Performance

Report

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| Name: | Lutheran Services - Salem |
| Commission ID: | 5129 |
| Address: | 280 Hume Street, TOOWOOMBA, Queensland, 4350 |
| Activity type: | Site Audit |
| Activity date: | 30 July 2024 to 1 August 2024 |
| Performance report date: | 3 September 2024 |
| Service included in this assessment: | Provider: 393 Lutheran Church of Australia - Queensland District  Service: 3486 Lutheran Services - Salem |

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 - Salem (**the service**) has been prepared by P. Wallner, 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 response from the approved provider received on 20 August 2024.
* other information and intelligence held by the Commission in relation to this 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

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers and representatives said consumers were consistently treated with dignity and respect, and their identities, cultures, and diverse backgrounds were valued. Staff explained how they treated consumers with dignity and respect and displayed a strong understanding of consumers’ diverse cultural backgrounds and unique life experiences. Care planning documents reflected consumers’ identity, culture and diversity. The service had policies and procedures in place to ensure staff treated consumers with dignity and respected their identity and culture.

Consumers and representatives said staff recognised and valued their cultural heritage and provided culturally safe care. Staff described how they provided care that met consumers’ unique cultural needs and preferences. The service had a diversity policy to guide staff in providing culturally safe care and services.

Consumers and representatives said consumers were supported to make independent decisions about their care, communicate those decisions, and to make and maintain relationships of choice. Staff described how they supported consumers to make choices about their care and services, involve others in decision making, and to maintain relationships. Care planning documents detailed consumers’ choices around their care delivery, who was involved in their care, and their important relationships.

Consumers and representatives said consumers were supported to take risks to live the best life they could, and the potential harms and mitigation strategies were discussed with them. Staff described how consumers were supported to take risks, and to understand the potential harm when they made decisions about taking risks. Care planning documents confirmed risk assessments, consents and risk mitigation strategies were in place for all consumers participating in activities involving risks. The service had documented policies and procedures to guide staff in managing risks and consumer choice.

Consumers and representatives said they received current, clear and easy to understand information to make informed decisions about care, lifestyle activities, meals, and events. Management and staff described ways they communicated information to consumers, including those living with cognitive or sensory impairment. Clear and easy to understand information was displayed around the service.

Consumers and representatives stated their privacy was respected and their personal information was kept confidential. Staff described how they maintained consumers’ privacy during care delivery and kept their personal information confidential on password protected computers. Staff were observed knocking on consumers’ doors and waiting for consent before entering. The service had a privacy policy to guide staff practice.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives confirmed they were actively involved in developing consumers’ care plans which addressed risks to consumers’ health and well-being, and informed the delivery of safe and effective care and services. Clinical staff described how the initial and ongoing assessment and care planning process ensured risks to consumers were identified and mitigated. Care planning documents confirmed individualised assessment and care planning, including identification and assessment of risks, informed safe and effective care. A care and documentation manual embedded in the electronic care management system guided staff in clinical assessment and care planning.

Consumers and representatives said staff regularly discussed and documented consumers’ current needs, goals, and preferences, and their end of life preferences. Management and staff explained how an advance care directive was discussed as part of assessment and care planning. Care planning documents recorded consumers’ needs, goals and preferences including their end of life wishes.

Consumers and representatives felt like partners in the assessment and care planning process, which included the medical officer and other health professionals. Management and staff described how they involved consumers, representatives and other providers of care in assessment and care planning. Care planning documentation showed the involvement of consumers, representatives, and a range of other health service providers.

Consumers and representatives said they were involved in the regular review of consumers’ care plans along with other health professionals, and a copy of the care plan was offered. Management and staff described how they regularly communicated with consumers, representatives and other health professionals about the consumer’s care. Care planning documents showed outcomes of assessment and care planning were communicated to consumers and representatives in a timely and appropriate way.

Consumers and representatives confirmed consumers’ care and services were regularly reviewed when circumstances, or their needs, goals or preferences changed. Management and staff explained how care plans were reviewed regularly, and if there was a change in circumstances, or an incident occurred. Consumers’ care plans showed they had been reviewed 3-monthly, and if there was an incident or change in circumstances. The organisation had policies and procedures to guide staff in reviewing the effectiveness of consumers’ care.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives stated consumers received personal and clinical care, which was safe, effective, tailored to their needs, and which optimised their health and well-being. Staff and management described how consumers’ individual needs, goals and preferences for personal and clinical care were met in line with their care plans. Care planning documents reflected individualised care that was safe, effective, and tailored to the specific needs and preferences of the consumer.

Consumers and representatives described how the service identified and effectively managed high-impact or high-prevalence risks to consumers health. Staff described the high prevalence and high impact risks to consumers at the service, and the interventions in place to manage them. Care planning documents and reports on performance indicators showed high impact and high prevalence risks to consumers had been identified and were effectively managed. Staff were guided by a suite of clinical policies and procedures for managing high impact high prevalence risks to consumers.

Consumers and representatives confirmed consumers’ advance care and end of life wishes, had been discussed with them. Management and staff were aware of consumers’ needs, goals and preferences, and described how they maximised the comfort and preserved the dignity of consumers nearing the end of life. Care planning documents captured consumers’ advanced care plans. The service had policies and procedures related to palliative and end of life care, to guide staff practice.

Consumers and representatives said the service responded quickly to a deterioration or change in consumers’ condition or health. Staff and management described how they were familiar with consumers and promptly recognised a deterioration or change in their condition. Consumers’ care planning documents reflected the timely identification of, and response to, a deterioration or change in their condition. Staff said they are provided with training in the recognition and management of clinical deterioration.

Consumers and representatives said staff communicated effectively and were aware of consumers’ current condition, needs and preferences. Staff described how current information about each consumer’s current condition and needs was documented in the electronic care management system and communicated effectively through shift handovers and by accessing electronic records. Care planning documents confirmed representatives and medical officers were kept up to date about consumers condition and care needs.

Consumers and representatives said they had access to a range of appropriate other health care providers, and timely referrals were made with their consent. Management and staff described the processes for referring consumers to other health professionals and explained how this informed the care and services provided. The service had documented procedures for referrals, and referral documents confirmed timely referrals of consumers to other health service providers.

Consumers and representatives expressed satisfaction with the infection prevention and control practices, and how the service managed the COVID-19 outbreaks. Management and staff were knowledgeable in infection prevention and control practices and antimicrobial stewardship. Care planning documents reflected appropriate steps taken to minimise the use of antibiotics. The service had two infection prevention and control leads on-site, and documented policies and procedures to guide staff in relation to infection prevention and control and antimicrobial stewardship.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives said the service provided safe and effective services and supports for daily living which met consumers’ needs, goals and preferences. Staff explained how they discussed consumers’ lifestyle needs, goals and preferences and the services and supports they needed. Care planning documents detailed the services and supports needed for each consumer to optimise their quality of life, health, well-being and independence.

Consumers and representatives stated the service promoted their emotional, spiritual and psychological well-being. Staff described how they supported consumers’ emotional, social and psychological needs such as by spending one-on-one time or providing onsite church services. Care planning documents detailed consumers’ emotional, spiritual and psychological needs and preferences, and strategies to support them.

Consumers and representatives said consumers were supported to participate in activities and events, both within and outside the service, continue their interests, and maintain relationships. Staff and management described how they actively supported consumers to maintain relationships, engage in activities of interest, and participate in their community. Care planning documents contained information about consumers’ preferred activities and interests, and important relationships.

Consumers and representatives felt current information about consumers’ condition, needs and preferences was effectively communicated between staff, and to representatives. Staff described how changes in consumers’ care and services were communicated to representatives and those providing services and supports for daily living. Staff and management described how they were kept updated through care planning documentation and handover processes. Care planning documents confirmed the service engaged with other individuals and organisations to support consumers’ lifestyle needs and preferences.

Consumers and representatives confirmed referrals to other appropriate services and supports for daily living were timely. Management and staff described how consumers consulted and referred to other individuals and organisations for additional services and supports for daily living. Care planning documents confirmed consumers were supported with appropriate referrals to external services and supports.

Consumers and representatives reported the meals were of a suitable variety, quality, and quantity. Consumers confirmed the dining experience was enjoyable and they could always request alternative food choices. Staff were aware of consumers’ dietary needs and preferences which was consistent with their care documentation. Catering staff and management explained how consumers could provide feedback on the food, and how this influenced the menu. The kitchen appeared to be hygienic, safe, and well-organised, and mealtimes were calm with consumers appearing satisfied with the food served.

Consumers and representatives stated the equipment provided was safe, suitable, clean and well maintained. Staff said they had access to the necessary equipment, and described how it was kept clean and well maintained. Maintenance records confirmed maintenance was consistently completed as required. Equipment was observed to be safe, clean, and in good condition.

# 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

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumer and representatives confirmed the service environment was welcoming, easy to understand and optimised consumers’ sense of belonging and access. The service was spacious and well-lit, with clear signage, and consumers’ rooms were personalised. Consumers and representatives were using various areas around the service to socialise.

Consumers and representatives said the service was safe, clean, well-maintained, comfortable and they could move around freely, both indoors and outdoors. Management addressed an issue identified by the Assessment Team of a consumer being potentially restricted from accessing the smoking area. Management and staff explained effective processes for keeping the service clean and well maintained, which were confirmed by maintenance records. Consumers were observed moving freely around the service, both indoors and outdoors.

Consumers and representatives said the furniture, fittings and equipment were safe, clean, and well maintained. Maintenance staff described the processes in place for inspecting, sanitising and maintaining the equipment, furniture, and fittings in the service. The furniture, fittings and equipment appeared clean, well maintained, and suitable for consumers.

# 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

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives felt comfortable and supported to provide feedback and make complaints, and had opportunities such as completing feedback forms, surveys and attending resident/representative meetings. Management and staff described how they encouraged and supported consumers and representatives to provide feedback and make complaints through various channels. Feedback forms, envelopes and secure lodgement boxes were available around the service.

Consumers and representatives were aware of advocacy, language services, and other methods for raising and resolving complaints. Staff and management were aware of advocacy and language services, such as Translating and Interpreting Service (TIS), and the Commission. The consumer handbook had relevant contact information for the Commission, translation and advocacy services. Information about advocacy, interpreter, and complaint services was observed around the service.

Consumers and representatives confirmed staff and management resolved their complaints in a timely manner, and apologised when things went wrong. Management and staff explained how they recorded and resolved complaints and used open disclosure. The electronic complaints register, meeting minutes, and the Plan of Continuous Improvement confirmed the service documented and resolved complaints using open disclosure. The service had documented policies and procedures to guide staff in managing feedback and complaints.

Consumers and representatives said their feedback and complaints were reviewed and used to improve the quality of care and services. Management and staff described how complaints were reviewed and used to make improvements at the service. Management raised an improvement action, in relation to the Assessment Team noting some feedback in meeting minutes was addressed but not always recorded on the feedback register. The complaints register, Plan of Continuous Improvement and other documents confirmed feedback and complaints from consumers and representatives was used to improve the quality of care and services. The response from the approved provider received on 20 August 2024, provided minor clarification/correction to the Assessment Team’s report.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said there were enough staff and they responded promptly, when required. Staff said there was enough staff to deliver timely care. Management advised rosters and staffing numbers were based on the care needs of consumers, and vacant shifts were backfilled. Rosters and other documents demonstrated the workforce was planned and sufficient to meet the needs of consumers. The service met the care minute and registered nursing requirements, and average call bell response times were below the benchmark time.

Consumers and representatives said staff were kind, caring, and respectful of consumers’ identity, culture and diversity. Staff were familiar with each consumer's culture, needs and identity, and were observed to always interact with consumers in a kind, caring, and respectful manner. The service had documented policies and procedures to guide staff in providing respectful and inclusive care.

Consumers and representatives said staff were efficient, confident, and skilled to meet consumers’ needs. Staff felt they were competent to provide safe and quality care to consumers. Management described the recruitment processes which ensured staff had the necessary competencies, qualifications and registrations set out in the position descriptions for each role. Documentation showed the service checked and monitored qualifications, professional registrations, and security checks.

Consumers and representatives confirmed staff had the appropriate skills and knowledge to deliver safe and quality care and services, and described recent improvements in staff induction and training. Management and staff explained how staff were trained, equipped and supported to deliver care and services that met consumers’ needs and preferences. Training records confirmed staff were routinely trained and supported to perform their roles.

Consumers and representatives said they were happy with the quality of staff at the service. Management described how staff performance was monitored, assessed and reviewed through observations, feedback, and formal probationary and annual performance appraisals. Management advised performance reviews were conducted during probation at 6 months, and annually thereafter. Staff confirmed their performance was monitored continually and they had annual performance appraisals. Records showed performance appraisals were on track. The service had policies to guide the management of staff performance.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives stated the service was well run and they were engaged in the design, delivery, and evaluation of care and services. Management and staff described ways consumers and representatives were engaged in the development, delivery and evaluation of care and services, such as through resident/representative meetings, feedback processes, surveys, case conferences and discussions. The organisation had formed a Consumer Advisory Group (CAG) with two consumers from the service on it.

Consumers and representatives said the service provided a safe, inclusive environment providing quality care and services. Management described how the governing body (the Board) was composed of suitable members who promoted a culture of safe, inclusive and quality care and services, and were accountable for their delivery. Management described effective organisational governance and reporting arrangements and documents confirmed the Board received regular performance reports and ensured the Quality Standards were met.

The organisation demonstrated appropriate governance systems and processes to support information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. Management and staff described how the governance systems were implemented and were effective in supporting quality care and services. Management raised an improvement action, in relation to the Assessment Team noting some feedback in meeting minutes was addressed but not always recorded on the feedback register. The Board ensured the governance systems and processes were effective in the service meeting the Quality Standards.

The service had effective risk management systems and practices to manage high-impact and high-prevalence risks to consumers, identify and respond to abuse and neglect, support consumers to live their best lives, and manage and prevent incidents. Consumers and representatives said the service supported consumers to take risks to live the best life they could. Management described how the service managed risks and incidents in line with best practice.

The organisation’s clinical governance framework included documented policies and procedures related to antimicrobial stewardship, minimising the use of restraint and open disclosure. Consumers and representatives confirmed the use of open disclosure when things went wrong. Management explained how these policies and procedures were applied in practice and addressed the Assessment Team’s concern about potential undocumented environmental restraint in relation to a consumer’s access to the smoking area.

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)