Performance

Report

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| Name: | Lutheran Services - Trinder Park |
| Commission ID: | 5130 |
| Address: | 10 Laurel Street, WOODRIDGE, Queensland, 4114 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 22 November 2023 |
| Performance report date: | 13 December 2023 |
| Service included in this assessment: | Provider: 393 Lutheran Church of Australia - Queensland District  Service: 3487 Lutheran Services - Trinder Park |

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 - Trinder Park (**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 (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* information relating to the service that is held by the Commission

# Assessment summary

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| Standard 3 Personal care and clinical care | Not Applicable as not all Requirements Assessed |
| **Standard 7** Human resources | **Not Applicable as not all Requirements 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 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)(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 |

Findings

The service was delivering safe and effective personal care in accordance with consumers’ needs and preferences, including for those consumers who were nearing end of life.

Consumers were satisfied with the care they received and said they received assistance when they needed it and that their independence was supported. Consumers provided examples of staff encouraging them to change their position when in bed, providing pain relief as needed, assisting with hygiene and moisturising their skin.

Staff monitored consumers and checked on them regularly, registered nurses were involved in assessments and monitoring of care delivery including following an incident such as a fall, medical officers reviewed the consumers and allied health professionals were involved in care.

A person-centred approach was used for end-of-life planning that considered the consumer’s physical, social, psychological, emotional, and spiritual needs and preferences. End-of-life planning involved, as appropriate, the consumer, their representatives, clinical staff, medical officers, social workers and faith-based personnel. Representatives provided feedback that they were involved in end-of-life discussions and that this had included the involvement of a registered nurse and the medical officer. They said that faith-based considerations were included as an aspect of care during this time and that privacy and dignity had been provided to the consumer and the family.

Palliative care resources were available for staff to use during this phase of the consumer’s life and included sensory items such as aromatherapy essences and music.

Staff received training in end-of-life assessment and palliative care processes and the management team worked with local organisations such as the palliative care team to ensure continuous improvement in relation to the service’s approach to end of life care. Management staff said end-of-life audits were completed with the local palliative care team to analyse how effective end-of-life care was, and to identify improvement opportunities.

The service ensured consumers’ preferences in relation to end of life care were assessed, recorded, reviewed and implemented. Care documentation included the consumers’ advanced health decisions and choices about resuscitation. Staff were familiar with consumers’ preferences and knew how to keep the consumer comfortable and knew the actions they would need to take if there was a deterioration in the consumer’s condition.

For the reasons detailed, I find Requirements 3(3)(a) and 3(3)(c) are Compliant.

# 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 there were sufficient staff to meet consumers’ needs and preferences. They spoke highly of staff and provided positive feedback about how they were cared for.

Systems and processes were available to guide management and staff in rostering. The service’s base roster was planned to ensure sufficient staff were available to meet consumers’ needs across all service areas. The base roster was adjusted when consumers’ needs changed and registered nurses were available at all times.

Staff reported they could complete their allocated duties within their shift, that the service was responsive to consumers’ changing needs and that staffing levels were adjusted accordingly. Staff said they supported their colleagues in other areas of the service if required and provided examples of how staffing had been increased in the memory support unit allowing them to provide care in a timely manner. Staff said as consumers aged in place that staffing levels were increased to accommodate their needs.

Management said the service planned its workforce based on consumers’ needs, feedback from consumers, representatives and staff, analysis of clinical indicators and through monitoring call bell response times. All consumers provided feedback they were satisfied with call bell response times.

Staff were observed providing care delivery, assisting consumers with their meals and performing their duties in a non-hurried manner.

For the reasons detailed, I find Requirement 7(3)(a) Compliant.

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)