Linsell Lodge Aged Care Facility

Performance Report

2-16 Cardigan Street
ANGLE PARK SA 5010
Phone number: 08 8300 1700

**Commission ID:** 6084

**Provider name:** The Salvation Army (South Australia) Property Trust

**Assessment Contact - Site date:** 11 August 2020

**Date of Performance Report:** 23 October 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** |  |
| Requirement 3(3)(b) | 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 - 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 1 September 2020.

# 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 Assessment Team assessed Requirement (3)(b) as part of the Assessment Contact. All other Requirements in this Standard were not assessed.

Consumers sampled during the Assessment Contact said they receive personal and clinical care which is right and safe for them. In particular, three consumers said they are satisfied with the care and services, and that staff are kind and respectful.

The Assessment Team found the service generally has initial and ongoing assessment processes to identify high impact or high prevalence risks for consumers. Risk assessments are undertaken as part of the overall assessment process with consideration to pain, nutrition and hydration, and behaviours.

Management described the service’s and organisation’s approach for identifying, monitoring and reporting high impact or high prevalence risks, including incident reporting, handover processes, daily clinical review of progress notes and the monthly analysis of clinical data.

The Assessment Team found the service was not met in relation to Requirement (3)(b) because the service was unable to demonstrate that two consumers with behaviour issues have had their behavioural needs assessed. The service did not demonstrate that all behaviours for one consumer had been identified in their behaviour plan and the service had not provided strategies to assist staff with the management of those behaviours. The service could not demonstrate that one consumer had a current behaviour care plan, prior to being sent to hospital, or whether staff had access to information on strategies to be implemented to manage their behaviours. The service was unable to demonstrate how it manages to maintain the safety and well-being of other consumers and staff. The service has not ensured chemical restraint care plans are signed by the Medical officer, or the family/representatives of the consumer.

I have found this Requirement Non-complaint and have provided reasons for my decision below.

### Assessment of Standard 3 Requirements

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

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

The Assessment Team found the service was unable to demonstrate that there were effective management practices for high impact or high prevalence risks associated with behaviour management of two consumers. This has caused impact on other consumers and staff. The Assessment Team found that behaviour care plans did not contain medical and psychological triggers to assist staff with the management of these behaviours.

The Assessment Team provided the following evidence relevant to my decision, including:

* One consumer’s care plan is not reflective of their current behaviours. The consumer experiences multiple behavioural issues, including physical agitation and aggression, which may be unprovoked and which impact other consumers and staff, and a chronic sleep pattern involving sleeplessness. The behaviour care plan does not include recommendations from specialist assessments. Pain charts do not identify the consumer’s pain issues.
* The Assessment Team viewed progress notes which showed the consumer experiences episodes of physical agitation and aggression, stalking, wandering and obstructing other consumers with their mobility.
* The behaviour care plan identified three behaviours. These include being resistive to care when personal care needs are attended to by staff, physically and verbally threatening and aggressive to others when they are in his space and wandering intrusively.
* The consumer has been assessed by Dementia Services Australia on two occasions, and by a Geriatrician. The Geriatrician reviewed the use of antipsychotic medication in May 2020 and recommended medication changes for persistent resistiveness. The report also recommends that staff monitor the consumer for recurrent pain and offer medication. The report does not indicate any direction to manage chronic sleeplessness.
* The chemical care plan indicates they have been on long-term antipsychotic medication and that one of the side effects of this medication is sleeplessness. The Assessment Team also noted the chemical restraint care plan has not been signed by the Medical officer or the family/representatives.
* The Assessment Team noted the behaviour assessments and care plan do not contain medical or psychological triggers for the consumer’s behaviours. The Behaviour and Sleep care plan does not indicate that the consumer has a chronic sleep pattern.
* The consumer’s medication chart shows they are on regular and ‘as required’ (PRN) antipsychotic medication. The chemical restraint care plan guides staff to monitor medication used for the consumer’s behaviours, and directions for staff on monitoring and evaluating the effectiveness of the medication. Progress notes indicated staff are not always monitoring or evaluating the effectiveness of the medication as per the service’s directions. The directions also include information on adverse effects of Oxazepam, such as over sedation, aggression, hostility and paradoxical excitation. The directions also include the adverse effects of Risperidone as anxiety, agitation, difficulty in falling or staying asleep.
* The consumer’s medication chart shows they have regular and PRN pain medication to manage pain in their knees, lower back, neck and shoulders. Pain charts do not indicate if the consumer is in pain and does not reflect assessment during movement. Documentation shows pain assessments were undertaken between 29 March and 10 June 2020. The pain was assessed once or twice a day but usually when he was asleep, and the pain was frequently scored as zero which indicated no pain. It is noted by the Assessment Team that the dosage of the consumer’s pain medication patch was increased by the Medical officer in May 2020. It was also noted that during this period the consumer was either sleeping or wandering.
* Two staff said the consumer does not sleep well, and that they will wander either day or night. They have quick naps but do not sleep, and this has been going on for months. The staff said when they approach the consumer for personal care while they are wandering, they will refuse.

The approved provider submitted a response to the Assessment Team’s report and stated they have undertaken an internal investigation. The approved provider has submitted further supporting evidence and documentation on the management of the two consumers identified in the report. Information provided included:

* The approved provider reviewed progress notes, behaviour charting, behaviour care plans and sleep assessments and could not identify evidence to suggest sleeplessness or a chronic sleep pattern was a prevalent concern for the consumer and not a regular occurrence aligning with behaviours.
* The ‘Sleep and Settling Assessment Tool’ completed on 31 May 2020 states the consumer settles between 8.00pm and 9.00pm and waking time can vary between 5.00am and lunch time/mid-afternoon. The report from Dementia Services Australia dated 2 June 2020 recommended a review of the consumer’s medications, encouraging them to wake up by changing the bedroom environment, and commencing a sleep chart. The sleep charts provided with the assessment tool for 6 to 8 June 2020 indicate regular sleeping and resting times; however, the sleep chart for 8 to 9 July 2020 indicates the consumer was awake from 2.00pm on 8 July to 2.00pm on 9 July 2020. No evidence was provided on strategies to assist staff on how to manage their sleeplessness when it occurs.
* The report from the Geriatrician dated 28 May 2020 states the consumer has a ’chronic sleeping pattern whereby (the consumer) could sleep for most of the day and night but does wake up at least a few hours later in the morning. Unfortunately, when (the consumer) is awake, (the consumer) could get unpredictably aggressive towards other people’. The Geriatrician recommended changes in their morning and evening medications.
* The consumer’s program plan is dated 21 April 2020 and reviewed on 28 August 2020. While three behaviours are identified there is no mention of the management of the behaviour of stalking as identified in the Behaviour charting or of sleeplessness as identified by the Sleep chart. The evaluation by the Registered Nurse stated the care plan reflects behaviours and interventions in place. However, the care plan does not address stalking or sleeplessness, and does not describe triggers and strategies for staff to manage their behaviours when they occur while maintaining the safety of other consumers and staff.
* It is noted there is regular medical review by the Medical officer. It is also noted from medical notes dated July 2020 there have been changes in the consumer’s anti-psychotic medications to manage their behaviours. Pain charting indicates the consumer has little or no pain and is being administered pain medication.

The Assessment Team identified a second consumer with behaviours:

* The consumer experiences episodes of behaviour aggression which have resulted in unprovoked attacks on other consumers and staff.
* Following an incident on 1 August 2020, the consumer was transferred to hospital and has not returned to the service due to ongoing aggression.
* The Assessment Team found that the consumer, who entered the service on 24 February 2020, did not have a behaviour management plan in place prior to their transfer to hospital.
* Management said the service was in the process of conducting a behaviour assessment following a trial of antipsychotic medication.
* The Assessment Team were provided with a behaviour management plan dated 5 August 2020, which was after the consumer’s transfer to hospital.
* Two staff interviewed were unaware of the issues causing the consumer’s behaviours.

The approved provider submitted a response to the Assessment Team’s report and provided further supporting evidence and documentation. Information provided included:

* Behaviour assessment charts were commenced in March 2020 and following an evaluation of the behaviours, interventions were documented by the Registered Nurse on 29 April 2020.
* Further behaviour charting occurred during May, July and August 2020. Evaluations of the behaviours and interventions were documented on 2 July 2020 and 5 August 2020. However, it is not clear whether these evaluations form part of the care plan or whether they are used to inform the care plan.

I note that the stalking and sleeplessness by one consumer have not been identified as behaviours and there are no strategies identified for staff to follow when this occurs. It is also noted the consumer can be unpredictably aggressive both to other consumers and staff, thereby putting the health and well-being of consumers at risk. I also acknowledge from the approved provider’s response that the service has begun proactive engagement with local hospitals and any discharge will require intensive specialist support networks, in collaboration with the mental health rapid response team and under a specific behaviour management plan. However, based on the Assessment Team’s report and the response from the Approved Provider, I find the service could have made changes to the behaviour plan to identify the behaviours of stalking and sleeplessness and to provide strategies to staff to assist with the management of these behaviours, to ensure the safety of other consumers.

It is noted in relation to the second consumer, the Assessment Team was provided with a care plan which was dated after the consumer was admitted to hospital. It is acknowledged that while behaviour charting was undertaken and interventions were noted by the Registered Nurse, it is not clear from the documentation whether the behaviour evaluation formed part of the consumer’s care plan, whether they had a care plan prior to 5 August 2020 or whether staff had access to information on the strategies to be implemented to manage their behaviours.

For the reasons outlined above, I find The Salvation Army (South Australia) Property Trust, in relation to Linsell Lodge Aged Care Facility, is Non-compliant with Standard 3, Requirement (3)(b).

# 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)(b)**
	+ Ensure clinical staff capture all behaviours, including any triggers, on the Behaviour Management Plan, and strategies for staff to manage their behaviours.
	+ Ensure behaviour care plans are commenced as soon as practicable after behaviours are identified and behaviour charting commenced.
	+ Ensure chemical restraint care plans are signed by the Medical officer, family and/or representative of the consumer.