Performance

Report

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| Name of service: | St Pauls Lutheran Hostel |
| Service address: | 7 Braun Drive HAHNDORF SA 5245 |
| Commission ID: | 6157 |
| Approved provider: | Italian Benevolent Foundation SA Inc |
| Activity type: | Site Audit |
| Activity date: | 10 May 2023 to 12 May 2023 |
| Performance report date: | 19 June 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 St Pauls Lutheran Hostel (**the service**) has been prepared by M Glenn, 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.

# 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 consumers, representatives, staff, management and others; and
* an email from the provider received 25 May 2023 indicating a response to the Assessment Team’s report would not be submitted.

# 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

All consumers and representatives indicated consumers are treated with dignity and respect, and their identity and diversity is valued. Staff were familiar with consumers’ backgrounds, needs and preferences, and were observed treating consumers respectfully and in a dignified manner when providing care and services.

Consumers sampled felt valued and safe when receiving care and services, and stated their culture is respected, and they are supported to maintain their identity. Care files sampled identified consumers’ backgrounds and strategies to support them, and staff were aware of consumers with specific cultural needs and described how they tailor care and services accordingly.

Consumers were satisfied they are supported to make or be involved in decisions about their care and services. Representatives are involved in decisions about care and services when the consumer is unable to communicate those decisions themselves. Staff gave examples of how they support consumers to make day-to-day choices and to maintain relationships of choice.

Consumers said they are supported by staff to take risks which enable them to be as independent as possible and live their best life. Where consumers undertake an activity which involves an element of risk, Risk assessments are completed. Risk assessments sampled showed consumers have been involved in assessment processes, including discussions regarding risks and strategies to minimise those risks. Medical officers and/or Allied health professionals are also involved in the assessment process.

Information is provided to consumers through a range of avenues, including emails, noticeboards, meeting forums, newsletters and one-to-one visits. Consumers sampled said they had received various communications notifying them of a change to the service’s ownership effective 1 April 2023 and inviting them to attend the service to meet with the new management team. There are processes to ensure consumers’ privacy is respected and personal information is kept confidential.

Based on the Assessment Team’s report, I find all requirements in Standard 1 Consumer dignity and choice compliant.

# 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

Care files sampled demonstrated a range of assessments which consider personal, clinical and lifestyle aspects of care are completed on entry and on an ongoing basis. A range of validated risk assessment tools are also used to inform care planning. Information gathered from consultation with consumers and/or representatives and assessment processes is used to develop a care plan which incorporates each consumer’s needs, preferences, goals and strategies to manage identified risks. All sampled consumers said they have been involved in assessment and care planning processes and staff have discussed potential and actual risks to their health during this process.

Assessment and planning was noted to have identified and addressed sampled consumers’ current needs, goals and preferences, and had been completed in consultation with consumers and/or representatives on entry and when changes had occurred. Discussions with consumers and/or representatives relating to advance care planning are undertaken on entry and at care plan reviews. The service has self-identified that not all consumers have an Advance care directive; this is planned to be included as part of the entry process and timely discussions with consumers identified as not having an Advance care directive will be undertaken.

Care files sampled confirmed consumers and their representatives are involved in assessments and planning of care and services on entry and on an ongoing basis, and demonstrated involvement of Medical officers and Allied health professionals in consumers’ care. Representatives and consumers confirmed they are regularly informed of changes to consumers’ health and care needs.

There are processes to ensure the outcomes of assessment and planning are communicated to consumers, staff and others, and documented in a care plan which is readily available to staff to guide provision of care and services and to consumers on request. Care plans had been regularly updated, including in response to incidents and changes in consumers’ health and condition, and care files included input from Medical officers and Allied health professionals. Following the change in ownership of the service, management identified care plans had not been reviewed as scheduled. In response, clinical staff have been appointed to assist with completion of care plan reviews. Staff confirmed they are informed of changes to consumers' care needs and services, including through handover processes.

Based on the Assessment Team’s report, I find all requirements in Standard 2 Ongoing assessment and planning with consumers compliant.

# 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

Consumers receive safe and effective personal and clinical care that is best practice, tailored to their needs, and optimises their health and well-being. Consumers and representatives said consumers receive the care they need and can see the Medical officer and/or Allied health staff when required. Care files were reflective of consumers’ individualised personal care needs and demonstrated appropriate management of specific aspects of clinical care, including wounds and diabetes. However, for three consumers, Falls risk assessment tools had not been consistently updated following each fall, and neurological observations were not undertaken in line with the Post falls management procedure. This was acknowledged by management who indicated further education would be provided to staff. Staff described how they provide care to consumers that is tailored and delivered in a safe and effective manner, and policies and procedures are available to assist and guide staff to ensure best practice is achieved.

High impact or high prevalence risks associated with the care of consumers are identified through assessment processes and management strategies are developed and documented in care plans to ensure care and services are delivered in line with consumers’ assessed needs and preferences. Care files demonstrated appropriate assessment and strategies to mitigate risks relating to swallowing, weight loss, chemical restraint and pain. Following the change in ownership of the service, an audit was undertaken to identify consumers who had lost weight resulting in identified consumers being reviewed by a Dietitian and recommended interventions implemented. Care files for two consumers demonstrated they have had an increase in weight since review by the Dietitian. Staff were knowledgeable of sampled consumers and the strategies and interventions in place for risk prevention management, and consumers and representatives expressed satisfaction with current interventions in place.

Care files sampled demonstrated consumers’ needs, goals and preferences during end of life are recognised and addressed to the families’ satisfaction. For one consumer, an End of life pathway had been completed in response to the consumer entering the end of life phase. Discussions had been held with the representative and wishes had been captured in a Palliative care plan. Progress notes demonstrated the consumer received care in line with their changing needs, and regular discussions with the Medical officer were undertaken. Staff described how they maximise consumers’ comfort and preserve dignity during end of life and work closely with consumers, their families, the Medical officer and local Palliative care team to ensure high quality care is provided.

Where changes to consumers’ health are identified, care files demonstrated prompt recognition and response, including referrals to Allied health professionals. Where changes to consumers’ care and service needs occur, there are processes to ensure these are communicated to staff and care plans updated. Staff demonstrated an understanding of their roles and responsibilities, including identifying and reporting changes in consumers’ condition, and representatives confirmed they are always kept up-to-date regarding any changes, and staff always seek input before making changes to care needs.

Processes to support the minimisation of infection related risks and to monitor infections and promote antimicrobial stewardship were demonstrated. Consumers and representatives sampled expressed satisfaction with infection control processes and felt staff were competent in identifying and managing infection related risks. Staff could describe antimicrobial stewardship principles and care files showed pathology results had been used to identify and appropriately treat infections. Policies and procedures are available to assist and guide staff practices, and staff have received training in relation to infection control, including hand hygiene, and appropriate use of personal protective equipment.

Based on the Assessment Team’s report, I find all requirements in Standard 3 Personal care and clinical care compliant.

# 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

Consumers sampled said they receive safe and effective services and supports for daily living that meet their needs, goals and preferences and optimises their independence, health and well-being. Care files demonstrated each consumer had been assessed and are reviewed on a regular basis to ensure services and supports meet their needs, goals and preferences. Care and clinical staff sampled described how they support consumers to achieve their daily living goals, including promoting independence with activities of daily living.

Consumers felt connected and engaged in meaningful activities that are satisfying to them, and felt supported and encouraged to engage with their community and maintain relationships of choice. They also indicated the service acknowledges and observes their cultural and spiritual practices by supporting them to attend church services and celebrate specific days that are meaningful to their culture or religion. Lifestyle staff described how the activity program is developed and tailored to consumers’ interests and is adjusted based on consumer feedback. Lifestyle staff also described how the service supports consumers’ psychological and emotional well-being, including through one-on-one engagement for consumers identified as needing additional emotional support.

Information about consumers’ conditions, needs and preferences is documented and communicated within the service and with others where responsibility is shared and, where required, there are processes to ensure appropriate and timely are referrals are initiated. Care staff described how they are kept up-to-date with consumers’ changing needs and preferences and consumers sampled said their condition, needs and preferences had been identified through entry processes and are reviewed regularly.

Most consumers said they enjoy the food, have enough to eat, and there is enough variety. Meals are prepared on-site, in line with a four-week rotating menu. Consumer feedback relating to the menu is sought on a regular basis, including through resident and food committee meetings, feedback forms and satisfaction surveys. Staff were observed assisting consumers with meals in a respectful manner and ensuring other consumers were directed and supported as needed.

There are processes to ensure equipment, required to support delivery of care and services, is clean, safe and suitable for consumer use. Care staff described how they maintain equipment, including through maintenance and cleaning processes.

Based on the Assessment Team’s report, I find all requirements in Standard 4 Services and supports for daily living compliant.

# 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

The service environment was observed to be welcoming and well-maintained, with light and spacious communal areas, enclosed gardens and courtyards, and a café. Surfaces indoors and outdoors were smooth and even, with handrails in corridors and navigational signs to facilitate access across the single-storey, five-winged facility. The service has a memory support unit which was observed to be colourful and spacious, with unique door fronts to enable recognition.

The service environment was safe, clean, and well maintained with consumers able to move freely both indoors and outdoors. Each of the five wings has access to enclosed outdoor garden spaces, including covered gazebos. Cleaning is undertaken in line with schedules and cleaning staff confirmed additional tasks, including more frequent cleaning of high-touch points, are undertaken during infectious outbreaks. Reactive and preventative maintenance processes are in place and staff were familiar with how to report maintenance issues, in line with the service’s processes. All furniture, fittings and equipment was observed to be safe, clean, and well maintained, and consumers were satisfied maintenance requests are attended to promptly.

Based on the Assessment Team’s report, I find all requirements in Standard 5 Organisation’s service environment compliant.

# 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

All consumers and representatives were aware of how to provide feedback and make complaints and felt encouraged and supported to do so without fear of retribution. Consumers are encouraged and supported to provide feedback and make complaints through surveys and meeting forums, and the Feedback log included feedback received through various sources.

Consumers are provided with information about internal and external feedback and complaints mechanisms, advocacy and language services on entry and ongoing. Pamphlets, posters and feedback boxes were also observed displayed throughout the service. Consumers confirmed they had been made aware of their right to access interpreters, advocacy and external complaint handling services, and while there are currently no consumers who require interpreter or advocacy services, staff could describe how they would obtain such information.

Policy and procedure documents are available to guide staff practice with regard to feedback and complaints processes, and staff sampled were familiar with the complaint and feedback process and with open disclosure principles. A Feedback log is maintained and demonstrated complaints are logged, responded to and actioned in a timely manner. However, verbal feedback was not consistently documented in the Feedback log. This was acknowledged by management who indicated staff will be provided education on the new complaints process, as well as their roles and responsibilities.

Feedback is captured, monitored, analysed, trended and reviewed and used to identify and drive continuous improvement. The Plan for continuous improvement included improvements derived from consumer feedback and suggestions, and one consumer sampled confirmed improvements have been made in response to feedback provided.

Based on the Assessment Team’s report, I find all requirements in Standard 6 Feedback and complaints 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 |
| 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 service has processes to ensure the workforce is planned and the number and skills mix enables the delivery of quality care and services. Workforce planning and management is monitored through regular review of the roster, incident data and call bell response times to ensure consumer needs are met and quality care and services maintained. There are contingencies for planned and unplanned leave. Staff generally felt they had enough time to complete their roles effectively and most consumers and representatives were satisfied with staffing levels and mix of staff, and said staff respond to consumers’ needs and preferences in a timely manner.

All consumers and representatives sampled felt staff are kind and respectful and know what is important to consumers; this was confirmed through observation of staff and consumer interactions. Staff felt their colleagues' interactions with consumers are kind and respectful and stated they felt comfortable to raise concerns regarding staff conduct with management.

There are processes to ensure the workforce is competent and have the appropriate qualifications, registrations and skills to effectively perform their roles. Staff confirmed the service provides face-to-face and online training to support them to undertake their roles effectively. Incident data, complaints, surveys and clinical indicators are regularly reviewed and used to identify areas where staff may require additional support and training. Consumers and representatives felt staff were knowledgeable and skilled in their roles and did not express any concerns about the care provided.

Consumers and representatives felt confident in the ability of staff to deliver care and services. A thorough onboarding process is undertaken for all new staff which includes mandatory training, an induction and buddy shifts. Training, including mandatory components, is provided to staff on an ongoing basis and staff felt the training provided assists them in effectively performing their roles and they felt comfortable to raise requests for additional training.

The service has a staff performance framework which ensures staff performance is regularly assessed, monitored and reviewed. Probation reviews are conducted at six months, with ongoing performance reviews undertaken annually. Staff performance is monitored on an ongoing basis through monitoring of feedback, complaint data and audits. Informal reviews are undertaken and feedback provided to staff on an ongoing basis, and there are processes to manage under performance. Staff confirmed they undertake regular performance reviews where they can identify their personal strengths and areas for improvement, as well as any additional training they may wish to undertake.

Based on the Assessment Team’s report, I find all requirements in Standard 7 Human resources compliant.

# 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

Consumers are engaged in the development, delivery and evaluation of care and services through feedback processes, one-on-one conversations, surveys and meeting forums. All consumers sampled felt safe at the service and feel it is well run.

The organisation has a range of reporting mechanisms to ensure the governing body is aware and accountable for the delivery of care and services. Each of the organisation’s services are overseen by a Residential site manager who reports to the Director of residential aged care. An organisational Quality team are responsible for collating clinical data each month, with reports provided to site management and the Clinical committee. Two Board members sit on the Clinical committee where monthly clinical data, including information on clinical trends and indicators, feedback and complaints and Serious Incident Response Scheme reports are discussed, with key information and trends reported to the Board.

The organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. There are processes to ensure these areas are monitored and the Board is aware and accountable for the delivery of services.

The organisation demonstrated effective risk management systems and practices in relation to managing high impact or high prevalence risks; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can and managing and preventing incidents, including use of an incident management system. A clinical governance framework, supported by policies and procedures to guide staff practice, including in relation to antimicrobial stewardship, minimising use of restraint and open disclosure is in place. Management and staff awareness of organisational policies and procedures relating to clinical governance was further demonstrated through evidence presented in other Standards.

Based on the Assessment Team’s report, I find all requirements in Standard 8 Organisational governance compliant.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)