



Name of service:

St Lukes Nursing Home

Commission ID:

2713

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Site audit

Approved provider:

St Luke's Care

Activity date:

28 June 2022 to 30 June 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 St Lukes Nursing Home (**the service**) has been considered by Denise McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)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.
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¹ The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018.

Assessment summary

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


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: <ul style="list-style-type: none"> (i) make decisions about their own care and the way care and services are delivered; and (ii) make decisions about when family, friends, carers or others should be involved in their care; and (iii) communicate their decisions; and (iv) 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 and representatives said staff were kind and respectful, valued consumers as individuals, and used their preferred name or title. Consumers considered they are treated with dignity, can maintain their identity, make informed choices about their care and services and live the life they choose. Consumers advised staff provided care and services which were physically, socially and emotionally safe and reflected the consumer's preferences. Consumers and representatives provided examples of how staff respected their personal privacy, such as obtaining consent before staff entered their rooms and provided care.

Staff demonstrated an understanding of consumers personal circumstances and life journey and described how the consumer's culture and background influenced care and services. Staff advised case conferences were held with consumers and representatives when a consumer wished to take a risk and provided information to help consumers to understand the benefits and possible harm involved in the choice they wanted to take. Staff described the ways they provide information to consumers regarding their care and services, enabling them to exercise choice including a welcome pack, informal discussions, case conferences and displaying information such as activity programs on noticeboards.

Care planning documentation for consumers identified what and who were important to them, including information about their life journey, cultural background, spiritual beliefs, family



relationships, activities of interest and individual personal preferences. Consumers confirmed they could communicate their decisions about which care and services they wished to access, who their nominated representatives or points of contact were and how they wished to maintain relationships with people important to them.

Staff were observed treating consumers respectfully and with dignity as they were greeting and interacting with them in a familiar and friendly manner. Staff were seen to provide handover in quiet tones, so they were not overheard. The organisation had documented policies and procedures relating to diversity and inclusion. The staff code of conduct outlines how staff are to treat and support consumers to express their culture, diversity, identity and preferences.

Standard 2


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)	<p>The organisation demonstrates that assessment and planning:</p> <ul style="list-style-type: none"> (i) 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 (ii) 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 representatives were involved in the assessment and planning of the care for the consumer through regular conversations with staff, case conferences and care plan reviews. Consumers and representatives reported they would be comfortable requesting a copy of the consumer's care plan.

A comprehensive assessment and care planning process began when a consumer entered the service and informed the delivery of safe and effective care and services, through identifying any risks for the consumer. Care planning documents reflected other people who were involved in assessment and care planning, including the medical officer and other specialist services. Where consumers identified their preferences, files included an advance health directive and end of life information, for consumers and representatives who had not advised their preferences this was raised at reviews or discussed with staff should the consumer require end-of-life care.

Staff advised consumers' care planning documentation was individualised; identified needs, goals and preferences; and included specific risks to each consumer's health and well-being, such as falls, pain and skin integrity. Staff advised care plans were reviewed 3-monthly by the



consumer's allocated registered nurse, or following a change in condition, change in preference or following hospital transfer. Consumers and representatives were consulted during the care review process and demonstrated their agreement of the planned care strategies by co-signing the plan.

Information advising of the availability of health services including dentist, podiatrist, eye clinic & optometrist, audiologist, speech pathologist, mental health care team, geriatrician, dementia consultant and palliative care pathways was displayed.


Standard 3

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: <ul style="list-style-type: none"> (i) is best practice; and (ii) is tailored to their needs; and (iii) 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: <ul style="list-style-type: none"> (i) standard and transmission based precautions to prevent and control infection; and (ii) practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. 	Compliant

Findings

Consumers considered they received personal care and clinical care which was safe and right for them and said staff ensured care delivery was aligned with their personal and clinical care goals and needs. Consumers and representatives said they felt consumer's needs and preferences were effectively communicated between staff and staff knew what to do. Consumers said referrals were timely, appropriate and occurred when needed and they had access to relevant health professionals. Consumers and representatives were confident when the consumer needed end of life care, the service would support them to be as free as possible from pain and to have those important to them with them.

Staff described the process of escalation for consumers who experienced physical and cognitive deterioration, including monitoring vital observation signs, conducting physical observations and how these informed a referral for medical review or transfer to hospital. Staff described their



responsibility to report any changes or deterioration in a consumer's condition immediately and how the registered nurse would follow up with the medical officer and act upon their recommendations. Staff reported the various ways changes in consumers care and services were communicated, including through handover at the commencement of each shift, reading consumer's care plans and progress notes, reports, and via meetings, one-to-one with staff, and monitoring records. External mental health services were observed consulting with consumers.

Policies, procedures, guidelines and flowcharts included references to legislation and best practice resources; and were used to guide staff in key areas of care delivery, including but not limited to, restrictive practices, skin integrity, pain management, antimicrobial stewardship and infection control. Care planning documentation described the key risks to consumers, these included falls, behaviours, skin care, wound care, weight management, pain, and swallowing. Progress notes and care plans indicated who was involved in the assessment and planning process including the consumer, representative, registered nurses, care staff, with other health professionals documented as involved when required. Documentation evidenced regular monitoring by staff and where deterioration or change occurred it had been addressed promptly and appropriate notifications were made. Referrals were noted in consumers care documentation.

Hand hygiene facilities were available throughout the service, staff confirmed the adequacy of personal protective equipment and hand washing supplies. Staff were able to identify the location of outbreak management kits and were observed conducting handover, sharing information regarding changes in consumer's needs as well as incidents and pathology results.


Standard 4

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: <ul style="list-style-type: none"> (i) participate in their community within and outside the organisation's service environment; and (ii) have social and personal relationships; and (iii) 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 representatives said the activity schedule was varied, and met consumers' needs and preferences. Consumers said they were supported to engage in activities and were provided equipment and resources, to promote their well-being, independence and quality of life. Consumers said the service involved other individuals and external organisations to supplement the activity schedule as required or when beneficial to the consumers. If consumers wished to attend activities in the community, transport was organised, if required. Consumers and representatives offered positive feedback in relation to the meals and the dining experience and advised previous negative feedback had led to improvements in the quality and variety of the meals served. Consumers advised timely and appropriate referrals to individuals, other organisations and providers of other care and services were undertaken when required such as accessing a physiotherapist for reablement therapy after a medical event.

Staff identified organisations engaged to support consumers such as specialist dementia services, pastors and volunteers from the local church, elderly clowns, pets as therapy dogs and musicians, particularly classical musicians utilising one of their two pianos. Staff described how volunteers assist with psychological and emotional needs of the consumers who identify as belonging to the LGBTQI community. Staff advised the service has facilities and equipment available for consumers and visitors to enable them to spend meaningful time together,



including a meeting area which provided gourmet coffee and cakes at no charge and a private dining room which could be reserved and used for private events.

Care documentation reflected consumer's individual dietary needs and preferences, and this information aligned with responses provided by consumers and representatives. Documentation demonstrated consumers receive additional emotional and social support through specialised dementia service, regular religious services of several denominations, visiting volunteers, school students and mental health alternative supports. Staff were observed interacting with consumers in groups and individually, including spending one-on-one time with consumers who appeared to be upset and/or confused. Kitchen staff were observed to mould pureed food to improve presentation.

Equipment used to support consumers with their independence and participate in activities, such as mobility aids, exercise equipment and televisions, were safe, clean, well-maintained, and suitable for the consumers' needs. Review of the preventative maintenance schedule demonstrated regular maintenance of equipment was completed, and requests for equipment repairs were responded to promptly.

Standard 5

Organisation's service environment		Compliance
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: <ul style="list-style-type: none"> (i) is safe, clean, well maintained and comfortable; and (ii) 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 and representatives said they felt at home, and the service optimised their sense of belonging and independence. Consumers and representatives were able to provide examples of what makes the service a nice place to live, such as how they decorate their rooms to their own taste. Consumers and representatives said the service was clean and staff attended to the consumer's preferences for the cleaning of their room.

Management was able to describe the features of the service designed to support the functioning and independence of consumers living with cognitive and physical impairment. These features, designed in collaboration with external dementia specialists include easy to read signage throughout the service, individualised signage for consumer's rooms, wide corridors with handrails, recognisable toilet bowls and lids, and staff wear easy to read name badges and distinguishable uniforms.

Staff described the processes followed to ensure the service environment is safe and well-maintained which included undertaking scheduled preventative maintenance, and reactive maintenance as informed by reports made by staff, consumers and representatives. Staff advised if they identified a potential safety hazard, they would ensure the immediate safety of consumers and representatives, inform other staff of the safety hazard, and report the issue via the completion of a maintenance request form and verbal communication.

Consumers and representatives were observed utilising the outdoor areas and activity rooms which were clean, well-maintained and free from any obstructions and hazards. Staff were observed cleaning consumer rooms, communal areas, staff rooms and high touch points areas, and referring to daily and weekly cleaning schedules. The preventative maintenance schedule demonstrated regular maintenance of the service environment including the furniture was completed, and reported maintenance issues were responded to promptly

Standard 6

Feedback and complaints		Compliance
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 representatives felt encouraged and supported to raise any concerns they had regarding the care and services provided. Consumers and representatives felt heard when raising concerns and felt actions were taken to rectify their concerns. Consumers could identify where improvements at the service occurred after they had provided feedback, including the provision of outside heaters to enable comfortable outdoor access whilst internal areas were closed due to COVID-19.

Staff interviewed expressed an understanding and commitment to open disclosure and a willingness to acknowledge, directly to the consumer, and apologise if they had made an error. Staff advised following a complaint all staff are usually notified, even if the issue was not raised in their area, to ensure the issue is not occurring elsewhere within the service.

The consumer welcome folder includes information on how to make a complaint with a staff, management or externally with the Commission or other advocacy groups with their contact details included along with websites where further information can be found. Consumers are also advised the service conducts a customer satisfaction survey and their participation is encouraged for the purposes of measuring and improving consumer satisfaction levels with the care and services provided.

Information and resources about making complaints both internally and externally were visible around the service including at nurse's stations and in communal areas and a locked box for consumers to leave their feedback securely was also available.

Staff stated the investigation of a complaint may determine an error has occurred, and if this occurs, a full review of actions taken, and responsible parties would determine what restorative actions were required, including retraining, process updates or targeted mentoring. The service has an open disclosure policy which states documentation must include records of open disclosure and how and what feedback was given to the person making the complaint.

Conversations and document reviews regarding feedback, were heavily weighted with compliments rather than complaints and showed open channels of communication between the consumers, their representatives, and the service.

Standard 7

Human resources		Compliance
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 representatives expressed their high regard for the staff and the quality of care provided. Representatives were confident in the staff's level of skills and stated the staff had sufficient knowledge to do their jobs well. While some consumers provided feedback indicating staffing levels were low, there was no feedback indicating negative impacts on the level of care. Representatives commented on the professionalism and patience staff displayed towards consumers and particularly consumers who displayed difficult behaviours.

Staff advised there was sufficient staff to provide the level of care required, care was not rushed, and they had time to engage with consumers when approached for a chat. In the event of unplanned leave, staff said, care was prioritised to ensure consumer needs were met. Staff said they were supported, equipped and trained to deliver care which met the outcomes of the Quality Standards and displayed a sound understanding of the Standards.

Management explained the recruitment process focused on staff's personal attributes because staff training and education was of readily available and prioritised upon staff commencement. Staff confirmed the training attended ensured they had the right skills to perform their roles and the induction process for new staff includes completion of customer service training prior to caring for consumers. Annual training modules and core competencies were monitored and included the serious incident reporting scheme (SIRS) and diversity incorporating cultural awareness to ensure consumer's individual needs are acknowledged and respected. New staff are monitored through informal check-ins before a formal probation review, where any concerns are addressed in advance and appropriate support is provided.

Management described the formal performance assessment processes included a staff self-assessment, which is reviewed and discussed with their direct manager who incorporates feedback from consumers and informs additional learning needs.


Staff were observed to be friendly, kind and respectful in their interactions with consumers and their representatives. Staff were readily visible throughout the service and were attending to calls for assistance promptly.

Standard 8

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: <ul style="list-style-type: none"> (i) information management; (ii) continuous improvement; (iii) financial governance; (iv) workforce governance, including the assignment of clear responsibilities and accountabilities; (v) regulatory compliance; (vi) feedback and complaints. 	Compliant
Requirement 8(3)(d)	Effective risk management systems and practices, including but not limited to the following: <ul style="list-style-type: none"> (i) managing high impact or high prevalence risks associated with the care of consumers; (ii) identifying and responding to abuse and neglect of consumers; (iii) supporting consumers to live the best life they can (iv) 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: <ul style="list-style-type: none"> (i) antimicrobial stewardship; (ii) minimising the use of restraint; (iii) open disclosure. 	Compliant

Findings

Consumers provided positive feedback regarding their engagement in the process of design, development and delivery of their services and feel supported in doing so. Consumers and their representatives described the renaming of some of the neighbourhoods of the service after consultation with the consumer committee. Staff and management described how they engage with consumers through discussions and meetings to obtain feedback.



The organisation's governing body displays accountability and promotes quality care and services through acting in response to feedback and identified trends, such as consumer falls. The service investigated what could be done to reduce falls whilst still promoting consumer independence. A Board member actively participates in consumer committee meetings and reports back to the Board.

The organisation has effective governance systems to support staff to access information and maintain regulatory compliance. The service is migrating all consumer files to an electronic system which will further improve access and security of consumer information. Continuous improvement opportunities are identified through critical incidents and training is delivered to improve care and services. Funding is secured through financial governance processes and staff feel they are supported by management when requesting funding to improve consumer outcomes. Feedback and complaints are suitably addressed and used to improve care.

The service has a risk management framework with policies regarding management of high impact and high prevalence risks. The service reviews quality clinical indicators monthly at a service level as well as quarterly at organisational level and uses this data to identify strategies to minimise the risk of re-occurrence and aims to identify improvements to practice. When incident data identifies a trend, such as a high number of falls, it is used to develop processes and screening to reduce further risks, for example the service introduced hydrations stations designed to improve consumers fluid intake and data supports a reduction in falls has occurred.

Staff provided examples of how they apply the service's clinical governance framework, such as minimising the use of restrictive practices and completing a restrictive practice checklist, promoting antimicrobial stewardship and applying open disclosure policies by apologising of their own accord if a mistake is made.