Melville Grange Hostel

Performance Report

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**Commission ID:** 3561

**Provider name:** Wickro Pty Ltd

**Assessment Contacts- Site dates:** 20 May 2021 and 24 June 2021

**Date of Performance Report:** 7 September 2021

# 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** |  |
| Requirement 2(3)(a) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | 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 reports for the Assessment Contact – Site of 20 May 2021 and 24 June 2021; the Assessment Contact - Site reports were informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the approved provider’s responses to the Assessment Contact - Site reports received on 25 June 2021 and 22 July 2021.
* information held by the Commission in relation to the service.

# STANDARD 2 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 Quality Standard does not have an overall compliance finding as all Requirements of this Standard were not assessed at the assessment contacts of 20 May 2021 and 24 June 2021.

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 – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Care planning documents, including care assessments, showed consumers’ needs and the impact of risks are generally considered across clinical domains. Care planning documentation identifies current and emerging risks to consumers are assessed, and interventions are re-evaluated in consultation with consumers and representatives.

An opportunity to improve the documentation of risks associated with medications was noted.

The Requirement the Assessment Team assessed, and the relevant compliance finding is listed below.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

# 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’s approach to medication management, in particular psychotropic medication, does not reflect best practice.

There is positive evidence of clinical oversight of known risks to consumers, such as falls and that staff are aware of how to manage clinical deterioration.

The service does not comply with one of the three Requirements assessed under Standard 3 and as a result has failed to comply with Standard 3.

The individual Requirements assessed, and the relevant compliance findings are listed below.

### 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’s report of 20 May 2021 found evidence the service is not delivering best practice in relation to wound management and psychotropic medications. A further visit occurred on 24 June 2021 specifically to review the use of psychotropic medication. Based on all the evidence available I find the service does not comply with this Requirement.

In relation to wound management, one significant wound was noted by the Assessment Team. The team found the wound consultant’s directive was not being followed. The approved provider responded with further evidence that the wound consultant’s directive was followed, and staff encouraged the consumer to report pain. I accept the approved provider’s further evidence.

The Assessment Team noted that management had self-initiated a facility wide review of consumers’ wounds and referred six consumers to a wound consultant. The Assessment Team found this did not reflect a best practice approach. While it is more usual that regular monitoring of each consumer’s individual status would trigger a referral to a specialist, the alternate approach as used by the service, in of itself, does not provide direct evidence that a consumer has been adversely impacted.

In relation to the use of psychotropics, the Assessment Team was advised by management that one consumer’s medication regime fell under the definition of chemical restraint. However, on a review of the relevant documentation, the Assessment Team identified several consumers who met the definition of being chemically restrained, and more generally a number of consumers having a high drug burden as a result of polypharmacy.

To some extent the service has relied on medical practitioners’ directions as to whether chemical restraint is being applied and this has been considered in how individual consumer’s care and well-being is managed and monitored.

Management and staff have not, in all instances, formed their own view according to the relevant legislation of what medications and circumstances constitute chemical restraint.

The Assessment Team noted staff practices in managing consumers subject to chemical restraint and/or polypharmacy were not consistent with best practices guidelines. Deficits include a lack of monitoring, such as charting, to identify and address any signs of distress or harm, side effects and adverse events and to capture potential negative impacts on each consumer’s psychosocial and physical well-being. It is not evident how staff ensure preservation and optimisation of each consumer’s independent function and/or their ability to engage in meaningful activities and that activities of daily living is supported to the greatest extent possible. The Assessment Team noted non-pharmacological strategies trialled prior to the use of medication generally included chats, cups of tea, coffee and/or reassurance-based strategies that did not necessarily seek to identify and address known causes or triggers for each individual’s distress such as unmet needs, discomfort, pain, fear, boredom and/or continence issues.

It is evident that the new management team has a greater focus on reducing restraint and risk management generally, however, at the Assessment Contact identified relevant staff did not demonstrate a clear understanding of chemical restraint and did not demonstrate that psychotropic medication was used as a last resort. Staff and management consistently identified a consumer’s ‘agitation’ as a basis for the use of a psychotropic medication. Agitation is a behaviour that may reflect various factors such as pain, constipation etc., as per the service’s clinical notes, and is not a diagnosed mental disorder. The cause of agitation may not be the same on each occasion it appears.

The approved provider’s response asserts that the service is only using psychotropic medications to treat symptoms of a diagnosed mental disorder. It outlined that the consumers reviewed have not, lately, displayed behaviours of concern that would trigger behaviour charting to be instigated.

Further, ongoing monitoring of consumers occur on a daily basis by staff during the provision of care needs and staff are aware to consider any adverse impacts on the consumer. Medications are periodically monitored by general practitioners and specialists.

Based on the evidence (summarised above) I am satisfied that the service does not comply with this Requirement, a failure to identify consumers subject to chemical restraint has led to deficits in the management of their care. General monitoring as described by the approved provider and as applied to all consumers, is not adequate for consumers where the risk to their well-being is increased due to their use of psychotropic medication. The approved provider did not demonstrate all available strategies had been exhausted prior to the use of an ‘as required’ psychotropic medication.

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

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

### Requirement 3(3)(d) Compliant

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

# STANDARD 7 NON-COMPLIANT 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

To understand the consumer’s experience and how the organisation understands and applies the individual Requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Consumers and representatives are dissatisfied with the responsiveness of staff to their care and service needs.

While workforce strategies are in place, staff are not always available to deliver care and services as planned and/or as expected by consumers and representatives.

Staff are recruited to specific roles and have the relevant competencies and qualifications to fulfil the job specifications. A performance management process is in place and staff have access to relevant education.

The service does not comply with one of the four Requirements assessed under Standard 7 and as a result has failed to comply with Standard 7.

The individual Requirements assessed, and the relevant compliance findings are listed below.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-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 report of 20 May 2021 outlines consumers are dissatisfied with staffing numbers and the availability of staff to deliver safe and quality care. Feedback included missed episodes of care, hygiene preferences not being met, delayed response to call bells and task focused staff interactions when care is delivered. Representatives’ observations of care outlined a continual rotation of staff, complex care needs not being met, late medications and an undignified episode of care.

Staff interviewed by the Assessment Team outlined challenges in prioritising work, completing all work duties in the required timeframes and said not all planned care is delivered.

Management said staff levels are appropriate for consumers’ needs and occupancy levels. Management discussed the COVID-19 pandemic on the availability of permanent staff, if they need to undergo COVID-19 testing and wait for clear test results, and a reduced ability to back fill shifts with agency staff due to demand for agency staff in the area.

Management explained staff have raised concerns regarding staffing levels and have been consulted with in various meetings and one on one session regarding adjustments to staffing numbers based on consumers’ needs and occupancy levels.

The approved provider’s response strongly disputes the evidence submitted by the Assessment Team. It argues the service was able to demonstrate a stable roster with permanent staff in place. Further the service demonstrated a structured approach for managing rosters, schedules, different types of leave and the use of contracted staff. However, this has been greatly impacted by COVID-19 Pandemic.

In relation to call bell response times the approved provider’s response outlined staff are educated to acknowledge the consumer’s call for assistance, inform the consumer if they are unable to assist immediately and to provide a timeframe of when they will be back. Staff have the skills and knowledge to make an appropriate assessment and decision when prioritising consumer care. It further stated the service prefers a prompt response to the call for assistance in order to provide assurance staff are aware of the consumer’s need for help, and then for staff to make an informed decision regarding where care is to be prioritised whilst also acknowledging the consumer’s needs if staff need to attend to a more urgent need of another consumer.

The approved provider argues that dissatisfaction appears to occur at times when the service uses agency staff and points to other evidence within the Assessment Team’s report where consumers have indicated they are getting safe and quality care and suggest a broader sampling method by the Assessment Team would result in a finding of compliance.

I note the Approved Provider’s evidence that staffing in the context of Covid-19 is challenging. I do not agree that the sample size was insufficient.

I note that a new management team has been in place since May 2021.

The evidence of the Assessment Team and the approved provider is in conflict.

Considering the conflicting information, I have given priority to evidence provided directly from consumers and representatives when asked specifically about the responsiveness and availability of staff, rather than other staff attributes, such as knowledge, capability and/or caring nature, which are considered elsewhere in Standard 7. I have also considered the observation of the Assessment Team of a consumer calling out for help who when approached stated she had rung her call bell several times and no one had come to assist her. I am satisfied that consumers can differentiate between their satisfaction between different aspects of care delivery, being both satisfied with care, but dissatisfied with the responsiveness of staff.

Based on the evidence (summarised above) I find that, at the time of the assessment contact, the service did not comply with this Requirement.

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# 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

To understand how the organisation understands and applies the Requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

I acknowledge the service is actively working with consultant pharmacists to review consumers’ medications, however, management failed to demonstrate it is identifying consumers subject to chemical restraint.

An overarching incident management system is in place which facilitates identification and reporting of serious incidents in a timely manner.

The service does not comply with one of the Requirements assessed under Standard 8 and as a result has failed to comply with Standard 8.

The individual Requirements assessed, and the relevant compliance findings are listed below.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) 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 reviewed the service’s incident management system and found it to be effective. I note from the Assessment Teams’ reports that for consumers sampled, polypharmacy was evident, however monitoring of this risk and records of consumers’ understanding of risk versus benefits were not always evident.

I note that the approved provider is awaiting advice from their consultancy pharmacist on their medication registers and expect that this will provide direction to the approved provider’s approach to polypharmacy, risk management and establishing that consumers understand the risks and benefits of their own medications.

Based on the all the available evidence, I find, on balance, the service complies with this Requirement.

### 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’s report of 20 May 2021 provides a high-level overview of the service’s clinical governance framework. The Assessment Team’s report of 24 June 2021 reviewed the management of chemical restraint at the service in detail.

The Assessment Team found the service failed to identify the use of psychotropic medication as chemical restraint when managing consumers with symptoms of anxiety and agitation.

I acknowledge the work the service has taken to date, including a full review of its register recording consumers receiving psychotropic medications, however, this review has only identified one consumer as being subject to chemical restraint.

The Assessment Team reviewed a sample of four consumers with three of the four consumers sampled found to be subject to chemical restraint. There was no evidence of the provider recording that informed consent was sought by the prescriber and given by the consumer or their substitute decision-maker where the consumer lacks capacity to consent to their own medication. Further the service was unable to demonstrate effective ongoing monitoring of consumers’ psychotropic medications in terms of effectiveness, impact and ongoing need. I acknowledge that there is evidence of specialist input for some consumers and including a plan to deprescribe.

The approved provider’s response states the medications outlined in the Assessment Team’s report for the consumers sampled are for the treatment of a diagnosed mental disorder with no intention to manage behaviours, restrict the freedom or sedate the consumer, the use of same is not constituted as chemical restraint, as provided by the Quality of Care Principles 2014.

Additional medical practitioner notes and email correspondence obtained following the Assessment Team’s visit of 24 June 2021 were also submitted. This evidence relates to two of the consumers sampled and state ‘‘*as required* oxazepam use has been for agitation secondary to symptoms of anxiety.’’

As the approved provider notes The Quality of Care Principles 2014 provides a definition of chemical restraint that is:

Chemical restraint is a practice or intervention that is, or that involves, the use of medication or a chemical substance for the primary purpose of influencing a care recipient’s behaviour, but does not include the use of medication prescribed for:

(a) the treatment of, or to enable treatment of, the care recipient for:

(i) a diagnosed mental disorder; or

(ii) a physical illness; or

(iii) a physical condition; or

(b) end of life care for the care recipient.

I do not intend to comment on the clinical decision making of medical practitioners, however, agitation is not a diagnosed mental disorder, agitation is a behaviour that may be triggered by various factors such as pain, constipation etc. 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 medical practitioners 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 restraint is present and put in place and document individual assessment and monitoring processes that are reflective of the associated risk of medications being administered.

I acknowledge since the Assessment Contact there is a clear plan for monitoring the sleep and behaviour of one of the sampled consumers with a view to deprescribing some medications.

I note that informed consent is a responsibility of the prescriber, and that this is required for all medication, and in particular for high risk medications such as psychotropics no matter what the indication for their use. However the provider is particularly required when a medication is used for chemical restraint to satisfy themselves about the fact rather than the detail of this consent, and therefore to have mechanisms in place for this to be communicated and recorded.

Based on the evidence (summarised above) the governance of the identification and use of chemical restraint at the service by the approved provider is not evident, and for some consumers subject to chemical restraint, consent was not evident. The service does not comply with this Requirement

# 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.

* Provide education to staff on restrictive practices and polypharmacy.
* Establish monitoring processes to ensure care reflects best practice in relation to restraint with a focus on chemical restraint.
* Document the individualised preventive measures and alternatives to restrictive practices that have been considered and used, and why they have not been successful, demonstrate that medication has been used as a last resort.
* Continue to work towards effective care plans that support staff in their goal of minimising restrictive practices and optimising the wellbeing and quality of life of consumers.
* As of 01 September 2021 include a Behaviour Support Plan (BSP) in the existing Care and Services Plan for all care recipients:
* that demonstrate behaviours of concern
* being assessed to see if a restrictive practice is needed
* where a restrictive practice is being used.
* Establish processes to demonstrate that regular monitoring for signs of distress or harm, side effects, interactions and adverse events, changes in wellbeing, as well as independent functions or ability to undertake meaningful activities of daily living and leisure is occurring.
* Ensure risk system include monitoring of levels of chemical restraint and polypharmacy and relevant and timely information is provided to medical practitioners and specialists to minimise use and deprescribe where possible.
* Consult with consumers on their satisfaction with the responsiveness of staff.
* Ensure all planned care occurs.