Karri Lodge

Performance Report

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**Commission ID:** 7205

**Provider name:** Air Force Association (Western Australian Division) Incorporated

**Assessment Contact - Site date:** 23 February 2021

**Date of Performance Report:** 3 June 2021

# Publication of report

This Performance Report **may 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 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | 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 15 March 2021.

# 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 Quality Standard is assessed as Non-compliant as one of the seven specific Requirements has been assessed as Non-compliant.

The Assessment Team assessed Requirement (3)(a) in the Standard, all other Requirements in this Standard were not assessed.

The Assessment Team have recommended Requirement (3)(a) in this Standard as not met. The Assessment Team found the service unable to demonstrate that each consumer gets safe and effective clinical care that is best practice, is tailored to their needs and optimised their health and well-being, specifically in relation to dementia care and the use of chemical restraint.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report, and the provider’s response to come to a view, and find the service Non-compliant with Requirement (3)(a). I have provided reasons for my finding in the specific Requirement.

### 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 able to adequately demonstrate consumers get safe and effective personal care and clinical care associated with wounds, pain and diabetes management. This included the timely administration of time sensitive medicines. However, the Assessment Team found that the service was unable to demonstrate that each consumer gets safe and effective clinical care that is best practice, is tailored to their needs and optimised their health and well-being, specifically in relation to dementia care and the use of chemical restraint for one consumer. The Assessment Team provided the following information and evidence relevant to my finding:

The Assessment Team reviewed the file of Consumer A, who lives with dementia (Alzheimer’s type), anxiety and depression. Consumer A experiences agitation, delusions, verbal and physical aggression and staff could identify the main triggers for Consumer A’s behavioural responses. Staff interviewed by the Assessment Team and documentation reviewed identified the main trigger issues remained unresolved, resulting in Consumer A experiencing distress and agitation.

Consumer A is prescribed both regular and PRN (as required) psychotropic medicines to manage their behavioural responses. The Assessment Team identified that Consumer A’s regular prescription of psychotropic medicines, and administration of PRN psychotropic medicines increased over a three month period. The Assessment Team reviewed Consumer A’s file for this time period and identified that Consumer A was noted to be drowsy after they were administered psychotropic medicines, and experienced a significant increase in falls, resulting in bruises, skin tears and abrasions. While the service identified the medicines as a factor that contributed to Consumer A’s falls, the service did not consider the prescribed psychotropic medicines for Consumer A as chemical restraint, as the medicines were prescribed for the management of symptoms of dementia. The Assessment Team found that the administration of psychotropic medicines continued to increase, were not always administered as a last resort after non-pharmacological strategies had been implemented and were not effective, and Consumer A had experienced further falls.

At the time of the Assessment Contact, the Assessment Team noted the use of PRN psychotropic medicines for Consumer A had reduced and some non-pharmacological strategies had resulted in reduced behavioural responses for Consumer A. However, the main triggers of Consumer A’s behavioural responses remained unaddressed and psychotropic medicines continued to be administered without demonstrating these were administered as a last resort after non-pharmacological strategies were not successful.

The Approved Provider submitted a response to the Assessment Team’s report and has disagreed with the Assessment Team’s findings. The response included information and documentation to support their view. Information relevant to my finding includes:

* The service has a system in place to review psychotropic medicines with each consumer’s medical officer and reduction of these medicines occur when medically assessed.
* In regard to Consumer A, who experiences complex behavioural responses, the service provided documentation to demonstrate a multidisciplinary approach to support the consumer, minimise side effects of medicines and maintain their safety.
* Following the Assessment Contact, the service has addressed the main trigger issues for Consumer A, resulting in a reduction of behavioural responses. This is also demonstrated by the reduction of the use of PRN psychotropic medicines, as identified in the Assessment Team report.
* The service provided a plan for continuous improvement that included recruitment of a clinical care manager with expertise in dementia care, and implementation of dementia champion training for two registered nurses, which has commenced.

The Approved Provider’s response considered that the psychotropic medicines prescribed for Consumer A is not chemical restraint, since they have diagnoses of dementia, anxiety, depression and associated complex behaviours of concern. The Approved Provider considered that the use of the medicines did not meet the definition of chemical restraint, as stated in the *Quality of Care Principles 2014*.

As defined in the *Quality of Care Principles 2014*, chemical restraint means a restraint that is, or that involves the use of medication or a chemical substance for the purpose of influencing a person’s behaviour, other than medication prescribed for the treatment of, or to enable treatment of, a diagnosed mental disorder, a physical illness or a physical condition. I have considered the Assessment Team’s report and the Approved Provider’s response. I consider that the Approved Provider has not demonstrated understanding of chemical restraint, as they have not considered that the psychotropic medicines prescribed for Consumer A are not a treatment for dementia, and are used to influence Consumer A’s agitation, verbal and physical behaviours and delusions associated with their dementia.

The service did not demonstrate safe and effective clinical care that is best practice, is tailored to consumer needs and optimises their health and well-being, as the service did not demonstrate an understanding of chemical restraint, or that when chemical restraint was used, it was used as a last resort after unsuccessful implementation of non-pharmacological strategies. Of Consumer A’s behaviour chart entries made by staff, non-pharmacological interventions were not consistently documented prior to the administration of psychotropic medicines (74%) and there were occasions when staff administered psychotropic medicines without any entry in the behaviour charts.

For the reasons detailed above, I find Karri Lodge, Non-complaint with Standard 3 Requirement (3)(a).

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Assessment Team assessed Requirement (3)(a) in the Standard, all other Requirements in this Standard were not assessed. An overall assessment of this Standard was not completed at this Assessment Contact. Therefore, an overall assessment of this Standard has not been undertaken for this Performance Assessment Report.

The Assessment Team have recommended Requirement (3)(a) in this Standard as met. The Assessment Team found the service demonstrated the workforce is planned to enable the delivery and management of safe and quality care and services.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report to come to a view, and find the service Compliant with Requirement (3)(a). I have provided reasons for my finding in the specific Requirement.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

The Assessment Team found the service plans their workforce to enable an appropriate number and skill mix of staff to provide care and services to consumers. Staffing is planned according to the acuity of consumers, review and analysis of clinical indicators and feedback mechanisms. The service demonstrated staff rostering to facilitate continuity of care for consumers. Staff planning also includes access to part-time, casual and agency workforce pools to cover planned or unplanned staff leave.

The service provides registered nurse coverage 24 hours per day and occupational therapists, physiotherapists and allied health assistants seven days a week.

The Assessment Team interviewed consumers and their representatives who considered that consumers get timely quality care and services from staff who are knowledgeable, capable and caring. Staff interviewed demonstrated team work and the ability to prioritise workloads to meet the needs of consumers. This included the toileting needs of consumers with urgency symptoms. The Assessment Team observed adequate staff to support consumers at mealtime.

The Approved Provider has implemented an organisation surge workforce in the event of a COVID-19 outbreak, and the service has undertaken COVID-19 outbreak drills.

For the reasons detailed above, I find Karri Lodge Compliant with Standard 7 Requirement (3)(a).

# 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.

* The service demonstrates an understanding of what constitutes chemical restraint and the legislative requirements outlined in the *Quality of Care Principles 2014.*
* The service implements their continuous improvement plan, including (but not limited to) the new dementia champions and behaviour support training for staff.
* The service demonstrates that the actions taken are resulting in improved clinical practice at the service in relation to dementia care and the management of consumers who experience behavioural responses.
* Staff have the skills and knowledge to provide person centred dementia care, including (but not limited to):
* the consistent assessment and documentation of behavioural responses that includes consideration of unmet needs, environmental, physical and psychosocial factors;
* timely and person centred management of triggers;
* consistent implementation and documentation of non-pharmacological strategies for consumers with behavioural responses;
* the use of chemical restraint as a last resort, after non-pharmacological strategies have failed.