Performance

Report

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| Name: | Leighton Nursing Home |
| Commission ID: | 7807 |
| Address: | 40 Florence Street, WEST PERTH, Western Australia, 6005 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 1 February 2024 |
| Performance report date: | 4 March 2024 |
| Service included in this assessment: | Provider: 934 Fresh Fields Aged Care Pty Ltd  Service: 4835 Leighton Nursing Home |

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 Leighton Nursing Home (**the service**) has been prepared by M Glenn, 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, management, consumers, and representatives; and
* the provider’s response to the assessment team’s report received on 22 February 2024. The response acknowledges the assessment team’s recommendations, and includes a plan for continuous improvement outlining planned actions and planned completion dates to address the issues identified by the assessment team.

# Assessment summary

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| Standard 3 Personal care and clinical care | Non-compliant |
| **Standard 8** Organisational governance | **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 3 requirement (3)(b)**

* Review and monitor the management of high-impact or high-prevalence risks related to changed behaviours and restrictive practices, specifically use of chemical restraint.
* Ensure policies, procedures and guidelines in relation to management of high impact or high prevalence risks, specifically chemical restraint, are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to management of high impact or high prevalence risks, specifically chemical restraint.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-compliant |

Findings

The assessment team recommended requirement (3)(b) not met as they were not satisfied the service was effectively managing changed behaviours and restrictive practices. The assessment team’s report provided the following evidence relevant to my finding:

* Non-pharmacological behavioural management strategies or interventions used by staff prior to administering a chemical restraint to Consumer A were not always documented or evaluated to help identify new strategies to minimise the use of restrictive practices.
* Behaviour charting was not consistently completed to evaluate Consumer A’s management strategies.
* Staff did not follow the organisation’s behaviour management policy and procedures by completing incident forms in December 2023 and January and February 2024 where Consumer A was administered chemical restraint to manage their behaviour.
* Consumer A’s behaviour support plan indicates pain is a trigger for wandering and verbal behaviours, however, staff were not considering pain as a trigger for Consumer A’s behaviours as documented in their behaviour support plan.
* Clinical staff were unable to provide documentation to confirm what was included in Consumer A’s chemical restraint review as documented by the general practitioner.

The provider acknowledged the assessment team’s recommendation of not met and submitted a plan for continuous improvement outlining actions planned and completed to rectify the deficiencies identified. Actions include, but are not limited to, providing education to staff on non-pharmacological strategies; and including administration of psychotropic medications and escalation in behaviours as an agenda for clinical risk meetings.

I acknowledge the provider’s response and the actions planned and/or implemented. In coming to my finding, I have considered whilst the service has policies and procedures to manage high-impact and high-prevalence risks, I find staff did not effectively follow these procedures, specifically in relation to behaviours and use of chemical restraint for Consumer A. I consider time is required to embed and monitor staff practices to ensure any deficiencies in behaviour management and restrictive practices are identified and managed effectively. Behaviour management strategies or interventions used should be consistently documented and evaluated for effectiveness to identify new strategies and to identify opportunities to minimise the use of restrictive practices.

Based on the assessment team’s report, I find requirement (3)(b) in Standard 3 Personal care and clinical care non-compliant.

# Standard 8

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| Organisational governance | |  |
| 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. | Compliant |

Findings

Policies and frameworks are in place to support the safety and quality of services provided when managing risks, including referrals to the Serious Incident Response Scheme in accordance with mandatory reporting requirements. All incidents are reviewed, analysed, and recorded in risk management files; however, incidents of adverse behaviours are not always recorded in accordance with the behaviour management policy as addressed in Standard 3 requirement (3)(b). Consumers are supported and encouraged to take risks and documentation confirmed strategies are in place to enable them to live the best life they can. Representatives said the service notifies them when incidents occur and they are happy with the actions taken.

Based on the assessment team’s report, I find requirement (3)(d) in Standard 8 Organisational governance 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)