Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Lynbrook Park |
| Commission ID: | 3790 |
| Address: | 42 Olive Road, LYNBROOK, Victoria, 3975 |
| Activity type: | Site Audit |
| Activity date: | 5 February 2024 to 7 February 2024 |
| Performance report date: | 5 March 2024 |
| Service included in this assessment: | Provider: 1387 McKenzie Aged Care Group Pty Ltd  Service: 5915 Lynbrook Park |

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 Denise McDonald, 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 Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, Consumers and representatives and others
* the provider’s response to the assessment team’s report received 26 February 2024

# Assessment summary

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been found Compliant, as:

Consumers said staff treated them with dignity, respect, knew their backgrounds, what was important to them and respected their choices. Staff gave practical examples of how diversity was valued, including for consumers who identified belonging to the LGBTIQ community. Staff were observed to treat consumers as individuals and were respectful in their engagement.

Consumers said the care they received was culturally safe as some staff spoke to them in their preferred language and communication cards were available to staff who only spoke English. Staff articulated, and care documentation reflected, how care was tailored to meet consumers needs and preferences based on their cultural backgrounds.

Consumers said they were supported to make their own care decisions, only involved family when they wanted them to be included and if a married couple, they shared a room. Staff demonstrated knowledge of consumer’s choice on who was involved in their care decisions and how to support consumers to maintain relationships important to them. Care documentation included the contact details of consumer’s nominated representatives.

Consumers said they were supported to engage in activities which might pose a risk to themselves. Staff demonstrated knowledge of consumers who take risks and advised how they supported them to remain safe. Policies and procedures guided staff in dignity of risk processes, with care documentation evidencing risk assessments had been completed.

Consumers gave practical examples of how they were kept up to date and supported to make choices, through the information given to them via newsletters, activity calendars and the public announcement system. Staff described, consumers living with sensory impairment, are given information in large font or verbally to enable choice. Consumers were observed to have copies of the activities calendar within their rooms and menus were displayed in dining rooms.

Consumers gave practical examples of having a lock on their door or staff seeking consent as ways in which their privacy was respected. Staff confirmed consumer information was stored on password protected computers and nurse’s stations were kept locked when not in use. Staff were observed closing consumers doors when providing care.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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. | 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)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | 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. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Care documentation evidenced, when a consumer enters care, validated assessment tools were used to assess risk to the consumer, including risk of falls or pressure injury, and the outcome of these assessments, informed the development of the care plan. Staff confirmed potential risks were identified through discussions with the consumer, their representative and documentation provided by hospitals or medical officers. A dedicated staff member was assigned to complete the assessment process and their practice is guided by assessment and care planning policies, procedures and checklists.

Consumers and representatives confirmed during the assessment process, their care preferences, were sought, and their wishes for advance and end of life care were discussed. Staff confirmed consumer’s goals and preferences were assessed and included in consumers care plans. Care documentation included consumer’s advance care directives, the gender preference of staff attending to personal care and strategies were planned to meet their care needs.

Consumers and representatives said they felt involved in the assessment, planning and review of the consumer’s care and services, which also included medical officer and allied health professionals. Care documentation evidenced input from allied health providers in the assessment of consumers and the planning of their care needs. Staff confirmed consumers representatives are contacted routinely to discuss changes in care needs or preferences.

Consumers and representatives said they were updated regularly, via phone or in person and informed of assessment outcomes. Staff advised and care documentation evidenced, assessment outcomes were discussed with consumers and representatives during care consultations and copies of the consumers care plan were offered. Staff confirmed care plans were readily accessible through the ECMS.

Staff confirmed consumer’s care plans were regularly reviewed and care documentation evidenced, reviewed had occurred within the past 6 months. Care documentation evidenced when an incident happened, this prompted reassessment and if warranted care strategies were updated. Policies and procedures guided staff on the review and evaluation of consumer’s care to ensure it remained effective.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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 |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers confirmed they received safe and effective personal and clinical care which was tailored to meet their individual needs. Staff demonstrated knowledge of the care required by individual consumers, with care documentation supporting care was delivered as per directives. Policies and procedures guided staff in the delivery of care to support pain management, restrictive practices, maintaining consumers skin integrity and pressure injury prevention.

Consumers and representatives said high impact risks to consumers, such as diabetes and falls were effectively managed. Care documentation evidenced strategies to manage key risks were planned and directives for monitoring were being followed. Policies and procedures guided staff practice in relation to the management of high impact or high prevalence risks.

Representatives gave positive feedback on the EOL care provided to consumers, confirming the consumers passed peacefully and last rites were given as per their wishes. Care documentation evidenced the consumer was provided with regular care and pain medications were administered to keep them comfortable. Policies and procedures guided staff practice in EOL care provision and staff confirmed palliative care specialists were accessible, if needed.

Care documentation evidenced when consumers showed signs of being unwell, they were monitored and when deterioration was identified they were quickly transferred to hospital for review. Staff gave practical examples of the signs and symptoms which may indicate deterioration and the steps take when health changes were detected. Policies and procedures guided staff in the management of clinical deterioration and escalation pathways.

Staff described how changes in consumers’ care and services were communicated through handover and via the ECMS. Staff were observed to handover updates to consumer needs between shifts. Care documentation contained adequate and accurate information to ensure staff and others were kept up to date with consumers changing needs or conditions.

Consumers said and staff confirmed, consumers were referred to allied health professionals when needed. Care documentation evidenced staff completed referrals quickly, in response to swallowing difficulties or when falls occurred. Policies and procedures guided staff in referral processes to access further clinical assessment and planning by specialists and allied health professionals.

Consumers and representatives said staff were observed to practice regular hand hygiene and wear personal protective equipment (PPE) appropriately. Staff described strategies used reduce likelihood of infection and confirmed pathological testing is completed prior to antibiotics being prescribed. Policies, procedures and plans guided staff on infection control and prevention techniques and the management of outbreaks. Visitors were observed to be tested for infection prior to entry.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers and representatives confirmed consumers daily living needs and preferences were known and they were supported to undertake these activities, independently, such as doing their own laundry, gardening and going to the men’s group. Care documentation included the individualised services and supports required by consumers to aid in maintaining their independence. Staff described how activities were adjusted for consumers with physical and cognitive impairments to support their engagement and wellbeing.

Consumers and representatives said consumers were supported to practice their spiritual beliefs through, onsite church services, including individual room visits and in response to grief, one on one support from staff was provided. Care documentation reflected consumers spiritual and emotional support needs, with psychological support accessed, when required. The activities calendar evidenced a variety of church services were held to cater to consumers individual faith practices.

Consumers said they were able to maintain contact with their family as they have mobile phones and their participation in activities of interest, such as playing guitar, shopping and attending the local club are supported. Staff confirmed, consumers who are friends are seated together at mealtimes and bus trips were organised around consumer interests. Consumers were observed participating in various activities, returning from outings and socialising with family and friends as they wished.

Consumers and representatives said when they preferences changed this was communicated between staff effectively. Staff said consumer information was accessible via the ECMS and any updates were handed over between shifts. Care documentation evidenced changes to consumer needs and preferences was documented and consistently shared between allied health professionals, care and catering staff.

Consumers confirmed they had been referred for art and music therapy. Care documentation evidenced staff had completed these referrals promptly, once a need had been identified. Staff said consumers were referred to intergenerational programs, library and therapy services to support their activities of daily living needs.

Consumers and representatives sampled said the food was good, they had choice and the meals served were consistent with consumer’s dietary preferences, needs and requested portion size. Staff demonstrated knowledge about specific consumers' preferences and dietary requirements, which aligned to the likes, dislikes, allergies and preferences recorded in care documentation.

Consumers said their mobility aids were cleaned regularly and had been checked for safety and suitability. Maintenance documentation evidenced equipment was inspected routinely and had been completed as scheduled. Equipment was observed to be clean and well-maintained.

# Standard 5

|  |  |  |
| --- | --- | --- |
| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been found Compliant, as:

Consumers and representatives said the environment was welcoming and they like to use the communal lounge and café. Staff advised various areas were available for consumers to relax, socialise in, receive their families or engage in activities. Consumers rooms were observed to be personalised with their own furniture and belongings and staff were observed to welcome visitors in a friendly manner.

Consumers and representatives said cleaning was completed every day, staff were very good at undertaking maintenance, and they could come and go as they pleased. Staff said and cleaning documentation evidenced, consumer rooms and communal areas were cleaned daily. Consumers were observed to leave and move freely between indoor and outdoor areas.

Consumers and representatives confirmed maintenance of bathrooms or fixtures within their room were repaired quickly when required. Staff demonstrated knowledge of maintenance systems, including the need to log repairs to alert maintenance staff. Furniture, fittings and equipment was observed to be safe, clean and suitable for consumer needs.

# Standard 6

|  |  |  |
| --- | --- | --- |
| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been found Compliant, as:

Consumers said they felt comfortable to approach staff to raise concerns. Staff described online, written and verbal mechanisms were available to support consumers and representatives to make suggestions or complaints. Feedback forms and collection boxes were readily accessible, with meeting minutes evidencing consumers were encouraged to raise concerns verbally.

Consumers and representatives said they knew how to contact external agencies, if their complaints were not resolved satisfactorily. Staff demonstrated knowledge of how to support consumers to access complaints or advocacy and language services, however some staff were bilingual and could assist. Posters were displayed, and the consumer handbook, promoted consumer access to advocacy and complaint services.

Consumers and representatives stated when feedback was provided, apologies were given, and their concerns were resolved promptly. Staff demonstrated understanding of open disclosure principles and confirmed this was applied to complaints management. Complaints documentation evidenced actions were taken quickly when complaints were made.

Consumers and staff gave practical examples of how the maintenance of the gardens and the composition of the lifestyle program had improved due to consumer feedback. Management advised when feedback was given, their responsive actions were evaluated with consumers to ensure improvement was made. Continuous improvement documentation evidenced feedback was recorded and reviewed for trends.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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 |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers and representatives felt there was enough staff to meet consumers’ needs and confirmed staff attended to consumers calls for assistance, quickly. Management said employed staff were used first, prior to seeking agency staff to fill vacant shifts. Rostering documentation evidenced all shifts were filled, nurses were on duty continuously and staff were reallocated to ensure the right mix of staff was available to support consumers.

Consumers and representatives said staff treat consumers with kindness and they are gentle when they provide care. Staff demonstrated knowledge of consumer’s life history, their preferred name, their care needs and preferences. Staff were observed to engage with consumers and their family members in a respectful and personable manner.

Consumers and representatives felt staff were competent and knew how to meet the consumers’ care needs. Management said orientation and induction, including buddy shifts were used to ensure staff were competent prior to working independently. Personnel records evidenced all staff had the qualifications required for their position and their suitability to work in aged care had been verified.

Consumers and representatives said staff were appropriately trained. Management advised position descriptions were used to recruit staff and on commencement staff were required to complete a mandatory training program. Staff confirmed participation in training was mandatory. Education records evidenced staff were trained in infection control, restrictive practices, manual handling, mandatory reporting and fire safety.

Management said staff performance was assessed and monitored through informal and formal means, including an annual appraisal, however these had been completed inconsistently due to turnover. Staff understood their performance expectations and confirmed their practice was supervised and monitored by registered staff. Policies and procedures guided staff in performance management and review processes, with all staff due to have been appraised by April 2024.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| 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 |
| 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers and representatives said the service was well run and they have ongoing input into how the service operates and how care was delivered, including through the consumer advisory committee and monthly meetings. Meeting minutes evidenced soft music was played in the dining room in response to consumers raising concerns on noise levels. Management advised a consumer experience survey was conducted monthly with results used to inform improvements.

Consumers and representatives said the culture was inclusive and management communicated updates efficiently and in a timely manner. Management described how clinical indicators, quality initiatives and incidents were discussed at relevant meetings and reports were submitted to the Board for their review. Meeting minutes evidenced, the Board, through a clinical governance committee, had oversight of the quality and safety of the care provided.

Organisational systems relating to information management, continuous improvement, workforce and financial governance, regulatory compliance and feedback/complaints systems were effective. Staff said they had access to the information they need to perform their roles, they knew what roles and responsibilities were to ensure compliance with regulations and when feedback or complaints was received, continuous improvement was actioned and if additional funding was required, it was available.

Consumers and representatives stated consumers were supported to live the best life. Staff had access to policies and procedures to ensure high impact or high prevalence risks were managed appropriately and staff knew what constituted a serious incident and their responsibility to report it. An incident management system was used to report, trend and analyse adverse events, and this information was escalated to the governing body for oversight and response where risk was identified.

A clinical governance framework and supporting systems were in place to monitor the safety and quality of clinical care, and to promote antimicrobial stewardship, the use of restrictive practice as a last resort and when things went wrong, open disclosure was used. Management advised clinical care practice was governed by policies, with staff trained in their responsibilities and their practice was monitored through a monthly auditing program.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)