Performance

Report

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| Name of service: | Lyrebird Village for the Aged |
| Service address: | 8-10 Neerim Street DROUIN VIC 3818 |
| Commission ID: | 3261 |
| Approved provider: | Respect Group Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 24 May 2023 to 25 May 2023 |
| Performance report date: | 29 June 2023 |

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 Lyrebird Village for the Aged (**the service**) has been prepared by D.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.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | 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** |

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 2

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| 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)(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

In relation to Requirement 2(3)(a), consumers and their representatives are satisfied with the assessment and care planning processes. Risks are considered, which inform safe and effective consumer care. Staff demonstrated knowledge of consumers’ risks and described strategies used to ensure their safe and effective care.

Care planning documents reflected comprehensive assessments are conducted and individualised care plans utilise a range of validated risk assessment tools to assess and plan consumer care with the consideration of risks.

For one consumer who had frequent falls, the service ensured there was consultation with medical practitioners, allied health staff and the representative, to work out the risk mitigation strategies needed to minimise the consumer’s risk.

In relation to Requirement 2(3)(e), consumers and/or their representatives said they are kept informed regarding changes to consumer health, including when incidents occur. Representatives stated they are contacted whenever there has been a change in the condition of a consumer and following incidents.

The service reviews consumers each month as part of the ‘resident of the day’ (ROD) process. This process includes the review of ‘as required’ (PRN) medication administration, infections, falls, pressure injuries or skin tears, changed behaviours, weight loss or gain occurring within the last month and swallowing difficulties. Care planning documents are reviewed in collaboration with consumers and/or their representatives when there is a change in a consumer’s condition.

A review of one consumer’s care documentation following a fall incident reflects appropriate post-fall assessment by the registered nurse, general practitioner and physiotherapist and a review of their fall prevention strategies was conducted.

Based on the information provided in the assessment report I find the service compliant with Requirements 2(3)(a) and 2(3)(e).

# 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

In relation to Requirement 3(3)(a) consumers and representatives were satisfied with the personal and clinical care they receive. Staff were able to describe to the Assessment Team the various ways they provide care that is tailored to consumers to optimise their health and well-being.

Consumer care documentation demonstrates effective identification and management of pain, skin integrity and the use of restrictive practices with input from consumers, representatives, and a multi-disciplinary health team.

Wound documentation reflects wound reviews by registered nurses, general practitioners, and residential in-reach nurses where appropriate. Progress notes, pain charting and feedback from staff interviews demonstrate the appropriate assessment of consumers’ pain using verbal and non-verbal techniques with timely pain relief provided through non-pharmacological and pharmacological strategies as outlined in consumers’ care plans.

In relation to chemical restraint, the psychotropic register outlines the prescribed psychotropic medications, reason for prescribing, restrictive practice identification, date of informed consent obtained, behaviour support plan implemented, and the date of review by the prescribing medical practitioner. The administration of psychotropic medications is considered a last resort in its least restrictive form and is evidenced in care documentation.

In relation to Requirement 3(3)(b) the service demonstrated effective identification of high impact high prevalence risk with individualised interventions implemented to manage consumers’ risks. The care files and feedback from consumers and/or their representatives reflect that consumers’ falls, pressure injuries, unplanned weight loss, changed behaviour, diabetes and urinary catheter care are identified and effectively managed.

The organisation’s policies and procedures provide staff guidance in the effective identification and management of consumers’ clinical risks and staff were able to describe how consumers’ individualised preventative strategies are planned and implemented.

One consumer’s care file evidenced a high-risk factor in several areas including the risk of falls, insulin-dependent diabetes, swallowing issues and changed behaviours, The care plan and progress notes evidence appropriate specialised care is provided and the mitigation of risks in relation to falls and swallowing requirements is documented. Behaviour support plans are adhered to and care documentation reflects input from specialised medical practitioners.

Based on the information provided in the assessment report I find the service compliant with Requirements 3(3)(a) and 3(3)(b).

# 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 are satisfied supports for daily living meets consumers’ needs, and preferences and they feel supported to live their best life. The Assessment Team observed staff engaging consumers in activities to support their well-being.

Consumers described the various ways in which the service supports consumers to live their best life. This includes supporting them to participate in community activities, supporting them in their mental health and also supporting them with their daily needs.

Some consumer documentation information was inconsistent with consumers’ needs/preferences and information from staff. The service acknowledged this feedback and advised they are in the process of transferring related consumer information from the previous electronic documentation system to the new one. There was no negative impact on consumers as staff were well aware of consumer needs and preferences.

The service has engaged Dementia Support Australia (DSA) to support formulating a more individualised activities program for the memory support unit (MSU).

Based on the information provided in the assessment report I find the service compliant with Requirements 4(3)(a).

# 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

Most consumers were satisfied with internally employed staff but were not as satisfied with the care provided by external agency staff. Some consumers stated that their care was rushed as staff appeared busy and call bell response was slow. Consumers stated they had to repeat their needs and preferences to the external agency staff.

The service which has changed ownership recently acknowledged there were some challenges in the past with staffing levels and conducted a workforce review. Consumers and staff confirmed there have been improvements in the way staffing is managed which allows staff to deliver the care consumers need. When there are roster vacancies the service now allocates the workforce to ensure an appropriate skill mix across the service and adapt the consumers’ care delivery accordingly. Recruitment is ongoing and a new clinical manager and clinical care coordinator have been recruited and will commence in June 2023.

Call bell roster response times were not monitored by the previous owners but the service is now monitoring and reviewing these times via a call bell response time report. Any lengthy waits will be discussed with both the consumers and staff.

The Assessment Team did not observe the staff to be too busy or rushed and observed them to be engaging and smiling with consumers.

Although consumers had some negative comments in relation to staff there was no negative impact identified and the service has shown they are making the necessary improvements to ensure continuity of care is provided by all staff. I, therefore, find the service compliant with Requirement 7(3)(a).

# 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

The service has risk management systems implemented to monitor and assess high impact and high prevalence risks associated with the care of consumers. Risks are reported, escalated, and reviewed by management at a service and organisational level. Feedback is communicated through service and organisational meetings that lead to improvements to care and services for consumers. The service’s current high risk areas include falls and complex behaviours.

Monitoring of incidents occurs with the incidents being recorded and investigated in the organisation’s risk management system. Training on Serious Incident Response System (SIRS) has been provided, and management and staff were able to describe to the Assessment Team recent SIRS reports and demonstrated that appropriate actions occurred in response to an incident of consumer neglect.

In April 2023, the service implemented a new electronic documentation system and while still in the transition phase, the new system includes real-time medication administration and assists with the minimisation of documentation gaps.

Based on the information provided in the assessment report I find the service compliant with Requirements 8(3)(d).

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)