Lyndoch Nursing Home

Performance Report

Hopkins Road   
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**Commission ID:** 3460

**Provider name:** Lyndoch Living Limited

**Assessment Contact - Site date:** 28 January 2021 to 29 January 2021

**Date of Performance Report:** 10 March 2021

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

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| --- | --- |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site 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 Contact - Site report received 19 February 2021.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Quality Standard is assessed as Non-compliant as two of the three specific Requirements, as outlined below, are Non-compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) 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 Assessment Team found for sampled consumers that the service did not demonstrate consumers’ care was tailored to their needs.

The team provided evidence for a named consumer who exhibited challenging behaviours, with staff identifying pain as an ongoing trigger. The Assessment Team found pain charting was inadequate and did not inform pain management. The team identified staff were unable to deliver care on some occasions as the named consumer’s responsive behaviours prevented them doing so.

The service provided an interim care plan for the same named consumer, who had been in the service for ten weeks at the time of the assessment contact. The plan is brief, including the section on pain and behaviours. The plan would not inform tailored care for the named consumer.

The Assessment Team noted the consumer had been seen by a specialist dementia services organisation after being in the service one month. A pain check assessment undertaken by the specialist service at that time noted ‘severe’ pain. The specialist service recommended staff assess and monitor the consumer’s pain using a non-verbal pain assessment and discuss the consumer’s pain with the medical practitioner. The team noted this assessment had not occurred.

The service did not submit any pain assessment or pain charting that had occurred on the day of or following the dementia service consultant’s visit. It did submit pain charting which had occurred at other timeframes, which on review, supports the Assessment Team’s general findings that pain charting was inadequate.

The Assessment Team also noted breakthrough pain for this consumer occurred on multiple occasions (approximately daily) over a three-week period without any further pain assessment, charting or evaluation being undertaken.

The Registered Nurse’s monthly consumer review for approximately the same time period did not highlight any use of breakthrough ‘as required’ pain medication being provided.

The approved provider states in its response that the plan, written by the gerontologist provides ‘tailored strategies’ related to medication management. However, the plan by the gerontologist recommends an increase to the pain medication patch and this has not occurred. It is unclear what parts of the plan have been adopted by the consumer’s general practitioner.

The service strongly refutes the findings of the Assessment Team and any suggestion that staff failed to provide care, however, a review of progress notes submitted by the service generally support that staff were facing challenges in the delivery of care for this named consumer due to responsive behaviours.

The named consumer also has several wounds, and the Assessment Team found these were not adequately overseen by clinical staff who were unable to demonstrate to the Assessment Team the current status of the named consumer’s wounds.

The service provided a series of wound management plans for the named consumer, in relation to one of their wounds. Reviewing the plans as a series, the initial wound treatment plan does not indicate the dimensions of the wound when first identified. One photograph submitted, taken eight days later, does show the wound dimensions against a ruler. The dimension as measured on the photograph do not reflect the paper-based documents. All four wound management plans submitted by the service for this consumer either had the dimension section of the wound as unchanged or blank. It is unclear if the wound is deteriorating or resolving.

The approved provider submitted a number of wound management documents for other consumers named by the Assessment Team in the report and refuted strongly that registered nurses did not have adequate oversight of whether wounds were resolving. In some instances, it is noted that wounds were resolving, however, as outlined in the example above this was not always the case. Further, the evidence submitted shows that not all staff follow a consistent approach in how to measure or photograph a wound. The evidence, as submitted, does not reflect a best practice approach.

Representative feedback for a second named consumer said the consumer’s pain could be managed better and the representative felt if the consumer’s pain was managed better the consumer’s responsive behaviours would reduce.

The Assessment Team reviewed the service’s ‘psychotropic record’ pertaining to the management of the use of psychotropics and found it to be out of date.

The representative of a third named consumer who is prescribed regular and ‘as required’ antipsychotic medication was interviewed. The service classifies this consumer as being ‘chemically restrained’ however, did not have a record of consent having been obtained. The representative of the consumer told the Assessment Team that they had not provided consent and were unaware of any potential side effects of the use of the medication.

The approved provider did not provide evidence of consent for the administration of this medication having been received but stated this is not a systemic issue at the service.

Based on the evidence (summarised above) the service does not comply with this requirement. While the approved provider submitted evidence that mitigated some of the Assessment Team’s findings it is evident that not all the consumers sampled by the Assessment Team are receiving tailored care and / or the approach to their care is not always best practice.

The approved provider does not comply with this Requirement.

### Requirement 3(3)(b) Non-compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The Assessment Team’s report outlines a named consumer had an unwitnessed fall which resulted in a significant head laceration and overnight hospitalisation. The consumer returned in the early morning of the following day. The Assessment Team found that staff did not undertake a timely review of the consumer’s pain on return from hospital and did not undertake neurological observations when they were clinically indicated.

The approved provider did not submit a pain assessment following the consumer’s, return but provided evidence that a physiotherapist had reviewed the consumer. The physiotherapist’s review was timely; however, progress notes also identify the consumer was guarding their shoulder which was tender on touch following this review. An order for stronger pain relief was not processed until two days later, with a general practitioner review occurring three days later.

On their return from hospital progress notes indicate the consumer was drowsy. A decision to withhold medication was made. Staff later noted the consumer had not moved much and this was unusual. Staff reported they did not get an instruction to undertake observations, however, the approved provider submitted that staff were instructed by the assistant nurse unit manager to undertake vital signs and provided evidence that one set of vital signs were undertaken approximately two hours after the consumer’s return.

A second named consumer, who lives with dementia, was identified through documentation review to be ‘asleep post fall’ with an elevated blood pressure and later that night acting ‘unusually’. Two days later the consumer had two further falls, both unwitnessed. The Assessment Team noted in the report that staff were unable to demonstrate that neurological observations were undertaken.

The approved provider did not provide any evidence of neurological observations being undertaken for the second named consumer and submitted the incident reports that related to the two falls which occurred on the same day. The incident forms evidence that the consumer ‘qualifies for a CT’ and that this occurred.

The approved provider refuted a number of statements made by the Assessment Team and questioned the accuracy of the report’s findings overall.

Based on the evidence (summarised above) the service does not comply with this requirement. While there may be some dispute about some aspects of the information in the Assessment Team’s report, the key points were timeliness of pain review following a fall and whether staff undertook neurological observations. Particularly neurological observations for unwitnessed falls where the consumer could have hit their head, but would be unable to tell staff this due to their cognitive impairment. The approved provider’s response did not counter to any significant degree the Assessment Team’s findings in these two areas.

The approved provider does not comply with this Requirement.

### Requirement 3(3)(g) Compliant

*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.*

The Assessment Team undertook an infection control monitoring checklist and found some deficits in the infection prevention practices of staff, including poor use of personal protective equipment by some staff, social distancing not always being adhered to by some staff and the service not taking all reasonable steps to prevent visitors who do not meet entry requirements from entering the facility.

The approved provider’s response addresses each item raised by the Assessment Team and queried the basis of some items on the checklist which the approved provider asserts are not mandated by the Health Department. The checklist is the tool developed by the Commission which enables the Assessment Team to review aged care services against best practice. The tool is based on the Communicable Diseases Network Australia guidelines for COVID-19 outbreaks in residential aged care services.

The response notes that the service has an appointed Infection Control Consultant to guide the service’s practices and the response also outlines how a reportable infection was recently managed in line with guidelines to the satisfaction of another external regulatory body.

The approved provider asserted that the actions of some staff were not reflective of their training.

The infection control consultant has oversight of minimising infections and the service has the resources to adhere to the requirements of the Communicable Diseases Network Australia guidelines for COVID-19 outbreaks in residential aged as reflected in the Commission’s infection control tool. The Commission expects that leadership in this area will translate to improved day to day staff practices and the risk to consumers will be minimised further.

Based on all the evidence (summarised above) while there was poor practices noted, on balance, the approved provider complies with this Requirement.

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Quality Standard is assessed as Non-compliant as the specific Requirement assessed, as outlined below, has been assessed as Non-compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-compliant

*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.*

The Assessment Team found the mix of members of the workforce has not been adequately considered and has not ensured the delivery of safe care and services as evidenced by failures in Standard 3 of the Aged Care Quality Standards.

The Assessment Team observed staff rushing tasks and staff walking past a consumer who was calling out for help without stopping to offer support or assistance.

Staff reflected on the increasing needs of consumers, in particular an increase in consumers exhibiting behaviours of concern and how multiple staff supporting high need consumers resulted in less care or supervision of other consumers.

A review of the roster across a two week period identified some shifts were unfilled.

The Assessment Team reported management said that the service has a number of psychogeriatric consumers and these consumers do have responsive behaviours.

The approved provider’s response outlines their continued efforts to recruit staff during the COVID-19 outbreak and states that the recruitment challenges the service has faced reflects the experience of other rural based organisations.

The response notes that while some shifts were unfilled, analysis of the roster identified this equated to only 3% of total shifts in the two week period considered by the Assessment Team.

The approved provider asserts that it has never denied requests for additional staff in the event of increased care needs and has, from time to time, employed the services of specialist mental health safety staff.

The approved provider’s response included a list of online training available to staff.

While the service has demonstrated that it has made efforts to train and recruit staff and the number of staff has not been significantly changed, the skills of the current mix of staff delivering the care are inadequate and are not meeting the current needs of consumers.

This deficit in skills is evident as the quality of clinical care being delivered is not to the standard required by the Aged Care Quality Standards. The service has not identified these deficits and has not demonstrated clinical oversight of the care being delivered.

Based on the evidence (summarised above) the approved provider does not comply with this Requirement. The mix of staff deployed has not delivered safe and quality care and services and effective clinical management has not occurred.

# 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.

* Establish a system to ensure consumers are free of pain to as great an extent as possible. Establish processes to ensure that reassessment occurs if pain is evident. Ensure that staff charting pain consistently make a record of the existence or not of pain so that any reassessment is accurate.
* Ensure staff have the skills to manage responsive behaviours of consumers so that care is consistently delivered and delivered in a way that supports the dignity of the consumer.
* Establish a best practice approach to wound management and demonstrate clinical oversight, so that registered nurses understand the status of any wound at any point in time and can take action if the wound is not resolving.
* Ensure clinical oversight of unwitnessed falls includes whether neurological observations have been undertaken and that these reflect the service’s policy.
* Prior to the administration of chemical restraint ensure that all other strategies have been exhausted. Where strategies being used are not successful, demonstrate that other strategies are considered prior to the use of further medication. Ensure records of strategies trialled are specific to the consumer and not generic and demonstrate that clinical staff have a clear understanding of what is working and what is not working. Align staff’s day to day practices with best practice.
* Ensure the governing body has accurate information on the use of chemical and physical restraint and that consent to the use of restraint is recorded and that any restraint reflects best practice.
* Establish a system to ensure staff skills and approach to care and services support compliance with the Aged Care Quality Standards.