Performance

Report

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| Name: | Forest Lake Lodge |
| Commission ID: | 5339 |
| Address: | 12 Tewantin Way, Forest Lake, Queensland, 4078 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 8 November 2023 |
| Performance report date: | 15 December 2023 |
| Service included in this assessment: | Provider: 589 Lollies Management Pty Ltd  Service: 3693 Forest Lake Lodge |

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 Forest Lake Lodge (**the service**) has been prepared by B Bassett, 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 (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others, and
* the provider’s response to the assessment team’s report received 13 December 2023.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not 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.

* Ensure each consumer receives safe and effective personal and clinical care with particular emphasis in relation to restrictive practices and falls prevention and management.

# Other relevant matters:

The Assessment Team conducted a site visit to the service on 8 November 2023 and:

* Assessed the service’s performance against requirement 3(3)(a) of the Quality Standards. Findings are detailed below.
* Monitored how the service ensures compliance with the Quality Standards in relation to requirements: 1(3)(a), 3(3)(g) and 7(3)(a). The Assessment Team found:
  + Consumers and representatives reported that staff treat consumers with dignity and respect their individual needs and preferences. Staff interactions with consumers were observed to be kind, caring and respectful.
  + The service has processes to manage and minimise infection-related risks.
  + The service has a workforce plan to ensure there are a sufficient number and mix of staff to meet the clinical and personal care needs of each consumer.

# 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. | Not Compliant |

Findings

Having considered the Assessment Contact Report and approved provider’s response, I have assessed this Quality Standard as non-compliant as I am satisfied requirement 3(3)(a) is non-compliant. The non-compliance is based on:

* The service was not ensuring safe and effective clinical care delivery in falls management and restrictive practices.

I have made this decision based on the following analysis.

The Assessment Contact Report identified that consumers and representatives were satisfied with the personal and clinical care provided, and care delivery was effective including for the management of complex care such as diabetes, Parkinson’s disease, wound management and pain management. However, the management of falls and restrictive practices were not safe and effective, and staff did not have adequately knowledge of these areas.

In relation to restrictive practices:

* Registered and care staff did not have a sound understanding of chemical or environmental restraint, or behaviour support plans (BSP).
* The service did not routinely obtain informed consent and authorisation for consumers for the use of restrictive practices.
* As required psychotropic medication was regularly used to manage consumers’ behaviours associated with dementia but was not identified or managed as a chemical restraint.
* The service did not identify or manage environmental restraint in the form of preventing access to mobility aids, by intentionally placing them out of reach of the consumer to prevent freedom of movement.
* Consumers’ behaviour support plans did not contain individualised strategies to support staff in managing changed behaviours. Behaviour charting had limited entries where interventions other than pharmacological strategies were trialled.

In relation to falls management:

* Individualised falls prevention strategies were not consistently identified, managed or reviewed for effectiveness. For example
  + Call bells were not within reach of consumers.
  + Sensor mats were not appropriately placed in consumers’ rooms.
  + Some falls risk assessments did not contain any falls prevention strategies.
* Staff lacked information and knowledge about falls management and prevention strategies.
* Post fall observations were not routinely completed as regularly as required by the service’s falls management policy.

Management acknowledged feedback from the Assessment Team in relation to restrictive practices and falls management and updated the service’s plan for continuous improvement with several actions to address the deficiencies. Actions included:

* Review of restrictive practices and associated documentation.
* Reviewing and updating consumers’ falls risk assessments and strategies.
* Staff education on restrictive practices, behaviour support planning, and falls management.

The approved provider’s response was comprehensive and detailed. The response noted positive aspects of the Assessment Contact report such as:

* The report indicated consumers and representatives interviewed all stated they were happy with care and services provided at Forest Lake Lodge.
* Consumers and representatives said staff treat consumers with dignity and respect for their individual needs and preferences.
* Staff interaction with consumers were observed to be kind, caring and respectful.
* The service is managing and minimising infection related risks and staff feedback identified the service has appropriate processes to promote optimal care and reduce the risk of increasing infections.

The approved provider expressed a commitment to improving how staff understand and manage restrictive practices and falls prevention and management.

The response accepted staff required further training to distinguish between the diagnosis and the symptom and said staff training has been completed and their understanding of how to correctly document the use of psychotropic medications had improved. Furthermore, senior clinicians in the service will conduct quarterly restraint audits to improve monitoring.

With respect to environmental restraint, the approved provider partially accepted the finding that preventing access to mobility aids was an unidentified restrictive practice. The response said taking away a mobility aid from a consumer was not a falls prevention strategy, nor an approved restrictive practice in the service. However, in the instance noted in the report the mobility aid had been removed from the reach of the consumer due to health deterioration. A physiotherapy assessment found the consumer unable to mobilise safely without staff assistance and is unable to mobilise independently.

With respect to informed consent the response did not accept the finding of the Assessment Team. The response said the approved provider’s investigations showed the service demonstrates a process for obtaining informed consent and authorisations for consumers subject to restrictive practices and an audit of all consumers on restrictive practices showed 100% of consumers had consents in place. An audit of the restrictive practice register has been included in the quarterly audit cycle.

The approved provider accepted the Assessment Teams finding regarding BSP, finding some plans were inconsistent with consumer needs. To address this, the service has updated their handover process to flag whether a consumer has a BSP and if there are any updates. The service has also taken action to train 100% of relevant registered staff and care staff on BSP and updated all BSP with individualised strategies with non-pharmacological interventions.

With regards to falls management, the approved provider accepted observations and physiotherapy assessments were not completed in every instance, however regular observations and physiotherapy assessments were conducted for all consumers. The approved providers investigations found registered staff struggled to document observations in real time due to workflow and the electronic clinical management system did not allow retrospective observations. A paper based neurological observation chart has been implemented to address this. The service has conducted falls prevention and management education and training for all care staff and registered staff.

The response disputed that call bells were out of reach for any consumers, that sensors mats had been placed in areas where they would not be triggered or that there were any deficiencies in the service’s risk management system in monitoring or informing risk patterns.

Based on the Assessment Contact Report and the approved provider’s response, I am satisfied deficiencies were accurately identified by the Assessment Team with respect to some aspects of clinical management of restrictive practices and falls management. While I acknowledge the actions taken by the approved provider since the Assessment Contact to address these issues, I am of the opinion it will take some time for these actions to be evaluated and embedded within usual practice. Therefore, I have decided this Requirement is non-compliant.

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