Performance

Report

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| Name: | Lutheran Services - Orana |
| Commission ID: | 5126 |
| Address: | 24 MacDiarmid Street, KINGAROY, Queensland, 4610 |
| Activity type: | Site Audit |
| Activity date: | 30 August 2023 to 1 September 2023 |
| Performance report date: | 9 October 2023 |
| Service included in this assessment: | Provider: 393 Lutheran Church of Australia - Queensland District  Service: 3483 Lutheran Services - Orana |

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 - Orana (**the service**) has been prepared by A. Douglas, 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 and others.
* 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 said staff were caring and treated them with dignity and respect. Staff demonstrated an awareness of the needs and preferences of consumers and were observed providing care in a dignified and respectful manner. Consumers’ care plans included information about their identity, culture, and diversity.

Consumers said staff respected their culture, values, and background. Staff demonstrated an understanding of consumers’ cultural needs and preferences. Care documents contained information about consumers’ cultural backgrounds and this information aligned with feedback from staff, consumers, and representatives.

Consumers said staff supported them to make decisions about how and when they received their care and services. Staff knew how to facilitate consumers’ decisions about their care, including who should be involved. Care documents identified consumers’ individual choices regarding when care was delivered, who was involved in their care, and how the service supported them to maintain relationships.

Consumers said the service supported them to take risks and demonstrated an awareness of the risks associated with their decisions. Staff outlined the supports provided to consumers who chose to engage in activities which included an element of risk. Care documents showed the service had collaborated with consumers to identify and manage risks.

Consumers said the service regularly provided them with information about their care which enabled them to make informed choices. Staff could describe the ways in which information was provided to consumers in an easy and accessible way. The Assessment Team observed the service communicated through printed information, verbal reminders, consumer meetings, and email correspondence.

Consumers and representatives said the service protected consumers’ privacy and confidentiality. Staff described the practical ways in which they maintained consumers’ privacy when providing care. The Assessment Team observed staff conducting their roles in a way that protected consumers’ privacy. The service had a privacy policy to guide staff in protecting consumers’ privacy during care delivery.

# 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 said the service’s assessment and planning processes considered their individual risks and confirmed care delivery was consistent with their care plans. Staff demonstrated an awareness of their individual roles in the care planning process. Care documents considered risks to consumers’ health and well-being and informed the delivery of safe and effective care and services. Mitigation strategies were in place for consumers with identified risks to their health and well-being.

Consumers and representatives said the assessment and planning process met their current needs, goals, and preferences, including of advance care planning. Staff said advance care planning and end of life (EOL) care was discussed with consumers and representatives on admission, or as care needs changed. Care documents contained an advance care plan for sampled consumers, including EOL care if applicable.

Consumers and representatives reported they were involved in assessment and planning on an ongoing basis. Relevant staff could explain their roles in relation to care planning and assessments. Care documents showed evidence of involvement from a range of services, including medical officers (MO) and allied health professionals.

Consumers and representatives said they understood what was included in the consumer’s care and services plan, and confirmed it met their needs, goals, and preferences. Staff detailed processes whereby they informed consumers and representatives of the outcomes of care planning and assessments. The Assessment Team observed the service used an electronic care management system (ECMS) to record all care planning and progress notes and care plans were readily available if requested.

Consumers confirmed care and services were reviewed regularly for effectiveness and when circumstances changed. Staff described how and when care plans were reviewed for effectiveness. The service had policies and procedures to guide staff in conducting reviews, and the ECMS generated review reminders for staff. Care documents confirmed the service conducted regular 3-monthly reviews of consumers’ care plans.

# 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 expressed satisfaction with the care consumers received, including the management of falls, pain, and skin integrity. Staff demonstrated an understanding of the personal and clinical needs of consumers, and the strategies in place to meet these needs. Consumers and representatives expressed satisfaction with the care consumers received, including the management of falls, pain, and skin integrity.

Consumers and representatives were satisfied with the service’s management of high impact or high prevalence risks. Staff knew how to assess and manage high-impact, high-prevalence risks to the safety, health, and well-being of consumers. The service had policies and procedures to guide staff in managing risks to consumers’ health and well-being. Care documents noted high impact or high prevalence risks and were effectively managed by the service.

Consumers said they were satisfied with the service’s approach to EOL care. Care documents included evidence of discussions between staff, consumers, and representatives regarding advanced care planning. Staff described how they provided palliative care support in alignment with consumers’ directives.

Consumers and representatives expressed satisfaction with the service’s recognition of deterioration or changes in the consumer’s condition. Staff described the ways in which they responded to a change in a consumer’s condition. Care documents, progress notes and charting demonstrated deterioration in a consumer’s health, capacity and function were recognised and responded to appropriately.

The service used an ECMS to store and manage consumer information. Consumers and representatives said they were satisfied that their care needs and preferences were documented and communicated between staff. Staff described how information was shared and communicated throughout the service. Care documents included input from MO and allied health professionals.

Consumers and representatives confirmed referrals were timely, appropriate, and occurred when required. Staff knew the service’s external referrals network, and how to complete referrals to external providers. Care plans showed the organisation collaborated effectively with other individuals, organisations, and providers.

Management and staff demonstrated an understanding of the precautions required to prevent and control infections within the service and described strategies to ensure the appropriate use of antibiotics. Consumers and representatives expressed satisfaction with the measures in place to minimise infection related risks. The Assessment Team noted the service had documented policies and procedures to guide staff in relation to antimicrobial stewardship and infection control 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 received safe and effective support for daily living which met their needs, goals, and preferences. Staff knew what was important to consumers and could provide examples of lifestyle activities individual consumers enjoyed. Care documents included information about consumers’ activity preferences and what was important to them as individuals.

Consumers said the service supported them to maintain important social, emotional, and religious connections. Care plans accurately captured consumers’ emotional, spiritual, and psychological needs. Staff described strategies they used to support consumers’ emotional and psychological well-being.

Consumers said they were supported to participate in their community, within and outside of the organisation's service environment, have social and personal relationships, and do things of interest to them. The Assessment Team observed groups of consumers taking part in various activities occurring throughout the service. Staff described how they supported consumers to participate in the community and maintain relationships of importance.

Consumers confirmed staff were aware of their needs and preferences. Staff explained how they stayed informed about changing consumer needs and preferences and identified where they could access up to date information about consumers.

Consumers confirmed they were supported by other organisations, support services and providers of other care and services. Staff demonstrated an understanding of how they worked with other individuals, organisations, and providers of other care and services. Care documents identified engagement with other organisations and services.

Consumers said they were satisfied with the variety, quality, and quantity of the service’s meals. Staff demonstrated a shared understanding of consumers’ dietary needs and preferences and explained how they accommodated these needs. Staff were observed assisting consumers respectfully at mealtimes.

Consumers said they found the equipment at the service to be suitable, safe, and well maintained for their use. Staff confirmed they had a good quantity of clinical and lifestyle equipment to deliver quality care. The Assessment Team observed equipment was clean, safe, and suitable for use.

# 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 was welcoming and felt like home. Consumers’ rooms were personalised with photos, furniture, and other personal items. Management described the various aspects of the service environment which optimised each consumer’s sense of belonging and ease of navigation. The Assessment Team observed the service environment was welcoming and easy to navigate.

Consumers said the service was clean and well-maintained, and confirmed they could move freely and independently around the facility. The Assessment Team observed the service environment was safe, clean, well maintained, and allowed consumers to move freely both indoors and outdoors. Consumers confirmed they were satisfied with the cleanliness of the service environment.

Consumers confirmed they felt comfortable utilising the service’s equipment. The Assessment Team observed furniture, fittings and equipment was safe, clean, well maintained, and suitable for consumer use. Staff maintained the service’s equipment through various schedules, including proactive and reactive maintenance procedures.

# 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 said they felt comfortable providing feedback to the service. Staff knew the service’s feedback and complaints processes, and how to support consumers to raise their concerns. The service had various avenues for making a complaint and providing feedback, including speaking directly to the management team, submitting a feedback form, consumer meetings, surveys, or emailing the care manager.

Consumers and representatives said they were aware of other avenues for raising a complaint, both internally and externally. Staff explained the different mechanisms available to consumers for providing feedback, including those with cognitive impairment and language barriers. The Assessment Team observed information displayed throughout the service relating to advocacy services and external complaints avenues.

Consumers and representatives said management promptly responded to and sought to resolve their concerns after they made a complaint. Staff demonstrated an understanding of open disclosure and complaint management processes. Review of the complaints data from the past 12 months demonstrated the service took appropriate and timely action in response to complaints.

Consumers and representatives said their feedback was used to improve the quality of care and services. Consumer meeting minutes and the plan for continuous improvement (PCI) demonstrated complaints, feedback and suggestions were generally documented and changes at the service were communicated with consumers.

# 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 expressed satisfaction with the number and mix of staff available at the service. Staff said there were sufficient staff to meet consumers’ care needs. The roster for the month of August 2023 confirmed all shifts were filled. Management advised Registered Nurses were on site 24 hours, 7 days a week. Management confirmed vacant shifts were filled from a pool of casual staff, existing staff, and agency staff when required.

Consumers said staff treated them with respect, kindness, and care. Staff demonstrated they were familiar with consumers’ individual needs and preferences. The Assessment Team observed kind and respectful interactions between staff and consumers.

Consumers and representatives felt staff performed their roles effectively. Staff at all levels expressed confidence in their knowledge and skills to perform their roles. All staff had the relevant qualifications to perform the duties outlined in their position descriptions.

Consumers and representatives felt confident staff were sufficiently skilled to deliver the care and services consumers required. Staff confirmed they received ongoing training and support to perform their roles. The Assessment Team reviewed documentation which demonstrated the workforce was recruited, trained, equipped, and supported to deliver the outcomes required by Quality Standards.

Management advised staff performance was monitored and assessed through annual performance reviews and ongoing feedback from consumers and the workforce. Staff could describe the performance appraisal process and confirmed they received regular feedback about their performance. Performance appraisals were up to date for most staff.

# 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 said they felt involved in the design, delivery, and evaluation of care and services. Management advised all feedback or suggestions made by consumers and representatives were included in the service’s PCI. Documentation showed consumers were meaningfully engaged in the evaluation of services through consumer meetings, feedback mechanisms, and surveys.

The service’s organisational structure gave its governing body responsibility for the quality of its care. Multiple communications between the governing body and the service confirmed the governing body retained oversight of the service’s operations. For example, the governing body reviewed clinical indicators, the organisation’s PCI, and reports from executive management on a monthly basis.

Management and staff described processes and mechanisms in place for effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service had an effective communication management system, continuous improvement framework and PCI, established financial governance arrangements, and processes for workforce governance, feedback, and complaints.

Staff confirmed they analysed incidents to identify issues and trends, and these were reported at governance committee meetings. The service had a wide range of frameworks, policies, and procedures to support the management of risks and incidents. In addition to reporting incidents falling under the Serious Incident Response Scheme (SIRS), the service maintained a register for incident data.

The service had documented policies and procedures to guide staff practice in relation to antimicrobial stewardship, the minimisation of restraints and open disclosure practices. Staff demonstrated a shared understanding of these policies and their application in a practical setting. Care documents complied with the service’s policies for antimicrobial stewardship, minimisation of restraint, and open disclosure.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)