Claremont Terrace

Performance Report

231-253 McKinnon Road
McKINNON VIC 3204
Phone number: 03 9964 9000

**Commission ID:** 3592

**Provider name:** Allity Pty Ltd

**Assessment Contact - Desk date:** 7 September 2021 to 14 September 2021

**Date of Performance Report:** 22 October 2021

# Performance report prepared by

Sarah-Jane Byers, 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

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| **Standard 6 Feedback and complaints** |  |
| Requirement 6(3)(b) | 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 - Desk; the Assessment Contact - Desk report was informed by a desk assessment, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Assessment Contact - Desk report received 13 October 2021
* Directions notice issued to the provider 5 July 2021

# STANDARD 3 NON-COMPLIANTPersonal 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

The service did not demonstrate chemical restraint is identified and that assessment, monitoring, review and consent for the use of chemical restraint is undertaken. staff did not demonstrate an understanding of chemical restraint and did not demonstrate that chemical restraint is used as a last resort.

The service did not demonstrate effective management and evaluation of pain and responsive behaviours for all consumers.

The Assessment Team identified deficits in consumer care documentation that did not reflect the consumer’s current needs and best practice clinical care.

The service was unable to demonstrate that actions undertaken have fully addressed the deficits identified at the last visit.

The Quality Standard is assessed as Non-compliant as one specific requirement has been assessed as Non-compliant.

### Assessment of Standard 3 Requirements

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

*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.*

The Assessment Team found that not all consumers are receiving safe and effective clinical care that is best practice, tailored to their needs and optimises health and well-being. For example:

* staff did not demonstrate an understanding of chemical restraint and did not demonstrate that chemical restraint is used as a last resort
* the service did not demonstrate chemical restraint is always identified and that assessment, monitoring, review and consent for the use of chemical restraint is undertaken
* the service did not demonstrate effective management for all consumers pain
* staff did not demonstrate an understanding of pain management for each consumer resulting in ineffective management of pain for some consumers.
* representatives provided mixed feedback as to satisfaction with the level of clinical care delivered to consumers with pain and responsive behaviours.
* pre and post pain assessments were not completed or documented for consumers receiving complex pain management programs by allied health staff.

The Assessment Team identified deficits in the services psychotropic register. The Assessment also reviewed consumer care documentation for the use of restrictive practices, responsive behaviours and pain and found deficits in the delivery of clinical care some consumers. For example:

* clinical documentation did not reflect consumers current care needs resulting in care not tailored their needs
* trial of non-pharmacological strategies prior to the use of chemical restraint were not documented or evaluated
* documentation did not consistently reflect the assessment and evaluation of pain and as required pain medication for effectiveness
* documentation did not reflect guidelines or best practice for minimising restrictive practices and use of chemical restraint. For example, inaccurate consent forms
* documentation did not always demonstrate assessment and review of behaviours, pain and strategies to guide staff.

Management advised that one consumer at the service was under chemical restraint however, the Assessment Team identified several consumers from the Psychotropic Register who may be subject to chemical restraint.

The approved provider accepts that some improvement is required to return to full compliance under this Quality Standard. The approved provider’s response included clarification of information and action since the audit:

* psychotropic register has been reviewed and updated
* care documentation for consumers with responsive behaviours and pain have been reviewed and updated with evidence of pain evaluations provided.
* weekly review of all consumers medications and associated requirements for psychotropic register by care manager.
* review of pain management processes
* completed and ongoing delivery of staff education focusing on restrictive practices, pain management, responsive behaviours, person centered care and the expected documentation to support that care.

In making my decision I have considered the Assessment Team’s report and the approved provider’s response. While I acknowledge the action taken by management since the assessment contact to address identified deficits, these actions are still to be fully implemented and evaluated. I consider at the time of the assessment contact the approved provider did not demonstrate compliance with the Requirement. I find the service is Non-compliant with this requirement.

# STANDARD 6 Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The Assessment Team assessed one Requirement of this Quality Standard and provided evidence the service meets Requirement 6(3)(b).

An overall rating for this Quality Standard is not given as only one of the four specific requirements have been assessed.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

The Assessment Team found the service ensures consumers are aware of and have access to advocates and language services.

Consumers and representatives interviewed were aware of the advocacy services available to them, however described feeling comfortable raising issues directly with management.

Staff have completed mandatory education on language and advocacy services and demonstrated an improved understanding of the services available and referral processes. The service has updated its feedback and engagement policy and feedback form to include details about advocacy and interpreter services.

In making my decision I have considered the Assessment Team report and the response from the approved provider. Based on the evidence provided I consider the approved provider has demonstrated compliance with this Requirement. I therefore find this Requirement is Compliant.

# 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.

**Standard 3 Requirement 3(3)a**

* Implement effective management for the clinical care of all consumers in particular the identification and management of restrictive practices (chemical restraint) and the assessment, treatment and evaluation of pain.
* Establish monitoring processes to ensure deficits in consumer care documentation are identified and managed effectively.
* Ensure the services psychotropic register is current, accurate and meets legislative requirements.
* Ensure staff have the skills and knowledge to identify, manage, evaluate and document the use of restrictive practices, responsive behaviours and pain.
* Implement processes to ensure non-pharmacological interventions are maximised.
* Implement processed to ensure pain is managed prior to medication being administered.