Performance

Report

**1800 951 822**

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| Name of service: | Flynn Lodge |
| Service address: | 446 South Stuart Highway ALICE SPRINGS NT 0870 |
| Commission ID: | 6994 |
| Approved provider: | Australian Regional and Remote Community Services Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 24 November 2022 to 25 November 2022 |
| Performance report date: | 11 January 2023 |

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 Flynn Lodge (**the service**) has been prepared by R Beaman, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-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 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 Team’s report received 15 December 2022; and
* the performance report dated 30 September 2021 for the Assessment Contact undertaken from 15 July 2021 to 16 July 2021.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Non-compliant |
| **Standard 3** Personal care and clinical care | Not applicable as not all requirements have been assessed |

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.

Standard 2

* Requirement 2(3)(a) – ensure the assessment and planning process includes consideration of risks to consumers’ health and well-being to inform the delivery of safe and effective care and services.
* Requirement 2(3)(e) – ensure care and services are reviewed regularly for effectiveness, and when circumstances change, or incidents occur that impact the needs, goals and preferences of consumers.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| 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. | Non-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)(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. | Non-compliant |

Findings

The service was found Non-compliant in Requirements (3)(a), (3)(b) and (3)(e) in this Standard following an Assessment Contact undertaken from 15 July 2021 to 16 July 2021. The service was unable to demonstrate the assessment and planning process identified consumers’ current needs, goals and preferences, considered risks to consumer health and well-being, or that care, and services were reviewed when changes or incidents occur.

The service has implemented a range of improvement actions to address the deficits identified, including having a clinical staff member assigned to ensure all risk assessments are undertaken during the admission process for consumers, establishing a risk register to document all risks associated with consumers’ care, a three monthly review of care planning documentation, a review of the menu to be in line with consumers’ current needs and preferences for meals, and inclusion of incidents on the risk management system to review care plans when incidents occur.

While the service has implemented the above actions, the Assessment Team recommended Requirements 2(3)(a) and 2(3)(e) as not met. The Assessment Team identified one consumer (Consumer A) did not have a finalised care plan in place and a number of assessments had not been completed, including pain where they had a known history of pain. Consumer A had documented daily changed behaviours, however, there was no behaviour assessment completed to inform strategies to guide staff practice.

The Assessment Team identified for two consumers (Consumer A and B) the service did not have a restrictive practice authority in place or assessment completed. For Consumer A, there was no behaviour support plan in place to inform the use of psychotropic medications as a restrictive practice.

One consumer (Consumer C,) who has been assessed as a high falls risk, leaves the service on an electronic mobility device. Whilst there the consumer has no cognitive impairment, the service has not undertaken a risk assessment to ensure the risk of falls is mitigated.

The service was unable to demonstrate where changes or incidents have occurred care planning and assessments are reviewed to direct care and services. The Assessment Team identified three consumers who had sustained unwitnessed falls in the three months prior to the Assessment Contact visit. Staff did not review Consumer D, E of F’s falls assessment to determine if the strategies in place were effective or needed to be updated to prevent further incidents occurring. For Consumer A, staff did not review the behaviour assessment post incidents of physical aggression towards another consumer for effectiveness.

The provider’s response acknowledges the deficits identified in the Assessment Team’s report in relation to assessment, planning and review of consumer care and services when changes or incidents occur. The provider asserts they have implemented immediate corrective actions to address the deficits identified in the Assessment Team’s report, including for Consumer A completing a behaviour assessment, pain assessment and behaviour support plan that includes guidance around restrictive practices which has informed a full care plan which has been put in place to guide staff delivering care and services. For Consumers A and B, the provider’s response includes documentation to show a restraint authority has been completed and the provider asserts for Consumer B, there is gaps in the documentation whilst they await Consumer B’s decision maker to be available.

For Consumer C, while the provider’ r response acknowledges the findings in the Assessment Team’s report that Consumer C did not have a risk assessment in place to use their electronic mobility device to leave the service independently, the provider asserts they believe this is a low risk activity as Consumer C does not have a cognitive impairment. Whilst I acknowledge the provider’s response and that it is Consumer C’s right to leave the service independently, the intent of Requirement 2(3)(a) is to consider risks associated with consumer health and well-being. Consumer C is recorded as a high falls risk and, as such, the consideration of this risk is not impeding Consumer C’s right to undertake the activity they wish to do, but assessing the risk of doing so to ensure the prevention of potential harm to Consumer C.

The provider acknowledges the policy and procedure for clinical assessment and care planning was not available to the Assessment Team at the time of the visit due to it being in draft. The provider has asserted this policy is now finalised and provided evidence to show the policy in full.

In coming to my decision, I have considered the evidence presented in the Assessment Team’s report around assessment and planning and the consideration of risks in Requirement 2(3)(a) and the review of those for consumers where changes and incidents occur in Requirement 2(3)(e). While the provider has implemented immediate actions to address the deficits identified in response to the Assessment Team’s findings for Consumer’s A, B and C, along with finalising the assessment and care planning policy and procedure, at the time of the visit those actions were not in place and the service did not have an effective assessment and care planning process, nor did it consistently review those assessments and care plans where changes in consumers or incidents occurred.

Accordingly, I find Requirements (3)(a) and (3)(e) in Standard 2 Ongoing assessment and planning with consumers Non-compliant.

I am satisfied Requirement 2(3)(b) is Compliant.

Consumers confirmed their current needs, goals and preferences for care and service delivery are captured and delivered by staff. Documentation confirmed sampled consumer care plans were current and up-to-date, including information around their needs, goals and preferences, such as for meals, pain relief and undertaking the things they wished to do for quality of life.

Staff demonstrated knowledge of consumers’ current needs, goals and preferences and described ways in which they support these through the assessment and planning process.

# Standard 3

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| Personal care and clinical care | |  |
| 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 |

Findings

The service was found Non-compliant with Requirement (3)(a) in this Standard following and Assessment Contact conducted from 15 July 2021 to 16 July 2021. The service was unable to demonstrate they delivered safe and effective clinical care in relation to restrictive practices, falls, diabetes and wound management.

The service has implemented a range of improvement actions to address the deficits identified, including a review of restrictive practices in place on a regular basis for effectiveness and consultation with consumers and their representatives and incidents, including falls reviewed and uploaded by the clinical manager to ensure all referrals actioned and care plans updated with strategies.

The Assessment Team recommend the service met this Requirement. Consumers and representatives confirmed they are satisfied with the personal and clinical care and services consumers receive.

Staff demonstrated understanding of consumers’ personal and clinical care needs and preferences and described ways in which they tailor care and services specific for consumers.

Accordingly, I find Requirement (3)(a) in Standard 3 Personal care and clinical care Compliant.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)