Performance

Report

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| Name of service: | Lynbrook Park |
| Service address: | 42 Olive Road LYNBROOK VIC 3975 |
| Commission ID: | 3790 |
| Approved provider: | McKenzie Aged Care Group Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 7 November 2022 to 8 November 2022 |
| Performance report date: | 12 December 2022 |

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 Lynbrook Park (**the service**) has been prepared by Daniela Fekonja, 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 on 02 December 2022.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **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

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 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |

Findings

The Assessment Team found the service is safely supporting consumers to take risks and live their best lives. Staff described how assessments are undertaken to identify the risks involved and plan for minimising and mitigating these. Risk assessments and signed authorisations demonstrate discussions are held with the consumer, representatives and care professionals involved in supporting the decision-making processes. One consumer and their representative confirmed the service has discussed risks with them and obtained consent for their chosen activity to take place. The activity with the identified risk allows the consumer to continue to be independent and mobilise safely.

I am satisfied the service is Compliant with this requirement.

# 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 |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

The Assessment Team found the service was unable to demonstrate consistent identification, assessment, management, and evaluation of consumers subject to chemical restraint. The Assessment Team found the service did not recognise all psychotropic medications as chemical restraints but only followed its policy in relation to the medication ‘Risperidone’.

The service, therefore, did not ensure consumers administered other psychotropic medications were given safe and effective care in relation to these medications. The service management at the time was unable to provide a reason why this is not done as per the policy for restrictive practices.

One consumer is administered a psychotropic medication ‘as needed' to manage their responsive behaviours of agitation and anxiety. There is no restraint authorisation, informed signed consent form or behaviour support plan in relation to this medication nor is it consistently reviewed for its effectiveness once administered. On one occasion the consumer was given a psychotropic medication to manage their behaviours, prior before all interventions and medical screening had been conducted. Although the medical officer stated there had been a discussion with the representative about chemical restraint the representative does not recall this and there was no signed consent documentation present.

The service was able to demonstrate that it does have processes in place to manage high impact and high prevalent risks such as falls, specialised nursing care and nutrition. Consumers were satisfied the service is effectively managing identified risks to consumers. Staff were able to identify consumers with high impact or high prevalent risks and outlined how the risk was minimised. The site audit report identified that one consumer with several complex clinical issues, has their care needs managed appropriately and correct processes are followed in relation to these care needs.

The approved provider acknowledged that at the time of the site audit the service did not correctly identify and manage chemical restraint appropriately. In its response, the approved provider submitted evidence of the improvements implemented to ensure all consumers subject to chemical restraint have been identified, informed consent obtained and have been reviewed by a medical officer. Behaviour support plans for the consumers named in the site audit report have been updated as required and a restrictive practices management plan has been put in place.

Education has been provided to the clinical staff on the processes required to manage consumers subject to restrictive practices, including ensuring medications are evaluated for their effectiveness and administration of the medication is documented in progress notes. Processes followed by staff in relation to the administration of psychotropic medication will be monitored by management and randomly audited by the quality team.

I am satisfied the service has made the necessary improvements required to identify all consumers subject to restrictive practices and provide safe and effective care in relation to psychotropic medications. I am satisfied the improvements will result in psychotropic medications being monitored, evaluated for their effectiveness, and ceased when no longer required.

I am satisfied the service is Compliant with requirements 3(3)(a) and 3(3)(b).

# Standard 7

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| Human resources | |  |
| 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. | Compliant |

Findings

The service was able to demonstrate to the Assessment team during the site audit that the workforce is planned to enable the delivery of safe and effective care and services. Consumers and representatives generally expressed satisfaction with the level of staff at the service and how staff are available when the consumer needs them. Staff are satisfied with the staffing levels and management is actively working to fill vacancies and provide the correct number and mix of staff to ensure consumers’ needs are met. Staff shortages are covered by shifts being extended and working with consumers to manage their care needs more flexibly.

I am satisfied that the service is Compliant with this requirement.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

The Assessment Team identified in the site audit report that the service is not identifying the use of restraint at a governance level and monitoring and minimising the use of restrictive practices at a governance level is not effective.

The service did not demonstrate how they effectively identify and manage consumers who are potentially subject to chemical restraint. The service’s restrictive practice policy did not capture and identify all consumers who were prescribed psychotropic medications used for behaviour modification as a chemical restraint.

Informed consent was not obtained in all cases and consumers and representatives were not aware of the risks and possible side effects when the medication was administered. One consumer was administered a medication that was prescribed for them prior to entering the service, however, there has been no assessment in relation to its use and whether it was still required. There was no information in the care plan to guide staff in its use in relation to the consumer’s needs.

The ‘general restrictive practice’ register and the monthly clinical indicator data report used to monitor restraints, were not accurate or current. Only the psychotropic medication ‘Risperidone’ used to modify consumers’ behaviour was listed as a chemical restraint. The psychotropic medication register is required to be reviewed weekly.

The approved provider submitted evidence of the improvements made to ensure all consumers subject to chemical restraint have been identified, informed consent obtained and have been reviewed by a medical officer. Behaviour support plans for the consumers named in the site audit report have been audited and updated as required and they also have a restrictive practices management plan in place. A ‘Quality Use of Medicine’ register has been created to capture the use and minimisation of psychotropic medications.

A further 14 consumers were identified as being subject to restraint following the audit the service undertook as a result of the deficits identified in the site audit report. These consumers have subsequently been reviewed, informed consent obtained and all care documentation updated as required.

Staff have been provided education in relation to the organisation’s ‘Restrictive Practice Manual’ and sign an acknowledgement that they have read it. Furthermore, the service will include Restrictive Practices as a standing agenda item for the ‘Monthly Quality Meeting’ and ‘Quarterly Medication Advisory Committee Meeting’.

Based on the information provided by the approved provider I am satisfied they have made the necessary improvements to ensure consumers subject to restrictive practices are managed appropriately. The organisation has put measures in place to ensure the policy ensures the use of restraint is minimised or ceased where appropriate. The service has improved its reporting systems on the use of restraints and has reviewed all consumers subject to restraint.

The service has also submitted Serious Incident Response Scheme (SIRS) reports in relation to all incidents of inappropriate use of restrictive practices to ensure all regulatory practices have been followed.

I am satisfied the service is Compliant with this requirement.

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)