Performance

Report

**1800 951 822**

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| Name of service: | Lyndoch Nursing Home |
| Service address: | Hopkins Road WARRNAMBOOL VIC 3280 |
| Commission ID: | 3460 |
| Approved provider: | Lyndoch Living Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 13 September 2022 to 15 September 2022 |
| Performance report date: | 16 November 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 Lyndoch Nursing Home (**the service**) has been prepared by C Spiller, 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 Assessment Team completed an unannounced Assessment Contact to assess the following requirements: 1(3)(e), 3(3)(b), 4(3)(a), 7(3)(a), and 8(3)(d). These requirements were found non-compliant following a site audit conducted on 5 April 2022. A Notice to Agree(NTA) was issued to the Service on 20 July 2022.

# 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 30 September 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 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 |
| Standard 8 Organisational governance | Not applicable as not all requirements have been assessed |

Where only some of the requirements of a Quality Standard have been assessed and all assessed requirements are Compliant then an overall assessment of the Quality Standard is not applicable.

# Standard 1

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| Consumer dignity and choice | |  |
| 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 |

Findings

I have assessed this requirement as compliant.

The service was found non-compliant with this requirement following a site audit in April 2022. The service did not demonstrate they provide consumers and their representatives with accurate and up-to-date information in a way they understand to ensure clear communication and common understanding. Following this assessment contact, the Assessment Team has recommended the service is met.

The service was able to demonstrate information is provided to consumers and representatives by various mechanisms. Consumers said they have received letters recently on changes to management, and visitor guidelines and most consumers confirmed they are informed of the day to day activity program and menu options. Representatives confirmed receiving electronic mail with updates on the organisation's visiting guidelines and management changes. The service’s notice boards in the communal and dining areas were observed to communicate menu options, a weekly activity program and various advocacy and government resources. Management provided copies of communications that have been either directly emailed to all representatives who have provided a valid email address and made available throughout the service and also information that has been posted on the organisation’s social media platforms in the past 3 months. The Assessment Team observed notice boards displaying current information such as activity programs and relevant information in both units of the nursing home.

# 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

I have assessed this requirement as compliant.

The service was found non-compliant in with this requirement following a site audit in April 2022.The service did not demonstrate effective identification or management of high impact or high prevalence risks associated with the care of each consumer, particularly falls management. Following this assessment contact, the Assessment Team has recommended the requirement is met.

Overall consumers and representatives were generally satisfied with the management and communication of incidents. The service demonstrated improvement in managing high impact and high prevalence risks for consumers. Appropriate falls management, and timely referral and implementation of recommendations for weight management and swallowing difficulties was evident. For example;

* The service provided documentation to demonstrate a reduction in the number of falls in the past 6 months.
* Evidence of three monthly medical reviews were in place for three consumers considered subject to restraint.
* Immediate strategies were implemented to reduce further risk, and timely referrals for speech pathologist assessment are made for consumers with swallowing difficulties.
* Regular weight monitoring has identified unintentional weight loss, with prompt dietician referral for two consumers.
* Staff could describe the processes and documentation for reporting an incident and supporting a consumer who had experienced a fall, or a choking episode and interventions to support responsive behaviours.

# 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

I have assessed this requirement as compliant.

The service was found non-compliant with this requirement following a site audit in April 2022.The service did not demonstrate that each consumer’s services and supports for daily living are delivered in line with their assessed needs, goals and preferences, to improve the consumer’s quality of life. Consumers and their representatives interviewed provided negative feedback that there is a lack of stimulating and appropriate activities provided by the service. Consumers and their representatives provided examples of services and supports received that did not meet their needs, goals or preferences and how this limited their participation. Following this assessment contact, the Assessment Team has recommended the service is met.

Overall, consumers are satisfied with the lifestyle program provided which meets their needs and supports their independence, well-being and quality of life. Some consumers prefer to pursue their own activities and interests and felt supported by the lifestyle staff with occasional one to one sessions. The service is re-establishing and expanding the lifestyle activities program across the organisation, a new coordinator has been appointed to oversee this. The service has an active recruitment drive to employ more lifestyle staff, and consumers are encouraged to provide feedback to improve the lifestyle program. Staff said the activity program is now providing bus outings weekly for each residential unit within the organisation. External entertainers, including a music therapist, attend the service at least once weekly. Lifestyle staff demonstrated an understanding of the sampled consumer’s needs and preferences and described the consumer feedback to enhance the lifestyle program. The Assessment Team observed group activities in both of the service’s units. These activities were well attended and consumers were seen to be actively participating.

# 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

I have assessed this requirement as compliant.

The service was found non-compliant with this requirement following a site audit in April 2022. The service did not adequately demonstrate it plans the number and mix of staff to enable delivery of safe and quality care and services to consumers.

The Assessment team assessed this requirement as not met, I have come to a different finding and find this requirement compliant in light of additional information received from the approved provider.

Consumers and representatives described how there is generally enough staff at the service to meet consumer needs. The service was able to demonstrate they have a system to plan workforce numbers and the range of skills they require to meet consumers’ needs and deliver safe and quality care and services. Staff described how staffing levels have improved at the service and whilst they still experience staffing challenges, they work together to meet consumer needs and complete their required tasks. Consumers, representatives and staff provided feedback about improvements in relation to staffing. For example;

* Clinical staff are available at the service 24/7 and a review of the roster by the Assessment Team identified there is a registered nurse available on all shifts across the service.
* Management described how a new online rostering system will soon be commencing at the service where staff will be able to access their roster via a telephone application and will be able to apply for vacant shifts and apply for leave through the new system.
* Management described how the call bell is monitored daily and the calls will remain on the monitor to remind staff until the bell is turned off.
* The Assessment Team were provided rosters and daily allocation sheets between 1 September and 25 September 2022 which identified the majority of unfilled shifts have been filled and that there are sufficient levels of staff across the service for all shifts.

In their response, the approved provider submitted a call bell analysis report, not previously available to the Assessment Team, which demonstrated that call bells are answered promptly, within the 10-minute benchmark. The approved provider has added this audit to the annual quality improvement plan.

I have reviewed the information available to me and am satisfied that the service has addressed the issues with staffing using several strategies. The call bell analysis report was an important piece of evidence not previously provided to the Assessment Team, it was provided in the response and has demonstrated that call bells are answered within the benchmark. Therefore, I find the service compliant with this requirement.

# 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

I have assessed this requirement as compliant.

The service was found non-compliant with this requirement following a site audit in April 2022. The Assessment Team found the service did not demonstrate they have systems and processes in place to manage high impact or high prevalence risks associated with the care of consumers, such as falls. Following this assessment contact, the Assessment Team has recommended this requirement is met.

Management described how high impact high or high prevalence risks are identified through audits, incidents and 24-hour reviews of progress notes by the quality team and nurse unit managers. There are monthly nurse unit manager reports that identify high impact or high prevalence risks and these are reported to the Board as required. Staff were able to describe the reportable incident system and outlined their reporting responsibilities based on their position. Management described how consumers are supported to take risks and live the best life they can by informing the consumer and/or their representative of the risks involved and completing a dignity of risk form. Management described the organisation’s reporting requirements relating to reportable and non-reportable events and appropriate registers are maintained and reviewed by the Assessment Team.

The service provided organisational documentation such as frameworks and policies and procedures to support the management of risk in response to incidents and the service was able to demonstrate the implementation of these frameworks and policies and procedures.

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)