Forest Lodge Residential Aged Care

Performance Report

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**Commission ID:** 3825

**Provider name:** Great Oaks Pty Ltd

**Assessment Contact - Site date:** 13 December 2021

**Date of Performance Report:** 15 February 2022

# Performance report prepared by

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# 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)(c) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | 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 Approved Provider’s response to the Assessment Contact - Site report received on 17 January 2022.

# 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. Therefore, the Quality Standard is found Non-compliant.

## Assessment of Standard 2 Requirements

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

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

The Assessment Team found that the service did not demonstrate effective ongoing partnerships with consumers or their representative in assessment, planning and review of the consumer’s care and services. Issues identified were in relation to; lack of consultation about transfer to hospital, consultation and informed consent about the use of psychotropic medication

**Consumer 1**

*Consultation about transfer to hospital*

Care file documentation of a consumer with a diagnosis of Alzheimer’s dementia, who tested COVID-19 positive notes the consumer refused hospital transfer and denied being unwell. There are no progress notes indicating the consumer was unwell until the service received a telephone call from a medical officer at 8:30pm informing the service of the consumer’s COVID-19 positive result. Following this call, clinical records indicate the consumer was coughing and appeared generally unwell.

The consumer’s care file documentation indicates that when patient transport officers arrived to transfer the consumer during the night, the consumer refused, stating that they were not unwell. The consumer was then administered the psychotropic medication and subsequently consented and was transferred to hospital.

The consumer’s representative expressed dissatisfaction with the hospital transfer, particularly the timing of the transfer. The representative stated that during the pandemic there had been no communication or information from the service about a plan for the management of consumers who contracted COVID-19, including the circumstances of when a hospital transfer would occur. The consumer’s advance care plan had not been updated since January 2020 and did not include options for the management of COVID-19 should this be required.

*Consultation and informed consent about the use of psychotropic medication*

The Assessment Team found this consumer was prescribed an ‘as required’ psychotropic medication for anxiety with no evidence of informed consent by the consumer’s representative. The consumer’s representative was aware the consumer had been prescribed the medication upon entry to the service. However, the representative stated they were unaware the medication was still being used and there had not been a discussion with the service or medical officer in relation to the risks or benefits of the medication and they had not provided informed consent for its use.

Approved Provider response

*Consultation about transfer to hospital*

The Approved Provider refutes the findings of the Assessment Team in relation to this consumer. The client communication register submitted by the Approved Provider notes that the registered nurse unsuccessfully attempted to contact the representative in the evening prior to the hospital transfer to discuss the test results and transfer to hospital. The general practitioner also advised they would call the representative. The register states the representative returned the call at 23:00 and was ‘happy to transfer to hospital’. The incident report submitted by the provider notes that when patient transport officers arrived at the service, the consumer was agitated and refusing to go to hospital. The response also notes that the consumer has a diagnosis of Alzheimer’s disease and was unable to understand the need for hospital transfer. The registered nurse telephoned the representative again and requested that they speak to the consumer about the hospital transfer. The client incident details report notes that the consumer agreed to the hospital transfer following the administration of the psychotropic medication.

The Approved Provider’s response contains records of resident support group meetings in May, June, July and September 2021 where general information about COVID-19 and visitor restrictions to the service during the pandemic are discussed. The response also provided a policy, updated on 22 December 2021 outlining the process to follow when a consumer tests positive for COVID-19. The response did not provide any information about different options for the management of COVID-19 positive consumers provided to representatives during this time.

The response outlines the process for completion of advance care directives with each consumer’s general practitioner, the consumer and their representative where appropriate. The response notes that the medical power of attorney will again be consulted as it is their right to change their minds. In the absence of a medical power of attorney a clinician will make the decision at the time.

*Consultation and informed consent about the use of psychotropic medication*

In relation to consultation and informed consent about the use of psychotropic medication, the response states the consumer has a medical diagnosis to support the prescription for the antipsychotic and therefore ongoing written consent from the representative is not required unless there are changes. If there are changes the general practitioner will discuss and seek verbal consent from the consumer’s representative. Three care plan reviews provided for this consumer dated December 2020, January and May 2021 demonstrates that behaviour and psychotropic medication use were reviewed by clinical staff and the general practitioner. They do not contain a record of informed consent being provided by the representative. A family meeting, held with the general practitioner, is noted in the December 2020 care plan review. No record of this meeting is provided.

*Decision maker’s finding for Consumer 1*

* In relation to the recent hospitalisation, the Approved Provider did not consider the consumer’s wish to remain at the service, expressed prior to the hospital transfer occurring. Whilst there is conflicting information as to whether the representative was able to be contacted prior or after the transfer of the consumer to hospital had occurred, the Approved Provider was unable to demonstrate that the benefits of hospital admission and the potential harms were considered prior to the decision being made for this consumer. While resident meeting minutes indicate general discussion with consumers and representatives regarding outbreak prevention through screening and other strategies, there is no information demonstrating that different options for the management of consumers with COVID-19 are part of the organisation’s policy or were discussed with representatives prior to the outbreak.
* In relation to the use of ‘as required’ psychotropic medication prior to the consumer’s hospital transfer, the Approved Provider does not consider this a restrictive practice due to the consumer’s diagnosis of anxiety. However, the use of the ‘as required’ psychotropic medication was to manage the consumer’s behaviour and therefore it is a chemical restrictive practice. Refer to Requirement 3(3)(a) below. Documentation submitted by the Approved Provider, while it demonstrates that the consumer’s behaviour and medication were reviewed earlier in 2021, does not demonstrate that informed consent was provided by the representative. The representative stated they were unaware that the medication was still in use and that there had been no discussion of the risks and benefits of the medication.

**Consumer 2**

*Consultation about transfer to hospital*

A second consumer was transferred to hospital after testing positive for COVID-19. The consumer initially refused to go to hospital and the patient transport officers were reluctant to undertake the transfer based on this refusal and the fact that the consumer’s vital signs were normal.

The consumer was asymptomatic, and the hospital discharge letter indicates they required no specific management for COVID-19 infection and their disease severity was mild.

The consumer’s representative stated they did not give consent for hospital transfer and would not have given consent if they had been given a choice about the transfer.

*Consultation and informed consent about the use of psychotropic medication*

The consumer is prescribed regular and ‘as required’ psychotropic medication for an anxiety disorder. The representative stated that they were not aware of the consumer’s prescribed medication and stated that the consumer no longer displays behaviours. The representative did state that as the consumer was waking early, a manager had told them that they would try something to help the consumer sleep. However, there was no discussion about the risk of potential side effect of the medication or request for consent.

Approved Provider response

*Consultation about transfer to hospital*

The response submitted by the Approved Provider disputes the Assessment Team’s finding for this consumer. The response states the transfer was requested by the general practitioner due to the consumer’s clinical deterioration and because staff were having difficulty isolating the consumer. The client communication record submitted by the Approved Provider notes the registered nurse contacted the next of kin who agreed for the consumer to be transferred to the hospital after the call to the ambulance had been made. The incident report notes that the consumer initially refused to be transferred to hospital. While the consumer had a dry cough and a headache, vital signs were normal, and the patient transport officers were reluctant to take the consumer. The patient transport officers then explained to the consumer the risk of transmitting the virus to other consumers and provided reassurance to the consumer. The consumer was then transferred to hospital. This document also notes that the consumer’s power of attorney did not answer the call from the service prior to the transfer and that the registered nurse left a message about the hospital transfer.

*Consultation and informed consent about the use of psychotropic medication*

The Approved Provided submitted no evidence of consultation about or consent for the use of ‘as required’ psychotropic medication for this consumer.

*Decision maker’s finding for consumer 2.*

* In relation to the consumer’s transfer to hospital with COVID-19, it appears the transfer was initiated because of clinical reasons as well as concerns about the consumer’s difficulty to remain isolated. There is conflicting information as to whether the representative was able to be contacted prior or after the transfer of the consumer to hospital had occurred. The representative stated they did not give consent to the transfer.
* In relation to consultation and informed consent about the use of psychotropic medications I concur with the Assessment Team’ finding that the representative had not provided informed consent for the use of the psychotropic medication.

**Consumer 3**

*Consultation about transfer to hospital*

A third consumer living with dementia, anxiety and pain, has an advance care directive specifying that they are only to be transferred to hospital if unable to be looked after at the service.

After testing COVID-19 positive the consumer remained at the service for approximately 5 days. There were multiple medical reviews during this time and daily communication between the service and the consumer’s family. Progress notes indicate that the consumer’s clinical condition did not deteriorate, and they remained walking through the service for approximately 2-3 days following the positive test. The consumer was transferred to hospital 5 days after testing positive.

When interviewed, the consumer’s representative stated their preference was for the consumer to remain in the service for on-going care. The representative said the service had telephoned her days prior to the transfer to hospital and said the consumer was ‘wandering’ and asked if the consumer could go to hospital. The representative said they had refused this request. The representative was advised of the hospital transfer when the consumer was on the way to hospital and was not involved in decision making about the move. The representative is dissatisfied with the manner in which the consumer’s hospital transfer was managed.

*Consultation and informed consent about the use of psychotropic medication*

This consumer is prescribed ‘as required’ Quetiapine for behavioural and psychological symptoms of dementia and ‘as required’ Temazepam for insomnia.

The consumer’s representative reported she was told the consumer is on medication for ‘wandering or sleep’ but has not been informed of any potential side effects from these medications.

Approved Provider response

*Consultation about transfer to hospital*

The response submitted by the Approved Provided disputes the Assessment Team’s finding for this consumer. The response states the service consulted with the Public Health Unit about the need for a hospital transfer for this consumer. The client incident details report provided by the Approved Provider notes that the Victorian Department of Health requested the transfer as the consumer was not able to be effectively isolated. The client communication record notes a discussion about the difficulties the service may have with isolating the consumer, at an outbreak management meeting on the day the positive result was received. This record also notes daily communication with the representative over the next days. The service rang the representative on the day of the hospital transfer and informed them that the consumer was going to hospital under a directive from the Department of Health and Human Services. The representative did not agree to the transfer. The response disputes the finding that the consumer was transferred prior to the discussion with the representative and notes that consumer’s representative was angry and disappointed but understood the health and safety reasons for the transfer.

*Consultation and informed consent about the use of psychotropic medication*

The Approved Provider submitted two care plan reviews dated July and October 2021 that record a review of the consumer’s medication and the use of anti-psychotic medications and sedatives. They note that the representative understood the need for the medication, gave consent and was aware of possible side effects.

*Decision maker’s finding for consumer 3.*

* In relation to the consumer’s transfer to hospital with COVID-19, I note that in this instance it was a decision required to be made by the relevant Public Health Unit.
* In relation to consultation and informed consent about the use of psychotropic medication, while the representative stated that informed consent was not given, care plan review documentation submitted by the Approved Provider demonstrates that the medication was discussed, and the representative gave informed consent on two occasions in 2021.

**Consumer 4**

*Consultation about transfer to hospital*

A fourth consumer living with vascular dementia and having behavioural and psychological symptoms of dementia was transferred to hospital after contracting COVID-19. The consumer’s representative stated they were not consulted, nor did they give consent for the transfer. However, following the transfer, the consumer’s representative acknowledged the consumer had been unwell and had required treatment while in hospital. However, they were dissatisfied with being notified of the decision for hospitalisation after the transfer had occurred.

*Consultation and informed consent about the use of psychotropic medication*

The consumer is prescribed regular and ‘as required’ Risperidone. The representative said the service has not discussed the risks or potential side effects of these medications.

Approved Provider response

*Consultation about transfer to hospital*

The response submitted by the Approved Provided disputes the Assessment Team’s finding for this consumer. The response states that the registered nurse was concerned about the consumer’s clinical deterioration and decided to transfer the consumer based on the clinical assessment performed by the general practitioner. The registered nurse attempted to contact the representative at 5:30am. The representative called back at 6:40am when the transfer had already taken place. The client communication record notes that the representative was happy with the transfer at this time.

*Consultation and informed consent about the use of psychotropic medication*

The Approved Provider submitted care plan reviews dated October 2020, February and June 2021 that record a review of the consumer’s medication and the use of anti-psychotic medications and sedatives. These reviews note that the representative understood the need for the medication, gave consent and was aware of possible side effects. The response also refers to a family meeting that occurred in May 2020 where medication use was reviewed.

*Decision maker’s finding for consumer 4.*

* In relation to the consumer’s transfer to hospital with COVID-19, I note that the registered nurse did attempt to contact the representative prior to the transfer taking place. However, I note that the Approved Provider’s response makes it clear that prior to the initial attempt to contact the representative, the decision had already been made and the representative was to be informed of that decision. There is no information demonstrating that different options for the management of consumers with COVID-19 are part of the organisation’s policy or were discussed with representatives prior to the outbreak.
* In relation to consultation and informed consent about the use of psychotropic medication, while the representative stated that informed consent was not given, care plan review documentation submitted by the Approved Provider demonstrates that the medication was discussed, and the representative gave informed consent on two occasions in 2021.

**Consumer 5**

*Consultation about transfer to hospital*

A fifth COVID-19 positive consumer, was asymptomatic, clinically well and stable. Their advance care directive requests the representative be contacted for permission prior to admission to hospital. On the day of the COVID-19 diagnosis progress notes record that the representative would like the consumer to remain in a familiar environment unless the consumer becomes unwell. The next day progress notes indicate that staff informed the representative of the planned hospital transfer due to difficulties isolating the consumer. It was recorded that the representative is understanding and aware of the reason for the transfer.

When interviewed the representative confirmed this conversation.

Approved Provider response

*Consultation about transfer to hospital*

The response submitted by the Approved Provider states that the transfer was made following consultation with the Public Health Unit, the consumer’s general practitioner and the consumer’s representative. Although the family wanted the consumer to stay at the service they understood the reasons for the transfer.

The client incident details record notes that the representative was informed after the transfer had taken place. The client communication records note a telephone conversation with the representative confirming the positive test result that state that the representative preferred the consumer to stay at the service unless deteriorating or advised that it was required.

*Decision maker’s finding for consumer 5.*

* In relation to the consumer’s transfer to hospital with COVID-19, I note that in this instance the decision to transfer to hospital for public health reasons was to be made by the relevant Public Health Unit.

**Consumer 6**

*Consultation about transfer to hospital*

A sixth consumer who tested positive for COVID-19 was transferred to hospital three days after the diagnosis was made. The consumer’s advance care plan directive indicates that for decisions regarding hospital transfer, the next of kin is to be contacted prior to any decision making. Documentation reviewed by the Assessment Team indicate that the hospital transfer was made with the representative consent. No further information was able to be obtained by the Assessment Team.

Approved Provider response

*Consultation about transfer to hospital*

The Approved Provider submitted the client communication and client incident details records for this consumer. The client incident details records that the consumer was transferred to hospital for public health reasons due to difficulties isolating them at the service. The client communication records details a telephone conversation with the representative prior to the hospital transfer in which it is stated that the representative wanted the consumer to be transferred to hospital if needed and would leave this for the general practitioner to review.

*Decision maker’s finding for consumer 6.*

* Due to the limited information available I am only able to make a finding in relation to consultation regarding this consumers’ transfer to hospital with COVID-19. In relation to the consumer’s transfer to hospital with COVID-19. I note that in this instance it was a decision required to be made by the relevant Public Health Unit.
* Ongoing consultation regarding consumers’ care and services

The Assessment Team found that of the four representatives interviewed about their ongoing involvement in the consumers’ assessment and care planning, two reported dissatisfaction with this process. One reported that they had never been invited to attend a care plan review. A second stated the service does not involve them in care planning unless this is initiated by them. The representative provided several examples of care implemented by the service without prior consultation.

Two further representatives reported satisfaction with this process. One representative said they generally feel involved in the consumer’s care and stated that the service keeps them informed. A second representative stated that they have never been offered a meeting to discuss the consumer’s care or been offered to review the consumer’s care plan. However, they are satisfied with care and service provided to the consumer.

The Approved Provider response notes the organisation’s policy that all residents have care conferences to discuss their care planning and care needs, attended by the consumer, the representative, the general practitioner and staff from the service. These care conferences are held six weeks post entry to the service and then annually if wanted by the representative. Additionally, care plan reviews are conducted every four months. Records of four monthly care plan reviews conducted by a registered nurse for each of the four consumers were provided, that indicate varying levels of family involvement. Two consumers’ care plan reviews note that a family meeting was held in 2020. No records of these meetings were provided.

REASON FOR THE DECISION

Based on the overall evidence provided for the six consumers sampled by the Assessment Team I am satisfied that this requirement is Non-Compliant. I acknowledge that the Approved Provider has a process of annual family meetings and four-monthly care plan reviews which indicate the level of involvement of representatives in consumers’ care. However, the Approved Provider was unable to demonstrate effective consultation with representatives of the three consumers transferred to hospital for clinical deterioration associated with COVID-19. The Approved Provider was unable to demonstrate informed consent was obtained in relation to the use of psychotropic medication for two of the four consumers for whom chemical restrictive practices were used.

# STANDARD 3 COMPLIANT/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 two of the seven specific requirements under this Quality Standard and found one requirement Non-compliant. Therefore, the Quality Standard is found 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 the service was unable to demonstrate that each consumer receives clinical and personal care tailored to their individual care needs regarding the use of chemical restrictive practices. The service has not recognised consumers who currently have chemical restrictive practices in use and was unable to demonstrate that these restrictive practices are managed in a way that is best practice and optimises consumers’ health and wellbeing.

File review demonstrated staff do not consistently record alternative interventions used prior to the administration of medication and administered ‘as required’ psychotropic medication in response to behaviours not listed for its use.

**Consumer 1**

This consumer has an order for ‘as required’ psychotropic medication (Oxazepam) that can be used three times per day for anxiety. However, there was no assessment, care planning, or information to guide staff to manage the consumer’s anxiety, when to use the medication or which non-pharmacological strategies to try first. File review demonstrated staff have administered the ‘as required’ Oxazepam for behaviours other than anxiety, including prior to the consumer’s hospital transfer.

The Approved Provider’s response states that the administration of the medication prior to the hospital transfer was an emergency situation and the representative was unable to be contacted at the time. The response also acknowledges that staff did not accurately document the use of ‘as required’ medication and states that staff have received education on how to appropriately document the use of ‘as required’ medication. The response states that the medication for this consumer is not deemed a restrictive practice, due to the medical diagnosis and disputes that the behaviour care plan does not list strategies to assist in preventing anxiety. It notes that information about the use of the medication is recorded in the consumer’s medication care plan (not provided).

*Decision maker’s finding for Consumer 1*

There is no information about a diagnosis of anxiety disorder in the consumer’s documentation provided by the Approved Provider. However, the consumer’s behaviour care plan does include interventions to manage behaviours triggered by anxiety. I consider the use of the ‘as required’ psychotropic medication to manage these behaviours to be chemical restrictive practice under the Quality of Care Principles 2014.

This consumer was administered ‘as required’ oxazepam on seven occasions between October 2021 and November 2021 and monthly from June to November 2021. The Approved Provider did not demonstrate that alternative strategies had been trialled before the restrictive practice was used.

At the time of the consumer’s hospitalisation, when the psychotropic medication was used, emergency use of restrictive practice requirements were not followed. These require that as soon as practical after the application or use of the restrictive practice in an emergency, the Approved Provider must inform the consumer’s restrictive practices substitute decision maker about the use of the restrictive practice, and this must be documented. Consent should be provided and recorded as soon as practical after the application or use of the restrictive practice. It was not evident that there was communication to the representative after the event occurred.

**Consumer 2**

This consumer has a diagnosis of Anxiety Disorder and is prescribed regular and ‘as required’ Oxazepam, with no assessment or care plan for the use of this medication.

The Approved Provider’s response states that at the end of November 2021 the consumer was reviewed by the general practitioner following a request from staff due to noted side effects of Oxazepam, lethargy and sleepiness. This review resulted in the regular order being ceased. The response also notes that only one dose of ‘as required’ medication has been administered since the review in November 2021 and that this has now also been ceased. Medication charts provided by the Approved Provider demonstrate that the consumer had three doses of ‘as required’ medication in December 2021. Evidence of the medication being ceased was not provided.

*Decision maker’s finding for Consumer 2*

Whilst acknowledging staff practice in notifying the general practitioner of the side effects of the psychotropic medication for this consumer, at the time of the visit the consumer had no assessment regarding the use of Oxazepam. Staff administered the medication with no guidance regarding alternative strategies to use prior and this continued on three occasions in December 2021.

**Consumer 3**

This consumer’s medication chart indicates Quetiapine has been prescribed for behavioural and psychological symptoms of dementia.

The consumer’s behavioural assessment and care planning documents describe a range of behaviours including ‘wandering’, refusing care and going into other consumers’ rooms but it does not reference the use of psychotropic medication for the management of behaviours. Staff reported the consumer is easily managed using behavioural interventions listed in the care plan.

The consumer’s care file demonstrates they were administered ‘as required’ Quetiapine on two occasions in August 2021 for ‘agitation’, ‘being verbally disruptive’ and entering other people’s rooms. No further administration of Quetiapine are documented until 11 and 12 November 2021 when it was administered for restlessness and non-compliant behaviour towards staff and refusing to follow isolation protocols.

The Approved Provider’s response states that the consumer received two doses of psychotropic medication in consultation with the general practitioner to assist in managing the consumer’s behaviour when required to isolate. The consumer has not received any further ‘as required’ psychotropic medication.

*Decision maker’s finding for Consumer 3*

I consider Quetiapine prescribed for behavioural and psychological symptoms of dementia as a chemical restrictive practice. The Approved Provider has not fulfilled the requirements of The Quality of Care Principles 2014 to conduct assessments for the use of the medication for specific behaviours and to demonstrate that alternative strategies have been used before the restrictive practice is administered.

I do not consider the use of restrictive practice in this situation an emergency.An emergency is a serious or dangerous situation that is unanticipated or unforeseen and requires immediate action. The Approved Provider should incorporate COVID-19 related mental health risks or behaviours of concern and methods for addressing them into the consumer’s behaviour support plan.

**Consumer 4**

This consumer is prescribed regular and ‘as required’ Risperidone for behavioural and psychological symptoms of dementia with physical aggression. Staff caring for the consumer said the consumer is never aggressive. During a recent hospital stay the consumer’s psychotropic medication was reduced due to drowsiness and stiffness and the hospital discharge letter noted the option to cease the medication in the future. On return to the service the consumer’s medication chart does not reflect the changes made by the hospital and was returned to the previous dose with no evidence of assessment or monitoring of side effects.

The Approved Provider’s response notes that the consumer was prescribed Risperidone by a geriatrician in in October 2020. The response states the consumer has not received ‘as required’ medication and states that staff monitor the consumer’s wellbeing through progress notes and would record any notable side effects. The response states that the consumer was reviewed by the general practitioner a month following their hospital discharge when it was noted that there were no side effects to the medication prescribed.

*Decision maker’s finding for Consumer 4*

Under the criteria set out in the Quality of Care Principles 2014 the use of Risperidone constitutes a chemical restrictive practice for this consumer which has not been recognised by the Approved Provider. I also note that the consumer’s medication order does not specify behaviours that indicate the use of Risperidone. On return from hospital there is no record of a medication review or reason for adjusting the consumer’s psychotropic medication dose to the one they were on prior to hospitalisation.

**Consumer 5**

This consumer presented with frequent hallucinations, agitation, physical and verbal aggression for which they were administered as required Oxazepam, Risperidone and Quetiapine on more than 40 occasions from October – 12 November 2021. On seven of the forty occasions it was recorded that staff trialled non-pharmacological interventions prior to administration of the medication. Two days after testing COVID-19 positive the consumer’s dose and frequency of as required Risperidone was increased. It was noted the consumer continued to hallucinate and complain of agitation and was infecting others by going into their rooms.

Following return from hospitalisation, the consumer’s medications were reviewed in consideration of their palliative status. The ‘as required’ Quetiapine and Risperidone were ceased. An order for ‘as required’ Oxazepam remained.

The Approved Provider did not provide a response in relation to this consumer.

*Decision makers finding for Consumer 5*

The Approved Provider failed to recognise that the use of the psychotropic medications prior to the consumer became palliative, was a restrictive practice and the use of alternative interventions prior to the administration of these medication was not recorded on multiple occasions.

The Assessment Team reviewed assessment and care plan documentation which evidenced the service identifying and responding to consumers’ skin care, wounds and pain in accordance with evidence-based practice.

The response submitted by the Approved Provided disputes the Assessment Team’s finding for this requirement. The response states that all sampled consumers had been recently diagnosed with COVID-19, and that the pandemic has produced many variables to best practice with ever changing Public Health guidelines. The response further states that the service carries out four monthly care plan reviews for all residents, engaging subject matter experts and has a comprehensive education program in place for staff.

REASON FOR THE DECISION

I have considered all the information provided and find this requirement is Non-compliant. The Approved Provider failed to recognise that prescribed medications for five consumers reviewed by the Assessment Team constituted chemical restrictive practice. Further, the Approved Provider did not demonstrate they had trialled alternative interventions prior to using the ‘as required’ medications, therefore the Approved Provider has not demonstrated that restrictive practices were used as a last resort.  The service used chemical restrictive practices to assist with behaviour management of one consumer during isolation and deemed this to be for emergency use. There is no evidence that the circumstances met the conditions for emergency use of chemical restrictive practice for this consumer. An emergency is a serious or dangerous situation that is unanticipated or unforeseen and requires immediate action. The process following the use of emergency restrictive practice was not followed for another consumer who was administered psychotropic medication prior to hospitalisation.

### Requirement 3(3)(g) Compliant

*Minimisation of infection related risks through implementing:*

1. *standard and transmission-based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

Staff described practical strategies to minimise infection including correct PPE use and handwashing, and observations made by the Assessment Team confirmed these strategies were effectively implemented.

Representatives generally provided positive feedback about the infection control, practices at the service such as entry screening, use of PPE, and observations of staff hand washing. However, three representatives provided feedback that although they support the rapid antigen testing prior to entry, the service’s booking system is inefficient and a significant barrier to arranging visits.

The Approved Provider did not submit a response to this requirement.

I have considered all the information provided and find this requirement is Compliant. I am satisfied that the Approved Provider has demonstrated effective strategies to minimise infection-related risks through implementing standard and transmission-based precautions to prevent and control infection.

# 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 two of the five specific requirements under this Quality Standard and found them Non-compliant. Therefore, the Quality Standard is found 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 decisions made to manage risk of further spread of the infection during the COVID-19 outbreak did not align with Public Health guidelines at the time and did not consider the wishes of the consumer or representative. Further, the Assessment Team found discrepancies in organisational policy and procedure documentation regarding the management of this risk during a COVID-19 outbreak. One policy and procedure document instructs a general practitioner to review consumers who test positive for the infection, for clinical symptoms of deterioration or suitability to remain within the service, in accordance with current Public Health guidelines. A second version of the same policy and procedure document instructs to arrange an immediate hospital transfer when consumers test positive for COVID-19. The service also has a clinical policy and procedure which guides response to clinical deterioration and instructs the registered nurse to evaluate the deterioration and response based on the consumer’s advance care plan authorisation and the consumer’s wishes.

The Assessment Team found that decisions to transfer consumers were made without the consent of and without considering the wishes of the representative or consumer. There is no evidence of any consideration of the balance between risk and consumer wellbeing in relation to the hospital transfer. The care files of three COVID-19 positive consumers transferred to hospital for clinical deterioration do not provide evidence that there had been a discussion of the risks and benefits of hospitalisation for any consumer.

The Approved Provider’s response notes that the organisation’s COVID-19 prevention policy was aligned with the Victorian Department of Health’s guidelines at the time (13 October 2021) and was updated on 22 December 2021 with the requirement to consult with the relevant Public Health Unit regarding any COVID-19 positive consumer’s requirement for hospitalisation. The response states that at the time of the outbreak the unknown progression of deterioration in consumers with COVID-19 led to the service’s clinical team consulting with general practitioners to determine need for hospitalisation. The response states that the registered nurse did attempt to call representatives but in two cases was unable to make contact. The response states that staff did refer to consumers’ advance care directives but due to the unknown progression of symptoms the decision was made with the general practitioner to transfer the consumers to hospital. The response identifies that ambulance officers would not transfer a consumer without a copy of their advance care directives and that they were satisfied with the documentation provided.

The response also notes that the decision to transfer three of the six COVID-19 positive consumers to hospital was made in consultation with the relevant Public Health Unit as the service was unable to isolate them due to their cognitive impairment and the risk they posed to other consumers and staff.

I have reviewed all the information provided and I am not satisfied that the Approved Provider demonstrated effective risk management processes and practices to manage risks associated with the hospital transfer of consumers with COVID-19 that were aligned with Victorian Public Health guidelines at the time of the outbreak.

The Victorian Public Health guideline updated on 13 October 2021 outlines the two circumstances in which consumers may be transferred to hospital during a COVID-19 outbreak. Transfers for clinical need are made following assessment by clinicians at the service and are expected to consider the wishes of the consumer and or their representative, the expected benefit of a hospital admission and the potential harms associated with hospital admission.

While the Approved Provider states that three consumers were transferred to hospital due to clinical deterioration in line with Public Health guidelines, I agree with the Assessment Team’s finding that the transfers were not conducted according to the required process.

While representatives may have been contacted or attempted to have been contacted, at the time, evidence from representative interviews does not support that a process of consultation took place or that their wishes were considered. Nor is there any evidence that there was any consideration of the expected benefits versus the potential harms of the hospital transfer for the consumer. Rather representatives reported that they were informed of the service’s decision to transfer the consumer.

The second circumstance for hospital transfer outlined in the Victorian Public Health guideline updated on 13 October 2021 is when the facility does not have a suitable environment for appropriate isolation and a COVID-19 positive consumer finds it difficult to remain in isolation due to cognitive impairment. Such transfer decisions will be made by the Public Health Unit in consultation with hospitals and the Victorian Aged Care Response Centre as part of the outbreak management response. The Approved Provider response states that the hospital transfer of consumers who had difficulty isolating due to cognitive impairment were made in consultation with the Public Health Unit. However, evidence in the outbreak management team meeting minutes dated 11 November 2021 submitted by the Approved Provider indicates that at the meeting the organisation expected all but one of the COVID-19 consumers to be removed from the service by the Public Health Unit and that the transfer must happen on the day of the meeting. This approach is not in line with the Victorian Public Health guideline at the time.

Whilst acknowledging that the Approved Provider has subsequently reviewed policies and procedures related to COVID-19 outbreak management to align with Victorian Public Health guidelines I find that this requirement is Non-compliant as practices at the service to manage risk associated with consumers who were COVID-19 positive during the recent outbreak did not consider the impact of transfer to hospital on individual consumers, did not take into account the wishes of consumers and representatives and did not meet the requirements of Victorian Public Health guidelines.

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

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

The Assessment Team found the service did not demonstrate effective processes to minimise the use of restrictive practices. Although the service has a framework to manage, monitor and minimise the use of restraint it has not been consistently implemented. Management and staff could not demonstrate they have effectively identified consumers who are subject to chemical restrictive practice. Informed consent for the use of medication for chemical restraint is not consistently recorded.

Management reported that they rely on the medical officers to determine whether a prescribed medication is a chemical restrictive practice, and all consumers’ psychotropic medications are reviewed every four months. Management reported that at the time of the site visit no consumer was subject to chemical restrictive practices.

A register of consumers’ prescribed psychotropic medication is maintained and the service monitors and reports on the number of consumers prescribed ‘as required’ antipsychotic medication. However, it has not been used to identify restrictive practices, or minimise their use.

Evidence reported under requirement 3 (3) (a) demonstrate consumers who are subject to chemical restrictive practices, where criteria identified in the *Quality of Care Principles 2014*, including use as a last resort and use of alternative interventions prior to the use of the chemical restrictive practice, have not consistently been met.

Evidence reported under requirement 2 (3) (c) demonstrates that two of the four consumer files reviewed did not contain a record of informed consent being obtained. Four representatives interviewed reported that they had varying levels of awareness of the medication prescribed to the consumer, the purpose, associated risks and benefits and possible side effects. None of these representatives reported that they had provided informed consent.

The Approved Provider’s response states that all consumers on psychotropic medications for their diagnosis receive a four monthly care plan review by the registered nurse and the general practitioner conducts a three-monthly review. These reviews are documented and contain information about discussion with consumers and whether informed consent has been obtained and details about the medication used.

I have reviewed all the information provided and find this requirement is Non-compliant. It is the responsibility of Approved Providers to determine whether prescribed medication is determined to be a chemical restrictive practice under the *Quality of Care Principles 2014*. It is not expected that medical practitioners have an in-depth understanding of the legislative requirements that Approved Providers are required to meet. Statements from a medical practitioner that a medication is not used as “chemical restraint” and similar is not determinative and should be tested against the legislation by the Approved Provider. Approved Providers are expected to apply the legislation to the circumstances of the consumer and understand when chemical restrictive practice is present.

Informed consent for the use of the chemical restrictive practice is not consistently recorded and use of alternative interventions prior to the use of chemical restrictive practice is also inconsistently recorded.

While the Approved Provider has a comprehensive Behavioural Support Policy and Procedure in place, I am not satisfied that the Approved Provider demonstrates effective governance of the identification, use of, and minimisation of chemical restrictive practice at the service.

# 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 assessment and planning with consumers is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of their care and services. For example, the decision to transfer a COVID-19 positive consumer to hospital for clinical need are made in partnership with the consumer and others that the consumer wishes to involve in their care.
* Ensure informed consent for the use of chemical restrictive practice is consistently obtained and recorded.
* Ensure consumers who have been assessed as requiring chemical restraint are managed in line with the requirements of the *Quality of Care Principles 2014.* For example, the development and use of Behaviour support plans should be the primary mechanism for managing consumers’ behaviours of concern and take into account COVID-19 related mental health risks or behaviours of concern and methods for addressing them.
* Provide staff education to ensure an understanding of chemical restrictive practice and requirements for the management of chemical restrictive practice for individual consumers, including the recording of the use of non-pharmacological interventions prior to the use of restrictive practices.
* Establish internal monitoring processes to ensure consumer care reflects evidence based practice in relation to chemical restrictive practices.
* Ensure risk systems and practices in relation to the management of COVID-19 outbreaks are updated on an ongoing basis and changes are implemented to align with the latest guidelines published by the State and Territory legislation and the Department of Health.
* Ensure risk systems and practices include the identification and monitoring of the use of chemical restrictive practice that align with the *Quality of Care Principles 2014.* Ensure the use of chemical restrictive practice is minimised where possible.