Performance

Report

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| Name: | Lyndoch Nursing Home |
| Commission ID: | 3460 |
| Address: | Hopkins Road, WARRNAMBOOL, Victoria, 3280 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 26 March 2024 |
| Performance report date: | 3 May 2024 |
| Service included in this assessment: | Provider: 321 Lyndoch Living Limited  Service: 2211 Lyndoch 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 Lyndoch Nursing Home (**the service**) has been prepared by L. Malone, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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
* the provider’s response to the assessment team’s report received 24 April 2024

# Assessment summary

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| Standard 3 Personal care and clinical care | Not Applicable as not all requirements have been assessed |
| **Standard 4** Services and supports for daily living | **Not Applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **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 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 |

Findings

Consumers and representatives provided feedback to the Assessment Team that the personal and clinical care delivered is safe, individualised and optimises consumers’ wellbeing. Staff demonstrated knowledge of individual consumer’s needs and described best practice approaches, and how they tailor care and monitor effectiveness of implemented strategies. The Assessment Team reviewed personal and clinical care of consumers in relation to weight management, falls prevention, management of changed behaviours related to dementia and the use of restrictive practices.

Consumers who are identified as at risk of falls or experiencing unplanned weight loss were found to have individualised approaches to their care, with strategies informed by their specific risks, and evidence of multidisciplinary input from a range of professionals such as the consumer’s general practitioner, nursing and allied health professionals. In relation to the management of changed behaviours, consumers were found to have individualised behavioural support plans and staff were familiar with the individual consumer’s presentation, triggers and effective strategies.

The Assessment contact report states that for some consumers the documentation of consent to the use of restrictive practices, and reviews of effectiveness of prescribed psychotropic medications were not consistently documented. However, I note that feedback from consumers and representatives, and other evidence including care file documentation, demonstrated both that informed consent is appropriately sought and regular reviews occur. In their response dated 24 April 2024, the provider submits further evidence related to review of restrictive practices policies and procedures already in progress prior to the Assessment contact, and other supporting evidence related to documentation of consent and clinical monitoring which demonstrate to me best practice approaches to personal and clinical care delivery.

The Assessment Team recommended this requirement as met. I have considered the evidence presented in the Assessment contact report and that submitted by the provider, and I find Requirement 3(3)(a) to be Compliant.

# Standard 4

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| 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 |

Findings

Consumers and representatives were satisfied with the services and supports they receive for activities of daily living and to optimise their independence and quality of life. Consumers and representatives provided examples of the activities they enjoy, such as bus trips, men’s shed or staff talking and reminiscing with the consumer, and described how this supports the consumer’s wellbeing. Staff demonstrated knowledge of individual consumers’ preferences and could describe how supports are tailored or enable consumers to do the things they enjoy. Care documentation was found to contain leisure and lifestyle plans which described consumers’ individual preferences, interests, and activities, as well as important relationships and social interactions The Assessment Team observed consumers engaging in a variety of social and daily activities during the Assessment Contact.

The Assessment Team recommended this requirement as met. The provider agreed with the findings in relation to Requirement 4(3)(a) in the Assessment contact report in their response dated 24 April 2024.

I have considered the evidence presented in the Assessment contact report, as summarised above, and I find Requirement 4(3)(a) to be Compliant.

# 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

Consumers and representatives expressed being satisfied the number and mix of staff deployed. Staff provided feedback that the number and mix of staff is sufficient to complete their assigned tasks. Some staff provided feedback that when fully rostered they can spend extra time with consumers while other staff noted increased workload when unplanned leave cannot be covered. The Assessment Team reviewed the services rosters for the weeks prior to the Assessment contact and found no shifts to be unfilled. The service demonstrated a range of actions to support effective workforce planning and deployment such as a recent increase in staff numbers through recruitment, sponsorship programs, daily huddles in which any staffing issues are discussed, utilisation of casual and agency staff as needed and redistribution of staff across units of the service to meet consumer’s needs.

In their response dated 24 April 2024, the provider corrected some information related to examples in the Assessment contact report which I accept and acknowledge in coming to my decision, however this does not change my view on the evidence overall as I remain satisfied the service demonstrates effective workforce planning and deployment to enable safe and quality care.

The Assessment Team recommended this requirement as met. I have considered the evidence presented in the Assessment contact report and that submitted by the provider, and I find Requirement 7(3)(a) to be 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-2)