**Performance**

**Report**

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| Name: | Tanunda Lutheran Home Inc - TANUNDA |
| Commission ID: | 600114 |
| Address: | 27 Bridge Street, TANUNDA, South Australia, 5352 |
| Activity type: | Quality Audit |
| Activity date: | 23 July 2024 to 24 July 2024 |
| Performance report date: | 16 August 2024 |

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.

# Service included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7910 Tanunda Lutheran Home Inc  
Service: 23663 Tanunda Lutheran Home Inc - Community and Home Support

**This performance report**

This performance report for Tanunda Lutheran Home Inc - TANUNDA (**the service**) has been prepared by M Glenn, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 quality audit, which was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives staff and management; and
* an email from the provider received 15 August 2024 acknowledging the assessment team’s report and recommendations.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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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 | | CHSP |
| 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 clients and representatives interviewed were complimentary about how clients are treated when they come into the service and said staff are always respectful and friendly. Clients also said staff understand them and their cultural needs and deliver care and services with this in mind. Staff orientation and ongoing training programs include cultural awareness, culture in aged care, person centred care and workplace diversity, and staff confirm this type of training is beneficial in assisting them to better understand the unique needs of clients. Staff were interacting with clients in a positive manner, using their preferred names and titles and providing care and services aligned with their cultural norms.

Clients and representatives confirm clients are supported to exercise choice and independence, make decisions about their care and services, and choose who is involved in the decision-making processes and these choices are respected. Initial and ongoing assessments are undertaken with clients, including the option to have a family, representative or advocate present, and clients can choose the services, service times, and preferences. Staff described how they support clients to make daily decisions regarding their care and services and maintain relationships of importance.

While clients did not discuss risks directly, they said the services and supports they receive enable them to maintain their independence and live their best life. If clients want to participate in an activity which involves risk or a safety issue, a self-determination risk assessment form is completed and consultation with relevant decision makers occurs informing the client of the potential risks, enabling them to make the decision to continue or not. Client or family meetings may be held where there are concerns raised to explain and resolve any conflict in decision making.

Information provided to clients is current, accurate and timely and in a way that is easy to understand and promotes choice. A client welcome pack and home support handbook contains the charter of aged care rights, brochures for internal and external complaints avenues, advocacy and information about the care and services available. Posters, pamphlets, and other visual and written information is displayed throughout the service and in key locations accessible to clients. Staff described how they provide information to clients, including those who have difficulty communicating or have sensory impairments. Clients said the service communicates with them verbally when they come in for lunch and/or social group activities, they receive regular newsletters, and their monthly statements are accurate and easy to understand. There are processes to ensure clients’ privacy is respected and personal information kept confidential.

Based on the assessment team’s report, I find all requirements in Standard 1 Consumer dignity and choice compliant, therefore, the Quality Standard is compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | CHSP |
| 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 evidence consideration of client safety, risk, and supports for health and well-being identified through screening processes on commencement of services, including initial assessments. CHSP client profiles, care plan reviews and Barossa club care plans record further discussion and documentation, such as safety and security needs, falls risk, personal alarms, mobility equipment and identified or new health issues or concerns. Staff work in conjunction with contracted allied health physiotherapists, with documented mobility reviews, care plans and progress notes undertaken for clients who choose to participate in physiotherapy sessions. Clients and representatives said staff discuss the care plan at commencement of services.

Assessment and planning identifies and conveys clients' current needs, goals and preferences, including advance care directives and palliative supports if the client is willing to discuss and implement. Care files sampled include personalised preferences and goals for each client in relation to the care and services they receive. Information on advance care directives is included in the client information pack, and leaflets for palliative and spiritual care services are displayed at the activity centre.

Documentation sampled demonstrates the service’s ongoing partnership with health professionals to ensure care and services enable clients to optimise their goals, needs and preferences. Staff demonstrated a clear understanding of individual client’s needs and preferences, describing how they liaise with other service providers and health professionals to support and meet clients’ needs. Clients and representatives said staff regularly discuss clients’ care and service needs and, where appropriate, will arrange additional services and/or access to assistance and supports, such as transport, personal alarms, or allied health.

Assessment and planning is completed in consultation with the client and/or their representative at the initial meeting, at six-monthly reviews, and in response to changes in clients’ needs. Clients and representatives said staff communicate outcomes of care plan assessments, and they are provided a copy of the care plan. Staff liaise with clients, representatives and health providers to update care documentation to ensure clients’ needs, goals or preferences are correct and enable appropriate supports.

Based on the assessment team’s report, I find all requirements in Standard 2 Ongoing assessment and planning with consumers compliant, therefore, the Quality Standard is compliant.

# Standard 3

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| Personal care and clinical care | | CHSP |
| 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

Clients and representatives said the care clients receive positively impacts and improves their health and well-being and is individualised. Care files demonstrate appropriate, best practice care provision and management strategies relating to mobility, activities of daily living and pain. Staff understand the various mechanisms and processes available to maximise client health which are supported by guidance materials, policies, and procedures. There are processes to identify, assess, plan for and manage high impact or high prevalence risks relating to clients’ care, with care files showing effective management of risks relating to diabetes, falls, behaviours, medications, and swallowing. Individualised risk management strategies are implemented to minimise risks, such as regular reviews, screening tools, incident reporting and risk mitigation strategies.

The service does not provide end of life care to clients, however, support mechanisms are in place to ensure individual client preferences are respected, such as having an advance care directive in place, providing literature and liaising with other providers of health and services. Clients have access to spiritual care through chaplain services should they wish to discuss end of life care.

Care files evidence staff actions to identify, evaluate and respond to changes to clients’ health and well-being, including initiating timely and appropriate referrals, where required. A response for deterioration of a customer flow chart guides staff actions and includes signs of deterioration, when to call emergency services, escalation to the medical officer and family, and review/reassessment of clients’ needs. Clients and representatives expressed confidence in staff taking prompt actions to support clients’ health and well-being, stating staff know them well enough to identify changes.

Information about clients’ condition, needs and preferences is well documented within the service, with evidence of communication with others where responsibility for care is shared. Relevant information about clients’ care and services is documented and communicated through support plans in client files which can be accessed by relevant staff. The service has shared calendars with allied health to enable bookings of client referrals, and shared client files enabling access to care plans, assessments, and progress notes. Clients and representatives said staff know clients well, including their needs and preferences.

There are systems and processes to support the minimisation of infection related risks. Staff participate in mandatory training for safe infection prevention practices, including hand hygiene and donning/doffing of personal protective equipment, and were observed practicing good infection prevention techniques. However, the service does not provide clients with information or pamphlets on appropriate use and prescribing of antibiotics. I would encourage the provider to review their processes relating to this aspect of requirement (3)(g).

Based on the assessment team’s report, I find all requirements in Standard 3 Personal care and clinical care compliant, therefore, the Quality Standard is compliant.

# Standard 4

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| Services and supports for daily living | | CHSP |
| 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

Clients said they are supported to maintain their independence, with staff only helping when required, and are satisfied the services provided optimise their well-being and quality of life. Each client is supported to nominate their preferred needs, goals and preferences to promote independence and personal enjoyment through the Barossa care plan. These plans include consideration for backgrounds, living arrangements, current support networks, client goals and supports for clients with mobility or cognitive issues. Staff described daily interactions with clients and how they support their quality of life and independence, in line with their needs and preferences. Staff said they ensure options are offered each day and if clients wish to change the scheduled activity, they can do what they want to do.

Staff know clients well, promote services and activities in line with their preferences and ensure clients have the knowledge and awareness of accessing supports where and when required. Care files outline clients’ support networks, religious/spiritual/cultural needs and emotional support requirements, as well as vulnerability screening risk ratings and identified risks. Where required, timely and appropriate referrals to individuals, other organisations and providers of other care and services are initiated. Clients interviewed said staff are very supportive of their emotional well-being, communicate well, and feel staff would support/resource any additional supports they need.

Clients and representatives confirm the service supports clients to participate in their community, have social and personal relationships, and do things of interest to them, including social activities, exercise classes and daily luncheons at the activity centre. The service actively supports clients to access and participate in their community with transport services to events and social group gatherings.

Clients and representatives confirm staff and subcontracted service providers know what they are doing and deliver services as clients would like. The service ensures information for clients attending the social group gatherings, daily luncheons and outings is readily available to staff, including information relating to dietary needs, medical conditions, identified risks and individualised emergency contact details. Staff said information in client care files is accessible, up to date, and enables them to undertake their roles efficiently.

Clients are satisfied with the meal options and assistance provided, stating the meals meet their needs and preferences. All social group luncheon meals are cooked at the service, using fresh produce. Catering meet clients’ dietary needs and preferences through consultation with and recommendations from a dietitian to ensure clients receive a balanced diet. Clients are asked what they would like and are provided with two hot choices of main meals for lunch, with vegetarian alternatives available. Care files include information on clients’ food allergies, dietary requirements and food preferences.

Equipment is safe, suitable, clean and well-maintained. The service hires council minibuses with wheelchair access for transportation of clients to social outings which are regularly maintained to ensure they are fit for purpose. Clients said there is enough equipment provided for them to use at social group activities and exercise sessions, and the equipment is safe and suitable.

Based on the assessment team’s report, I find all requirements in Standard 4 Services and supports for daily living compliant, therefore, the Quality Standard is compliant.

# Standard 5

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| Organisation’s service environment | | CHSP |
| 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 is newly refurbished with further construction nearing completion. The activity centre layout is single story with an open plan, wide corridors, and ample signage to guide clients to the main activity/dining area and allied health facilities. The service environment has sufficient lighting, comfortable furnishings and equipment. All clients interviewed said they love the service environment, stating it always feels welcoming and they often attend multiple times per week to have lunch, or participate in activities or events.

The service environment is safe, clean and well maintained, and clients were observed moving freely between areas. Additionally, furniture, fittings and equipment are clean, safe, well-maintained and suitable. Cleaning processes, and reactive and scheduled maintenance, supported by contracted services, are in place, with audits conducted to monitor the environment and furniture. Staff described processes for cleaning and maintenance, including the reporting of maintenance tasks and emergency processes. All clients interviewed said the environment is well maintained and kept clean and tidy.

Based on the assessment team’s report, I find all requirements in Standard 5 Organisation’s service environment compliant, therefore, the Quality Standard is compliant.

# Standard 6

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| Feedback and complaints | | CHSP |
| 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

Clients and representatives are aware of how to provide feedback or make a complaint and feel supported to raise their concerns. Clients said they are made aware during the intake process and on an ongoing basis about accessing advocates, language services and other methods for raising and resolving complaints. Use of feedback mechanisms are encouraged and supported through six-monthly care plan reviews, telephone calls, client meetings, surveys, feedback forms and conversations with clients during activities and lunch meals at the activity centre. Posters, pamphlets, and feedback forms displayed around the service provide advice on internal and external complaints processes, and the client information pack and home support handbook include feedback information for the service and on advocacy and translation services.

Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. Management described processes followed where complaints are lodged, including providing an apology, the immediate action taken to address the complaint and monitoring satisfaction of outcomes. Staff are aware of open disclosure and described how it is relevant to complaints, and policies and procedures are available to guide staff in the management of complaints, including open disclosure. Clients confirm management and staff address concerns as they arise, and while they did not provide specific examples, said they are happy with how concerns are handled. Feedback, complaints and suggestions are captured and recorded on a feedback register, with data analysed, trended and used to make improvements to the quality of the care and services. Clients said they have noticed changes to services based on feedback they have provided.

Based on the assessment team’s report, I find all requirements in Standard 6 Feedback and complaints compliant, therefore, the Quality Standard is compliant.

# Standard 7

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| Human resources | | CHSP |
| 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

There are processes to ensure 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 services. Staff and volunteers said there are sufficient staffing numbers to effectively complete their roles, and clients and representatives are satisfied with the number of staff to deliver services, stating lunch meals, events and activities commence at scheduled times. Clients and representatives described staff as ‘lovely,’ ‘always respectful’ and ‘genuinely caring.’ Policies and procedures guide staff and ensure clients are treated in a kind, caring and respectful manner, with each client’s identity, culture and diversity recognised and respected. Staff have access to cultural awareness training and the organisation’s vision, and values statement which includes respect, dignity, integrity, compassion and trust.

All clients are confident in staffs’ competency, skills, knowledge and ability to delivery care and services. On commencement, staff undertake an onboarding process which includes an induction day, buddy shifts and mandatory training. The organisation maintains a register to monitor currency of staff drivers’ licences, national police checks, first aid training and professional practicing certificates. Job descriptions are available and clearly outline workforce skills, experience and qualifications required to undertake each role. The organisation provides staff access to comprehensive training opportunities, including mandatory training, to build on core competencies, and there are processes to monitor completion/attendance. An ongoing training schedule has been developed to support the workforce in various areas relating to the Quality Standards. Workforce competency is assessed during a comprehensive recruitment process and is monitored ongoing through a variety of methods, including mandatory and ongoing training, induction, audits and regular staff meetings. Staff are knowledgeable of age-related care and service topics, and said they feel supported by the service in their roles through provision of training and ongoing guidance.

Regular assessment, monitoring and review of staff performance is undertaken. Initial performance appraisals are conducted six months after employment and annually thereafter. Staff performance is monitored ongoing through complaints data, auditing processes, progress note reviews, and observations. There are formal processes of escalation to address poor staff performance, including performance improvement plans, warning letters and a staff dismissal process if warranted. All clients and representatives said they are regularly encouraged to provide feedback on staff performance through feedback forms and surveys, and said they have no concerns with how staff treat clients or with the care and services provided.

Based on the assessment team’s report, I find all requirements in Standard 7 Human resources compliant, therefore, the Quality Standard is compliant.

# Standard 8

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| Organisational governance | | CHSP |
| 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

Clients said they are engaged in the development, delivery and evaluation of care and services and feel supported by the service in this process. Clients have input through formal and informal feedback processes, surveys and meeting forums. Management have an open door policy, and emails, social media posts and newsletters keep clients informed of any updates and changes. Management and senior staff attend all client meetings to ensure clients can provide suggestions and give feedback regarding care and service changes relating to the social group activities.

The organisational corporate governance framework governs all aspects of the service’s clinical and care practices, including compliance monitoring, strategic planning, organisational, financial and risk management which are embedded in policies and procedures across the organisation. There are systems and processes to collect, analyse and trend incidents and feedback which are discussed at executive and board meetings. Systems and processes are in place to escalate risks to key personnel, and accountabilities are outlined in position descriptions and organisational policy. The board meets monthly and are provided reports from service management which include risk management, key performance indicators, incident and feedback trending reports. Clients and representatives said the service is well run, the chief executive officer is easily accessible, and they receive communication from management and the board through newsletters, emails and other communication forums.

A governance structure is in place 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 governing body is aware of 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 is supported by policies, procedures and training to guide staff practice, including in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. 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, therefore, the Standard is compliant.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)