Performance

Report

**1800 951 822**

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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: | on 14 May 2024 |
| Performance report date: | 29 May 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.

# 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, which was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, management and staff;
* the provider’s response received 24 May 2024 acknowledging the assessment team’s recommendation; and
* a performance report dated 4 March 2024 for an assessment contact undertaken on the 1 February 2024.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not Fully Assessed |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# 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. | Compliant |

Findings

**Requirement (3)(b)** was found non-compliant following an assessment contact undertaken in February 2024 as for one consumer, staff did not effectively follow the service’s procedures, specifically in relation to behaviours and use of chemical restraint. The assessment team’s report includes a range of improvements implemented by the provider in response to the non-compliance, including, but not limited to, providing education to staff on the management of restrictive practices; undertaking monthly audits of as required medication usage to ensure staff are following organisational policies and procedures; and using the audit to evaluate the frequency, times required and effectiveness of as required medications and having the general practitioner review if changes are required.

At the assessment contact in May 2024, the service was found to have effective processes to identify, assess, manage, plan for and monitor consumers’ high impact or high prevalence risks. Care files sampled evidence effective management of risks relating to unplanned weight loss, pressure injuries, and restrictive practices, and include individualised strategies to minimise risks. Care files also evidence involvement of general practitioners, nurse practitioners and allied health professionals in the assessment and planning of consumers’ care where clinical risks are identified. Staff provided examples of consumers at risk and strategies used to minimise these risks, and consumers and representatives are satisfied the service manages consumers’ risks effectively.

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