Lyndoch Nursing Home

Performance Report

Hopkins Road   
WARRNAMBOOL VIC 3280  
Phone number: 03 5561 9300

**Commission ID:** 3460

**Provider name:** Lyndoch Living Limited

**Assessment Contact - Desk date:** 8 September 2021 to 15 September 2021

**Date of Performance Report:** 28 October 2021

# Performance report prepared by

Vanessa Stephens, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will 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 |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(d) | Non-compliant |

# Detailed assessment

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 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 - Desk; the Assessment Contact - Desk report was informed by a desk assessment, review of documents and interviews with staff, consumers/representatives and others.

# 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

A non-compliant finding in one or more requirements results in the Quality Standard being assessed as 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 service did not demonstrate best practice clinical care in relation to wound and pain management. The Assessment Team reviewed care documentation for four consumers receiving wound care and found:

* Wound management plans did not always reflect wound reviews including dressing frequency, photography and measurements.
* Inconsistent wound photographs and wound measurements are taken and recorded.
* The healing progress of each wound is not clearly demonstrated.
* Not all wounds had incident reports completed on initial identification.

Clinical staff described how wound care is impacted by staff shortages including delayed dressing and repositioning of consumers.

The Assessment Team reviewed care documentation for four consumers receiving pain management and found evidence of collaboration with allied health practitioners in relation to pain management strategies. However, pain charting was not always considered following a fall, a change in pain medication, or when ongoing breakthrough pain is identified. In addition, pain evaluation is not always completed following administration of pain medication.

The approved provider did not respond to the Assessment Team’s assessment contact report.

The approved provider does not comply with this requirement as the organisation, in relation to wound and pain management, does not deliver safe and effective care that is best practice and optimises health and well-being.

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

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

The service did not demonstrate effective identification or management of high impact or high prevalence risks associated with the care of each consumer. Unwitnessed falls are not always documented in an incident report, and care documentation for three out of four sampled consumers who had experienced falls did not always reflect effective monitoring of consumers after the fall including completion of neurological observations and pain monitoring:

* One consumer’s care documentation stated observations had commenced post fall, however neurological observation charts and pain monitoring charts after the fall and after surgery were not reflected in care documents.
* One consumer’s progress notes did not always reflect completion of neurological observations or pain monitoring following each fall.
* An incident report for a consumer who experienced an unwitnessed fall from bed stated observations were in place. However, documentation of neurological observations and pain monitoring were not reflected in care documentation.

The approved provider did not respond to the Assessment Team’s assessment contact report.

The approved provider does not comply with this requirement as the organisation, in relation to falls, did not demonstrate effective management of high impact or high prevalence risks associated with the care of individual consumers.

# 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

A non-compliant finding in one or more requirements results in the Quality Standard being 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 service did not demonstrate that 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. Whilst the service was able to evidence improvements, four out of five consumer representatives expressed ongoing dissatisfaction with staffing levels within the service.

Rosters evidence that not all care shifts are filled when staff are deployed elsewhere within the service or when staff call in sick.

Personal care staff interviewed advised they do not always complete all tasks allocated to them. Management described how they are currently in the process of recruiting more nursing and care staff to cover current vacancies.

The approved provider did not respond to the Assessment Team’s assessment contact report.

The approved provider does not comply with this requirement as the organisation did not demonstrate the workforce deployed is sufficient in number to enable the delivery and management of safe and quality care and services.

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

A non-compliant finding in one or more requirements results in the Quality Standard being assessed as non-compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Non-compliant

*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.*

I note the Assessment Team has recommended the service complies with this requirement, however considering evidence throughout the Assessment Team’s report, I have formed a different view. While the service has employed an external adviser to support governance activities, the service has not demonstrated current systems and processes are adequate in identifying and managing high impact or high prevalence risks. The service did not demonstrate systems are in place to prevent harm from high impact or high prevalence risks such as falls.

I note that systems for incident management and responding to elder abuse were evident at the time of this assessment contact. Staff and management outlined how they develop an understanding of each consumer’s circumstances to support consumers to live the best life they can.

Given the approved provider has failed sub requirement, 8(3)(d)(i), it follows that the service has not met requirement 8(3)(d).

# 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)

*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.*

* Provide staff with training and tools to assist best practice wound care, including dressing frequency, and wound photography and measurement.
* Review assessment and care planning processes to ensure pain charting commences following a fall, a change in pain medication, or when ongoing breakthrough pain is identified.
* Review assessment and care planning processes to ensure pain evaluation is completed following administration of pain medication.

### Requirement 3(3)(b)

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

* Provide staff with training to ensure effective monitoring of consumers after a fall, including documenting monitoring of a consumer after a fall.
* Review assessment and care planning processes to ensure unwitnessed falls are documented in an incident report, and care documentation reflects effective monitoring of consumers after the fall including completion of neurological observations and pain monitoring.

### 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.*

* Ensure staffing is sufficient to fill vacant shifts and to enable provision of all personal care tasks.

### 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.*

* Establish systems to manage high impact and high prevalence risks and review these systems to improve consumer care outcomes.