Performance

Report

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| Name of service: | Performance report date: |
| Zion | 21 September 2022 |
| Commission ID: | Activity type: |
| 5013 | Site audit |
| Approved provider: | Activity date: |
| Lutheran Church of Australia - Queensland District | 9 August 2022 to 12 August 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 Zion has been considered by Melissa Frost 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.

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 provider’s response to the assessment team’s report received on 9 September 2022.
* other information and intelligence held by the 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 | **Non-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

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 3(3)(a) – the Approved Provider ensures each consumer gets clinical care that is best practice, particularly in relation to wound management.

# 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

Consumers said they are treated with dignity and respect and their culture is valued. Staff described how they acknowledge consumer choices and how awareness of their choices and background influences care and services. Care planning documentation included information regarding cultural backgrounds and spiritual needs.

Care and service delivery was demonstrated to be culturally safe, with consumers feeling safe and supported to maintain their identities and do things that are meaningful to them. Staff described how care was structured to support consumers’ wellbeing and function. Care documentation was individualised and included relevant information relating to ethnicity, cultural practices and spiritual needs.

Consumers confirmed they were supported to exercise choice and independence, communicate their decisions and decide who is involved in their care. Consumers said they felt supported to make and maintain connections or relationships with people outside the service. Documentation included evidence of supporting consumers to maintain relationships of choice.

Consumers said they were supported to do things which enhance their overall well-being, including activities which may involve risk. Staff described how they identify, mitigate and minimise risk to support consumer choice and dignity of risk. Documentation included risk assessments and intervention strategies developed in consultation with consumers and relevant health professionals.

Consumers and their representatives said information provided to them is clear, timely and supports them in making choices, including about meals and activities. Information is provided verbally and in writing.

Consumers confirmed their privacy and dignity was respected by those providing care. Staff described how they ensure privacy is maintained. Care planning documentation was secured and accessible by approved persons. Staff were observed respecting consumers’ privacy.

# 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

Consumers and their representatives said they receive the care and services they need, and they are involved and have a say in the care planning processes. Staff described how care planning informs the delivery of care and services. Care planning documents identify risks to each consumer’s health and well-being, their current needs, goals and preferences including end of life care.

Care plans are developed in partnership with consumers, their representatives and other relevant providers, including medical officers and allied health professionals. Outcomes of assessment and planning are communicated to consumers and their representatives, who said they were satisfied with communication regarding the process.

Care plans reflected review occurs every 3 months, or when circumstances change, such as when an incident occurs and changes to clinical care needs.

# Standard 3

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| Personal care and clinical care | | Non-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. | Non-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

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirement is non-compliant:

* 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.

The Site Audit Report reflected most consumers received safe and effective care. However, the Assessment Team brought forward deficits regarding pain management, and for wound care that did not occur consistently or in line with best practice for 3 consumers.

An example was brought forward of a named consumer requiring skin integrity care for a wound persistent for more than six months. Documents showed wound measurements were not recorded consistent with the service’s procedure and had inconsistent progress identification. The named consumer reported pain from their wound, including when it was being dressed. The consumer was not referred to a wound specialist and there was a lack of documentation regarding pressure area care.

The Approved Provider responded on 9 September 2022. They acknowledged deficits in recording information, however did not consider there was adverse impact to the consumer as a result and disagreed with the Assessment Team’s recommendation. They stated the consumer’s pain management was assessed as effective and prior concerns were not raised by the consumer. During the Site Audit the service arranged referral to a wound specialist, reminded staff regarding measurement processes and described further planned training and improvements to address the concerns. Information was added to the service’s plan for continuous improvement.

While I am satisfied the service took appropriate actions to address the concerns raised, as these actions were not pre-emptively identified I consider insufficient evidence was presented by the Approved Provider to support compliance. I have also placed weight on the named consumer’s reported experience with pain and the issues identified across multiple consumers regarding wound care documentation.

At the time of the Site Audit, the service did not demonstrate each consumer was receiving effective clinical care that was best practice, tailored and optimised their well-being.

Therefore, I find requirement 3(3)(a) is non-compliant.

I am satisfied the remaining 6 requirements of the Quality Standard 3 are complaint.

Care documentation showed high impact and high prevalence were identified and interventions to manage these risks were applied. Staff described relevant risks for consumers. Clinical indicator reports showed how these risks trended.

Care documentation showed the needs, goals and preferences of consumers nearing the end of life were recognised and addressed. Staff described how they deliver end of life care to maximise comfort and dignity.

Consumers and their representatives said the service recognises and responds to changes in a suitable and timely manner. Staff described how they monitor deterioration, communicate changes and make referrals if necessary.

Information about consumers’ needs, preferences and condition is communicated effectively through progress notes, care plans and staff handover.

Overall appropriate referrals are made to other providers and organisations. Care plans and progress notes confirm input and directives from other health professionals.

The service embedded infection prevention and control practices and antimicrobial stewardship principles into service care and delivery. Staff demonstrated knowledge of these practices.

# 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

Consumers and their representatives said consumers are supported to pursue activities of interest to them and optimise their independence, and are provided with appropriate support to do so. Consumers said the service supports their interests and provides activities according to their preferences. Staff described consumers’ preferences, consistent with care plan information.

Consumers confirmed they felt supported with their emotional, spiritual and psychological well-being needs, including through religious services and keeping in contact with friends and family. Staff described how they provide emotional support to consumers.

Consumers described how the service supports them to remain connected to their communities both within and outside the service environment, including through outings in the community and local clubs. Staff knew consumers’ important relationships and described how they facilitate consumers’ preferences.

Consumers said staff effectively communicate within and outside the service regarding their needs and condition. Staff described how they share information and review care plans to determine current status to support safe and effective care delivery.

Staff described the external supports used to supplement care and services. Volunteers were observed engaging with consumers and running activities.

Consumers and their representatives provided positive feedback about the variety and quality of food and said consumers may request alternative meals. Care plan documents included a nutrition and hydration assessment and identified dietary requirements. Staff described how they provide a pleasant dining experience for consumers.

Consumers and their representatives said consumers have access to items to support them engage in lifestyle activities and items are well-maintained. Staff described how equipment is suitably stored and said appropriate equipment is available for use for indoor and outdoor activities.

# 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

Consumers considered they felt at home at the service and found it welcoming and easy to navigate. The service was observed to be modern, clean and well-maintained with spacious courtyard areas containing garden beds, seating and shaded areas for the consumers. Clear signage was visible throughout the service.

The service environment was observed to be safe, clean, and comfortable, and enables free movement inside and outside of the service. Cleaning is completed according to a schedule and regular maintenance occurs.

Furniture, fittings and equipment were observed to be safe, clean and well-maintained. Systems were in place for equipment to have yearly checks. Consumers said repairs occur in a timely manner.

**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

Consumers and their representatives understand how to give feedback or make a complaint and said they feel comfortable doing so, especially when contacting management. Staff described processes in place to encourage and support feedback and complaints, which include consumer meetings, surveys and feedback forms.

Consumers and their representatives said they were aware of advocacy services and were confident using these services if needed. Staff said information on accessing external services was readily available, which was reflected with brochures and posters displayed.

Consumers and their representatives said management addresses and resolves concerns raised following lodging of a complaint, or when an incident has occurred. Staff demonstrated an understanding of open disclosure, explaining how they would apologise to a consumer.

Staff described improvements resulting from consumer feedback. Documentation showed feedback and complaints were trended, analysed and reviewed to improve care and services.

**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

Consumers and their representatives considered there were enough staff at the service, and while staff seem busy they still meet care needs. Management described how they ensure there are sufficient staff rostered to provide safe and quality care. Call bell records showed call bells were answered promptly.

Consumers and their representatives said staff are kind, caring and gentle. Staff were observed greeting consumers by their preferred name and showed familiarity with consumers’ individual needs and identity.

Consumers and their representatives said staff perform their duties effectively, and they are confident that staff are skilled to meet consumers’ care needs. Processes are in place to ensure staff have appropriate qualifications and where relevant, have current professional registrations.

Staff said the service provides mandatory and supplementary training to support them in providing quality care. Training records showed staff were up to date with mandatory training. Staff performance is monitored via annual performance appraisals.

**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

Consumers are engaged in the development, delivery and evaluation of care and services and are supported through feedback mechanisms such as consumer meetings, surveys and the care plan review process. Consumers and their representatives said the service seeks their input and responds to their suggestions.

The governing body promotes and supports safe, inclusive and quality care and is accountable for delivery, and Board members visit the service to be immersed in consumers’ daily experience. Management described the reporting mechanisms that ensure oversight and accountability. The service performs monthly audits focusing on the Quality Standards and the results are monitored.

Effective governance systems for financial and workforce governance, continuous improvement, and feedback and complaints are in place. Staff access relevant information through the service’s information management systems. The organisation's clinical practice committee monitors legislative changes and is responsible for updating policies and procedures and change is communicated to staff.

The service has a documented risk management framework. Staff gave examples of how they manage high impact and high prevalence risks, respond to abuse and report incidents consistent with policies and training received.

Staff gave examples of how they apply the service’s clinical governance framework and policies relating to the minimisation of restrictive practices, antimicrobial stewardship 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-2)