Aged Care, and the organisation’s code of conduct outlining their behaviour requirements.

Consumers and representatives said staff were capable and had the knowledge to provide consumers with the care and support they required. Management confirmed all staff must meet the minimum qualification and registration requirements as specified in their position descriptions, with the suitability to work in aged care verified through probity checks. Staff advised they completed an orientation program to ensure their competency upon employment and their competency in the operation of airway suction devices was assessed following implementation of the equipment.

Consumers and representatives felt staff were trained to provide the care and support consumers required. Staff confirmed they were allocated regular training modules with recent training including continence management, Parkinsons disease, understanding behaviours and people skills. Education records evidenced staff had completed training as scheduled.

Staff advised their performance is formally assessed through an annual appraisal process. Management gave practical examples of consumer feedback initiating performance management processes and how the performance of the staff member continued to be monitored. Personnel records evidenced staff appraisals had been completed as scheduled.

# 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

The Quality Standard is found compliant, as 5 of the 5 specific requirements were assessed as compliant, as:

Consumers and representatives considered the service was well run and confirmed they contributed to the design, development and evaluation of care and services through attendance at meetings, providing feedback and completing surveys. Management confirmed a Consumer Advisory Body has been established and the minutes of these meetings provided to the governing body for consideration. Meeting minutes evidence consumer involvement in designing how days of significance would be celebrated, mobile voting booths would be installed for those who wished to vote in elections and changes to meal service to ensure food temperature was preserved.

Management described the organisation’s oversight structure, consisting of various committee members who make up the governing body (the Council) who are accountable for decisions on the delivery of safe care and services. The skill mix of the Board was advised to comply with legislative requirements, includes members with clinical experience. Management confirmed monthly reports are submitted to the Council and include information on feedback, incidents and restrictive practices. Strategic, business and operational plans have been released by the Council which set performance targets and guide the service in the provision of safe, inclusive and quality care.

The organisation has a governance framework relating to continuous improvement, information management, financial and workforce governance, regulatory compliance, feedback, and complaints, which includes policies and procedures to guide staff practices. Staff said they knew their roles and responsibilities; they could access information when required and they knew how to manage feedback and complaints. Continuous improvement processes were effective in responding to areas of concern, funding was available when additional expenditure was required, and regulatory compliance was demonstrated in response to recent reforms.

There were risk management systems in place, which included policies and procedures to manage risk and respond to incidents, including for high impact, high prevalence risks and which supported the consumer to safely engage with risk activities. The incident management system evidenced risks and incidents, including serious incidents, were identified, reported, investigated and actions were taken to prevent or minimise reoccurrence. Staff could explain how they applied the service’s policies in their daily practices, including using data to benchmark and trend incidents to identify emerging trends.

The clinical governance framework included policies in relation to open disclosure, antimicrobial stewardship and restrictive practice and staff confirmed these areas were included in their training program. Staff demonstrated an understanding of the clinical governance framework and provided practical examples of how antimicrobial stewardship, minimising the use of restraint and open disclosure was implemented on a day-to-day basis. Care documentation evidenced staff complied with organisational policies as restrictive practices had been ceased when no longer required, staff apologised when things went wrong and pathological testing was completed prior to antibiotics being prescribed.

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)