Barrington Lodge

Performance Report

120 Swanston Street   
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**Commission ID:** 8031

**Provider name:** The Salvation Army (Tasmania) Property Trust

**Assessment Contact - Site date:** 25 May 2021

**Date of Performance Report:** 19 July 2021

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(b) | Non-compliant |
| **Standard 4 Services and supports for daily living** |  |
| Requirement 4(3)(c) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(d) | Non-compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this 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 Contact - Site report received 8 July 2021.

# STANDARD 2 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Assessment Team assessed one of the five specific requirements under this Quality Standard and found it Non-compliant.

The Quality Standard is assessed as Non-compliant as one of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(e) Non-compliant

*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.*

The Assessment Team found the service did not demonstrate 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 and provided evidence in relation to;

* one consumer whose assessments were not updated when a low bed was implemented following a fall,
* a second consumer whose care plan was not updated with interventions reported to be used by their relative to manage the consumer’s behaviours, and
* a third consumer for whom required monitoring was not recorded following a fall.

The Assessment Team also recorded evidence under Requirement 3 (3)(b) which indicates that consumers’ care plans are not reviewed following behavioural incidents. For example:

* A fourth consumer who displays inappropriate behaviours towards staff has not had a care plan review or further assessment following two recent incidents. The consumer’s care plan does not contain individualised interventions to minimise the recurrence of these incidents.
* A fifth consumer who displayed verbal aggression towards another consumer also did not have their care plan reviewed following the incident. While interventions used by staff to diffuse the situation were noted in progress notes, the consumer’s care plan was not reviewed to minimise the risk of such behaviours recurring. The care plan of the other consumer involved in the incident was also not reviewed following the incident.
* Staff interviewed were not able to describe how they document information about consumers’ preferences for care and effective behaviour management strategies.

The response submitted by the approved provider refutes the requirement of assessment for restraint in relation to the use of a low bed for the first consumer as the bed was implemented as a fall’s prevention strategy rather than a restraint. However, I note that a restraint assessment was completed at the time of the assessment team’s visit. The response notes that staff were unaware of the additional strategies for the second consumer and these have now been added to the care plan. The response states that neurological observations were not required following the third consumer’s fall as the consumer was able to self-report the fall and the registered nurse undertook all other required monitoring.

The response also provides information indicating that the behaviour management care plans of the other mentioned consumers have been reviewed and that behaviour management training for staff is planned.

I have reviewed all the available information and find this requirement is Non-compliant as the approved provider was not able to demonstrate that consumers’ care is reviewed particularly following behavioural incidents and when there are changes that impact on consumers’ needs. I also note that the approved provider’s response does not demonstrate a contemporary understanding of the use of restrictive practices.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Assessment Team assessed one of the seven specific requirements under this Quality Standard and found it Non-compliant.

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements have been assessed as Non-compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(b) Non-compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The Assessment Team found that the service did not demonstrate effective management of high impact or high prevalence risks related to consumers who exhibit challenging behaviours. Where such incidents have occurred, the service has not undertaken a review and implemented strategies to minimise reoccurrence. The Assessment Team provided examples of four different consumers who have been involved in behavioural incidents involving physical and verbal aggression and sexually inappropriate behaviour towards staff. These consumers’ behavioural care plans generally contained generic interventions and were not reviewed following the incidents to minimise recurrence. One consumer has not been referred for external assessment and support. Of the two consumers who had been assessed by external agencies one consumer had a focus on longer term planning and did not have specific recommendations related to the behaviour identified, the other did not have recommendations made by the external agency incorporated into their care plan. Staff did not demonstrate an understanding of behaviour management assessment or the importance of using individualised interventions to manage consumers’ challenging behaviours.

The approved provider’s response acknowledges that the care plan of the first consumer was not reviewed and provides evidence that a progress note was written in relation to the second consumer’s incident. The response notes that the third and fourth consumer’s incidents were reviewed through the SIRS reporting process.

The response also provides information indicating that the behaviour management care plans of the mentioned consumers have now been reviewed and that behaviour management training for staff is planned.

I have considered all the information provided and I find this requirement Non-compliant as the approved provider was unable to demonstrate consumers with challenging behaviours and associated risks are managed effectively.

# STANDARD 4 Services and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

The service supports consumers to maintain social and personal connections. Individual consumer interests are documented within the lifestyle documentation, and staff demonstrated an understanding of individual consumers preferences for services and supports. Consumers sampled confirmed being supported to participate in activities of interest to them within the service and in the outside community.

The Assessment Team assessed one of the seven specific requirements under this Quality Standard and found it Compliant.

An overall rating for this Quality Standard is not provided as not all of the requirements were assessed.

### Assessment of Standard 4 Requirements

### Requirement 4(3)(c) Compliant

*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.*

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Assessment Team assessed one of the five specific requirements under this Quality Standard and found it Non-compliant.

The Quality Standard is assessed as Non-compliant as one of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Non-compliant

*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.*

The Assessment Team found that while the service has processes to manage and minimise behavioural incidents, these processes are not always effectively implemented. The Assessment Team observed risk management processes do not consistently identify and manage risks associated with consumers’ challenging behaviour and care documentation does not support appropriate actions are taken to minimise the risk of incidents reoccurring.

Staff did not demonstrate adequate knowledge regarding the service’s approach to managing high impact risks for consumers relating to challenging behaviours and how behavioural incidents should be reported. Incidents described under Standard 3 Requirement (3) (b) have not been effectively managed in a way to minimise the risk of the incident recurring and mitigate the potential for future harm.

While the service has updated their policies and procedures to include information to guide staff in relation to the Serious Incident Response Scheme, the Assessment Team noted instances of incidents that were not managed in accordance with the service’s risk management framework.

The approved provider’s response disputes that staff do not have adequate knowledge regarding management of consumers with challenging behaviours and provided examples of nurses and staff meeting minutes where the new Serious Incident Response scheme was discussed. The response also provides copies of consumer’s care plans and behaviour related progress notes which indicate that a consumer’s behaviour is managed with the use of ‘as required’ antipsychotic medication without first trialling non-pharmacological interventions. The response also acknowledges that there is opportunity for improvement and states that additional staff training in behaviour management and the Serious Incident Response scheme is planned.

I have considered all the information provided and find this requirement is Non-compliant as the approved provider was unable to demonstrate effective risk management systems and practices in relation to the management of consumers with challenging behaviours.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* Ensure consumers’ care is reviewed following incidents and when circumstances change. Ensure review information is recorded as required and that consumers are reassessed, and care plans are updated as required.
* Ensure high impact/high prevalence risk associated with the care of each consumer, particularly risk associated with challenging behaviours, is identified and assessed, including the identification of triggers. Ensure appropriate and individualised interventions are recorded on each consumers’ care plan. Ensure chemical restraint is used in line with legislative requirements. Ensure staff record ongoing monitoring and review for each consumer and escalate incidents as required.
* Ensure that organisational risk management systems are effectively implemented in relation to the management of consumers with challenging behaviours. Ensure all incidents are managed appropriately and escalated as required.