Kirkbrae Kilsyth Nursing Home

Performance Report

794 Mt Dandenong Road
KILSYTH VIC 3137
Phone number: 03 9724 5200

**Commission ID:** 4375

**Provider name:** Presbyterian Church of Victoria Trusts Corporation

**Assessment Contact - Desk date:** 23 June 2020

**Date of Performance Report: 10 August 2020**

# 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 |

# 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 - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff.
* the provider’s response to the Assessment Contact - Desk report received 3 August 2020.

# 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

The Assessment Team’s review of the use of psychotropic medication identified that not all consumers being administered a psychotropic medication had a mental health disorder, physical illness or physical condition recorded to support its administration.

Further, responsive behaviours and effective strategies to manage responsive behaviours were not always identified; medical practitioner recommendations are not always consistently implemented to determine effectiveness and informed consent was not always evident.

The approved provider’s response outlines a number of reviews, actions and training that has occurred in response to the Assessment Team’s report.

The approved provider has not demonstrated in its response that all consumers are receiving care which aligns with best practice use of psychotropic medications.

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)(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 reviewed the service’s continuous improvement plan with the service’s facility and quality managers. The team reviewed a sample of three files and interviewed one representative of the sampled consumers.

* The representative described how they are happy with the clinical care their consumer receives and said they are provided medical updates and informed of changes to their consumer’s medications. They described how their consumer is occasionally sleepy/drowsy and described a morning when staff reported they were unable to wake their consumer; however, they were unsure as to why. They described how they thought they had seen the medication ‘risperidone’ on their consumers chemist bill however, said staff have not discussed the potential side effects of this or other medications with them and that they would always be interested in knowing.

The approved provider acknowledged that the process for medical practitioner’s discussions with consumers and representatives in regard to providing information on risks and benefits of medications and obtaining informed consent has been an informal one. The service has sent a communication to medical practitioners regarding this. The service is monitoring compliance with informed consent being obtained, this is not yet at 100%.

The Assessment Team found for the consumers sampled there is not always a mental health disorder, physical illness or physical condition recorded on the service’s ‘psychotropic spreadsheet’ which is reflective of best practice indication(s) for prescribing antipsychotic medication(s); Responsive behaviours and effective strategies to manage responsive behaviours were not always identified and recorded in the consumer’s behavioural evaluation (care plan). Medical practitioner recommendations are not always consistently implemented to determine effectiveness.

The approved provider noted that the desk support format did not allow the assessor to corroborate findings with other sources and stated other documents that contained relevant information on the effectiveness of behavioural strategies had been available. However, the response also notes gaps in information that the Assessment Team accessed as part of the assessment.

The approved provider’s response provides evidence that strategies were not always trailed prior to the use of psychotropic medication. The response outlines, that in response to the Assessment Team’s report, staff trailed an alternative shower time for a consumer’s with good effect, resulting in a reduction in the administration of an ‘as required’ psychotropic.

The approved provider does not comply with this requirement as consumers have not been receiving best practice care.

**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.

### Requirement 3(3)(a)

*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.*
* Demonstrate that each consumer or their representative has given consent to the use of all medications being administered.
* Demonstrate on a case by case basis that all alternative strategies have been exhausted prior to the use of psychotropic medication where its use is not supported by a diagnosed mental disorder, physical illness or physical condition.
* Ensure that governance processes can identify when medications have been administered contrary to the Quality of Care Principles in regard to restraint.
* Demonstrate how the service is actively minimising the use of chemical restraint.
* Collate relevant information and maintain is currency.
* Demonstrate the use of psychotropic medication is used in line with best practice and that its use is as a last resort.