Performance

Report

**1800 951 822**

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| Name of service: | Lutheran Services - St Pauls |
| Service address: | 10-44 Tomlinson Road CABOOLTURE QLD 4510 |
| Commission ID: | 5256 |
| Approved provider: | Lutheran Church of Australia - Queensland District |
| Activity type: | Assessment Contact - Site |
| Activity date: | 26 July 2023 |
| Performance report date: | 21 August 2023 |

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 - St Pauls (**the service**) has been prepared by S Turner, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |

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 |

Findings

Consumers and representatives said staff treated consumers with dignity and respect. Consumer feedback included ‘staff are amazing and know me very well,’ ‘staff help me’ and staff are ‘very kind.’

The organisation had documentation and training which demonstrated an inclusive, consumer-centred approach to deliver care and services.

Care planning documentation reflected important information about the consumers’ backgrounds, their history, meaningful relationships, interests, likes and dislikes, preferred names and religious preferences.

Staff demonstrated a sound understanding of consumers’ lived experiences and their care preferences; they were observed treating consumers with dignity and respect, whilst respecting consumers' individual choices.

# 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 |

Findings

The service effectively managed the identification, assessment, and evaluation of consumers’ personal and clinical care needs including pain management, skin integrity and the use of restrictive practice.

For consumers who experienced chronic pain there was evidence of assessments to determine the location, severity and type of pain being experienced. Staff used appropriate assessment tools based on the consumer’s ability to communicate their pain. Care plans incorporated both pharmacological and non-pharmacological pain management strategies, with regular evaluations of the effectiveness of pain relief medication.

Policies and procedures guided care delivery in relation to wound care and pressure injury care. Individualised wound management plans were followed by staff and were updated after each treatment and review. Preventative measures to mitigate pressure injury risks and maintain skin integrity were implemented and included the use of pressure relieving devices, regular repositioning, and skin moisturising. Where appropriate, specialised dressings were utilised to promote wound healing and minimise infection.

For consumers with specialised nursing care needs there was evidence of close monitoring of the consumer and the involvement of registered nurses and medical officers including when there was a change in condition. Care planning documentation included detailed instructions to guide staff and consumers confirmed that staff knew what they were doing.

Where restrictive practices were applied, authorisations and consent were in place and continuous monitoring occurred. Staff said they applied strategies from consumers’ behavioural support plans to address arising situations, documented relevant or concerning behaviours, and monitored the use of ‘as required’ medication to prevent overuse.

# Standard 5

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| Organisation’s service environment | |  |
| 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 |

Findings

The design of the service facilitated easy access to all internal and outdoor living areas including the dining and entertainment areas and the gardens. Outdoor areas were furnished for consumer use. The service had clear signage and strategies to support consumers to mobilise independently. Consumers’ rooms had direct access to the outdoors via a private patio and consumers were observed freely accessing outdoor areas.

Consumers and representatives reported consumers felt safe and comfortable living at the service and spoke positively about cleaning and maintenance services. Feedback included ‘the service is ‘exceptionally clean’ and ‘the cleaners do a great job.’

Maintenance staff demonstrated the service’s electronic maintenance system which scheduled and monitored annual preventive maintenance. Maintenance records and observations indicated that regular preventative and corrective maintenance was conducted as scheduled. Examples of scheduled and completed tasks included the servicing of air conditioners, mechanical lifting devices, air mattresses and fire safety equipment.

Care staff described how they reported maintenance issues including urgent requests by completing a maintenance log and where necessary contacting maintenance and management staff directly if the concern occurred after hours. The electronic maintenance log demonstrated requests were actioned in a timely manner.

Cleaning staff said they worked to a cleaning schedule which included the cleaning of each consumer’s room, internal communal areas, and thoroughfares including high touch points. Cleaning was monitored by the hospitality team leader and the service was clean and well maintained.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |

Findings

Consumers and representatives said staffing enabled the provision of care and services in a timely manner. Consumers provided feedback that staff were available when needed and were quick to respond to consumers’ requests for assistance.

Staff said they had sufficient time to undertake their roles and meet consumers’ needs and felt supported by management in ensuring there were enough staff. They said shifts were filled by existing staff, agency or management who provided assistance with care and services. Rosters demonstrated vacant shifts were filled.

Management advised the service conducted call bell auditing monthly and any extended response times were investigated to identify the cause. Management advised once the cause is identified, action is taken to prevent a recurrence. Review of call bell reports indicated the majority of call bells were answered within 10 minutes. An electronic rostering system was utilised and allowed management to set a base roster and amend staffing levels based on call bell reports, staff and consumer feedback.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)