Performance

Report

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| Name of service: | Riverview Lutheran Rest Home Inc |
| Service address: | 5 Luther Road LOXTON SA 5333 |
| Commission ID: | 6065 |
| Approved provider: | Lutheran Church of Australia South Australia and Northern Territory District Inc |
| Activity type: | Site Audit |
| Activity date: | 30 August 2022 to 1 September 2022 |
| Performance report date: | 14 October 2022 |

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 Riverview Lutheran Rest Home Inc (**the service**) has been prepared by James Howard, 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.
* the Approved Provider’s response to the Assessment Team’s report, received 28 September 2022.
* other information and intelligence held by the Aged Care Quality and Safety 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 | | Compliant |
| 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

The Quality Standard is assessed as Compliant as six of the six specific requirements were assessed as Compliant.

*Requirement 1(3)(c):*

The Assessment Team considered Requirement 1(3)(c) was Not Met. However, having considered the evidence in the site audit report and the evidence provided by the service in its response, I decided the service is Compliant with Requirement 1(3)(c).

The Assessment Team provided information that two consumers, through their representatives, were not supported to exercise choice, make decisions about the consumers’ care or communicate decisions about their care. The Team’s finding was based on the representatives’ feedback regarding the consumers’ transfers to another wing of the service.

In response to the Assessment Team’s finding, the service provided documentary evidence showing the consumers’ representatives had been engaged in their loved ones’ care over a significant period, kept abreast of changes to their loved ones’ conditions and were provided choice in where their loved ones’ needs could best be met. Further, the consumers’ representatives provided the service with written consent which allowed their loved ones to be transferred to another wing of the service. Following the transfer of both consumers to another wing of the service, both consumer representatives expressed their gratitude to management for the care provided to their loved ones.

There is no evidence before me indicating either consumer representative provided feedback or made a complaint to the service about how the consumers’ transfers were managed. Having considered all available material, I reached a different conclusion to the Assessment Team, and decided the service is Compliant with this Requirement.

*The other Requirements:*

I am satisfied the service is Compliant with the remaining five requirements of Quality Standard 1.

Consumers and representatives said consumers were treated with dignity, respect and staff understood and valued consumers’ diversity. The service provided culturally safe care and services, with consumers’ life histories, cultural and spiritual needs documented in their care plans. Consumers said they were supported to take risks which enabled them to live the best lives they can. Sampled care plans confirmed consumers wishing to take risks had risk assessments conducted by the service, prior to participation in activities of their choice.

The service provided timely, current and accurate information to consumers and their representatives, which was confirmed by consumers and representatives interviewed by the Assessment Team. Information was disseminated through discussions, meetings, on posters around the service and in written form. Consumers said staff respected their privacy and ensured their personal information remained confidential. The service had a privacy policy which guided staff practice in caring for consumers.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

The Quality Standard is assessed as Compliant as five of the five specific requirements were assessed as Compliant.

The service demonstrated consumers partnered in the assessment and planning of their own care, through an electronic care management system, the use of procedural guidance and the involvement of other health professionals in care planning. Sampled consumer files showed assessment and planning considered risks to consumers’ health and well-being, their individual goals, needs, preferences and end of life planning. Consumers and representatives confirmed staff spoke with them regularly about their care needs, which were regularly reviewed, as well as when consumers’ circumstances changed.

The service partnered with consumers and others with whom consumers wanted involved in their care. Consumers’ care plans showed their representatives, medical officers and allied health professionals were actively involved in assessment and planning. The outcomes of assessment were communicated to consumers and representatives. Consumers and representatives said they were involved if changes were made to their care plans.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements were assessed as Compliant.

A review of care plans showed consumers received care which was individualised, safe, effective and tailored to their specific needs and preferences. Consumers and representatives said they were satisfied with their care and services, which were delivered according to their wishes. High-impact and high-prevalence risks to consumers were managed by recording them in the service’s electronic care management system and clinical data monitoring.

Consumer care plans identified deterioration or changes in individuals’ function, capacity and conditions, as well as responses to those changes. Care plans also included advance care planning, along with the needs, goals and preferences for consumers who required end-of-life care.

Consumers said their needs and preferences were communicated between staff, who understood their needs and preferences. Care plans showed input from medical professionals and allied health providers was sought and incorporated into the delivery of care and services. The service had a framework to minimise infection-related risks, control infection and promote the appropriate prescribing of antibiotics.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements were assessed as Compliant.

The service supported consumers to participate in activities of interest to them and maintain relationships of importance. Consumers’ care documents included a leisure care plan, with details of what and whom was important to consumers, and thereby promoted their well-being and quality of life. Consumers’ care plans identified their emotional, spiritual and psychological needs, each with a complementary strategy to address individual well-being.

Management advised and the Assessment Team observed, consumers’ preferences, needs and conditions were communicated within the organisation, and with others where responsibility for care was shared. The service had policies and procedures in place for making consumer referrals to other providers of care and services. The service provided a variety of meals of suitable quality and quantity, designed to meet consumers’ nutritional needs and contribute to their enjoyment of meals. Equipment used by consumers was observed to be safe, suitable, clean, well maintained and fit for purpose.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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

The Quality Standard is assessed as Compliant as three of the three specific requirements were assessed as Compliant.

The service environment was safe, comfortable and welcoming, which supported consumers’ enjoyment, independence and function. The service environment was easy for consumers to navigate and incorporated indoor and outdoor areas for the enjoyment of consumers and visitors. Feedback from consumers confirmed they felt at home within the service and the service environment enhanced their sense of belonging and independence.

Consumers said they were satisfied with the maintenance and cleanliness of the service. The Assessment Team observed furniture, fittings and equipment to be safe, clean, well maintained and suitable for the use of consumers. The service’s preventative maintenance schedule showed regular maintenance occurred and issues were promptly raised and resolved.

# Standard 6

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| Feedback and complaints | | Compliant |
| 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

The Quality Standard is assessed as Compliant as four of the four specific requirements were assessed as Compliant.

*Requirement 6(3)(c):*

The Assessment Team considered Requirement 6(3)(c) was Not Met. However, having considered the evidence in the site audit report and the evidence provided by the service in its response, I decided the service was Compliant with Requirement 6(3)(c).

The Assessment Team considered the service did not take appropriate action in response to complaints. The finding was based on interviews with two consumers’ representatives, who expressed dissatisfaction with how their loved ones were transferred to another wing of the service. Neither consumer representative told the Assessment Team they raised their concerns with the service’s management team.

In response to the Assessment Team’s finding, the service said neither consumer representative provided feedback or made a complaint about their loved ones’ transfers within the service. There is no documented evidence to show the representatives raised their concerns with the service’s management team. The Assessment Team reviewed documents which showed the service addressed other consumer and representative concerns and used open disclosure when something went wrong. In this particular case, when the service’s Chief Executive Officer became aware of the representatives’ concerns, she contacted them and offered an apology.

There is no evidence before me indicating either consumer representative provided feedback or made a complaint to the service about how the consumers’ transfers were managed. Having considered all available material, I reached a different conclusion to the Assessment Team, and decided the service is Compliant with this Requirement.

*The other Requirements:*

I am satisfied the service is Compliant with the remaining three requirements of Quality Standard 6.

Consumers and representatives said they understood how to provide feedback and make complaints, and considered management and staff were responsive to their concerns. The service had processes to support consumers to access advocacy and language services if either were needed to assist consumers to provide feedback or make a complaint. The service had a continuous improvement process, whereby feedback and complaints were used to identify areas for development.

# Standard 7

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| Human resources | | Compliant |
| 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

The Quality Standard is assessed as Compliant as five of the five specific requirements were assessed as Compliant.

The service’s staff had the necessary skills to meet consumers’ needs. The service’s staffing levels were adequate and consumers said staff were quick to attend to their needs. Consumers said management and staff were kind, caring and respectful. The service ensured staff were competent and had the qualifications and knowledge to perform their roles. The responsibilities for each role were defined and staff attended annual mandatory training.

The service had systems in place which supported staff recruitment. Once employed, staff were further trained, equipped and supported to deliver care and services in line with the Standards. Staff confirmed they received training, equipment and support to care for consumers in accordance with consumers’ assessed needs. Management regularly monitored and reviewed staff performance through a formal review process. Staff were informally reviewed through observing their performance and providing feedback as needed.

# Standard 8

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| Organisational governance | | Compliant |
| 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

The Quality Standard is assessed as Compliant as five of the five specific requirements were assessed as Compliant.

*Requirement 8(3)(c):*

The Assessment Team considered Requirement 8(3)(c)(v) was Not Met. However, having considered the evidence in the site audit report and the evidence provided by the service in its response, I decided the service was Compliant with Requirement 8(3)(c)(v).

The Assessment Team considered the service did not have effective systems to support regulatory compliance. The Team’s finding was based on a superseded ‘Reportable Assault Flowchart for Residential Aged Care’ (the flowchart), which was included in the service’s Serious Incident Response Scheme (SIRS) policy manual.

In response to the Assessment Team’s finding, the service provided a copy of its SIRS policy and reporting procedure, which were current. The service advised the superseded flowchart had inadvertently been left in the SIRS policy folder. However, when this was brought to the attention of management during the site audit, it was removed and replaced with the Commission’s current ‘Reportable incidents workflow’ chart. The Assessment Team reviewed the service’s incident records and found one SIRS incident in the previous six months, which had been managed in accordance with aged care regulations. Therefore, although the Assessment Team found a copy of the outdated flowchart in the service’s SIRS policy manual, the service’s SIRS policy and procedure were current, aligned with legislation and properly implemented by staff.

Therefore, having considered all relevant information, I considered the service had effective systems in place which supported regulatory compliance, and found the service Compliant with Requirement 8(3)(c).

*The other Requirements:*

I am satisfied the service is Compliant with the remaining four requirements of Quality Standard 8.

The service had processes in place which supported consumer engagement in the development, delivery and evaluation of care and services. The organisation’s governing body promoted, and was accountable for, a culture of safe, inclusive and quality care. The board of directors received regular feedback and complaint reports which were used to improve consumer care and services.

The service had processes in place for organisation-wide governance systems which guided information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service had risk management policies and procedures which supported the management of high-impact or high-prevalence risks associated with the care of consumers. The service used an electronic management system to record and review serious incidents. The Assessment Team viewed the service’s clinical governance framework, which addressed antimicrobial stewardship, minimising the use of restrictive practices 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)