Barrington Lodge

Performance Report

120 Swanston Street   
NEW TOWN TAS 7008  
Phone number: 03 6228 2164

**Commission ID:** 8031

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

**Assessment Contact - Site date:** 26 October 2021

**Date of Performance Report:** 7 December 2021

# Performance report prepared by

Astrid Tolstoshev, delegate of the Aged Care Quality and Safety Commissioner.

# 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** |  |
| Requirement 3(3)(b) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(d) | Non-compliant |

# Detailed assessment

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 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 22 November 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 service was found Non-complaint in one requirement under this Quality Standard at the last visit. The focus of this assessment was to assess the service’s progress in returning to compliance in this requirement.

One requirement was assessed and found 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 that staff demonstrated an understanding of the service’s processes to review consumers’ care and services and consumers and representatives interviewed confirmed that they are involved in these reviews. However, consumers’ clinical documentation reviewed by the Assessment Team did not consistently reflect these review processes have been completed when required. The Assessment Team discussed three consumers with a total of recent six behavioural incidents where an incident report had not been completed and care reviews had not been undertaken. A fourth consumer’s care file demonstrated that their care plan had not been updated with current effective strategies used by staff to manage the consumer’s agitation. The Assessment Team also discussed two consumers who had had appropriate care reviews undertaken following a fall in one instance and in relation to the use of a mechanical restrictive practice (use of low bed).

I have also considered evidence recorded by the Assessment Team under Requirement 3(3)(b), relating to the lack of recording of non-pharmacological strategies used by staff prior to administering an ‘as required’ chemical restrictive practice to assist managing two consumers’ behaviours.

The response submitted by the Approved provider demonstrated immediate actions taken to address the matters identified by the Assessment Team. The response:

* Acknowledges one incident reported to the Assessment Team by staff had not been recorded and has provided additional staff training in incident reporting. While the behaviour support plan for this consumer has been reviewed since the Assessment Team’s visit and contains individualised interventions to manage the consumer’s behaviours, the strategy used most effectively by staff as reported to the Assessment Team is not included on the behaviour support plan.
* Provides evidence demonstrating that two other incidents discussed by the Assessment Team have had retrospective incident reports completed and the consumer has been reviewed by Dementia Support Australia and their care plan updated.
* Provides evidence that another consumer has had retrospective incident reports completed in relation to episodes of aggressive behaviour and staff have been provided with education on the appropriate use of chemical restrictive practices. Concerns regarding the practice of an agency registered nurse have also been followed up with the relevant agency.

I have reviewed all the information provided and whilst acknowledging the Approved provider’s prompt response to issues identified by the Assessment Team I find that this requirement is Non-compliant. Appropriate staff practice in relation to completing incident reports and the recording of reviews of consumers’ care and services when changes occur is not yet consistently undertaken to ensure consumers receive effective care and services as their needs change.

# STANDARD 3 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 service was found non-complaint in one requirement under this Quality Standard at the last visit. The focus of this assessment was to assess the service’s progress in returning to full compliance in this requirement.

One requirement under this Quality Standard was assessed and found Compliant.

An overall rating for the Quality Standard is not provided as not all requirements have been assessed.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(b) Compliant

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

The Assessment Team found deficits in the recording of three consumers’ incidents and ensuring that a care plan review is undertaken. I have considered this information under Requirement 2(3)(e) above.

The Assessment Team also found that there had not been any recording of the use of non-pharmacological interventions prior the use of ‘as required’ chemical restrictive practices for two consumers. This occurred on three occasions for each consumer over a period of two months. This information has been considered under Requirement 2(3)(e) above.

The Assessment Team found that consumers with falls risk and consumers with skin integrity risks are managed appropriately. A consumer receiving anticoagulant medication has their medication monitored appropriately.

The Approved provider’s response acknowledges the need for staff to improve documentation when using ‘as required’ chemical restrictive practice for consumers. The response notes that this issue had been identified prior to the assessment contact, that management had issued a staff memorandum to all staff and conducted performance discussions individual with staff members as required.

I have reviewed all of the information provided and I have come to a different view to that of the Assessment Team. I find that the deficits identified are primarily related to assessment and care planning and the Assessment Team did not demonstrate significant impact on any consumer. Therefore I have considered this information under requirement 2(3)(e). I also note the Assessment Team found other areas of risk are managed appropriately. On balance I find this requirement is Compliant.

# 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 service was found non-complaint in one requirement under this Quality Standard at the last visit. The focus of this assessment was to assess the service’s progress in returning to full compliance in this requirement.

One requirement was assessed and found 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 improved and/or developed risk management systems and processes, these are not yet fully embedded into staff practice. Improvements to date include:

* The development and implementation of a case management tracker to ensure incidents are reviewed and consumers’ care needs information is revised accordingly.
* The implementation of an end of shift reporting system completed by the registered nurse on night shift. It includes information about any significant occurrences or clinical concerns, hospital transfer, consumers in isolation, and visitor feedback or complaints, and has improved the sharing of information about consumers’ care needs.
* A complex care register is being implemented, although it is still under development, to record and monitor high risk impact and high prevalence care needs.
* The service’s psychotropic self-assessment has not been fully completed, as input from medical officers is still required.
* Regular meetings have been implemented. For example, a daily clinical care meeting is held on the floor to discuss changes in care needs and required follow up. Nurses meet on a monthly basis, and the complex health working group has been implemented.
* Clinical and care staff provided positive feedback in relation to the improvements to systems and processes. In particular they commented on the improved handover process and the access to other reports relating to consumer incidents.

The Assessment Team found that these processes are not yet fully embedded in to staff practice to ensure consumers’ incidents are consistently reported, and care needs reviewed to minimise risk of recurrence.

The Assessment Team also found that the service did not demonstrate that all staff have received training and education in relation to incident management and challenging behaviours:

The response submitted by the Approved provider refutes that this requirement is not met and states that training has been provided to staff in relation to incident management, SIRS reporting, high impact/high prevalence risk, behaviour support and behaviour charting and documentation, restraint minimisation and referrals. A training record listing 14 staff names states that staff have received a folder of training material and resources in September 2021 following the last Commission visit in May 2021. Records of staff attendance at dementia training in November 2021 are also included. The response also notes other resources available to staff and that further training in incident management is scheduled December 2021. The response notes the improvements to incident and risk management processes as outlined by the Assessment Team and concludes that this requirement is met.

I have reviewed all of the information provided and on balance I give weight to the argument presented by the Assessment Team and find this requirement is Non-complaint. Notwithstanding the process improvements to incident and risk management processes made by the Approved provider, the Assessment Team’s assessment of Requirement 2(3)(e) found that consumers’ behavioural incidents are not yet consistently reported and escalated through these governance processes to ensure the effective management of risk. The Assessment Team also found that the recording of the use of ‘as required’ chemical restrictive practice does not consistently meet legislative requirements to minimise risk to consumers.

# 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 all consumer incidents are reported, recorded on incident reports and lead to a review of consumers’ care and services to minimise risk of recurrence.
* Ensure consumers’ behaviour care plans are updated as required with individualised interventions that relate to identified triggers for behaviours, include effective interventions used by staff, as well as interventions recommended by external providers, and interventions identified through review of any incidents.
* Ensure ‘as required’ chemical restrictive practice is used as a last resort with the trialling of non-pharmacological alternatives recorded prior to the use of medication.
* Ensure risk management systems and practices record consumers’ behavioural incidents and ensure escalation occurs as required. Ensure consumers’ care and services are reviewed following incidents, referrals made when required and care interventions adjusted as required to minimise risk of recurrence.