Performance

Report

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| Name: | Lutheran Services - Zion |
| Commission ID: | 5013 |
| Address: | 24 Union Street, NUNDAH, Queensland, 4012 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 19 December 2023 |
| Performance report date: | 17 January 2024 |
| Service included in this assessment: | Provider: 393 Lutheran Church of Australia - Queensland District  Service: 3370 Lutheran Services - Zion |

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 - Zion (**the service**) has been prepared by Stewart Brumm 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.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not Applicable |
| **Standard 7** Human resources | **Not Applicable** |

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)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |

Findings

The Assessment Team provided information that Consumers and representatives were satisfied with the management of high impact and high prevalence risks associated with consumers’ care. Staff demonstrated sound knowledge of risks to individual consumers and strategies in place to manage these risks. Care planning documentation identified effective management of risks to consumers and information to guide staff practice. The service conducts monthly clinical analysis and trending to review and manage risks at the service.

Care planning documentation confirmed input from other health services including medical officers, allied health providers and specialist services such as vascular clinics and aged care services provided by local hospitals. Staff demonstrated knowledge of the referrals process and said they have access to contact information for a range of health professionals, providers, and specialist services available at each nurse’s station.

I have considered the information provided by the Assessment Team and I find both these requirements 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

The Assessment Team provided information that consumers and representatives said staff are available when needed. Staff said they have enough time to undertake their duties. Management described the workforce recruitment and planning measures in place, including use of agency staff where required. Monthly call bell reports are analysed and trended to identify overlength call bells and implement improvements.

Review of the service’s feedback and complaints register, and recent consumer meeting minutes did not identify concerns raised in relation to staffing at the service.

The Assessment Team observed staff responding to call bells promptly and delivering care and services in an unrushed manner.

I have considered the information presented by the Assessment Team and I find this requirement is 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)