Samkay Health Tyabb

Performance Report

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**Commission ID:** 3572

**Provider name:** Samkay Health Pty Ltd

**Assessment Contact - Site date:** 15 July 2021

**Date of Performance Report:** 30 August 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)(e) | Compliant |
| **Standard 3 Personal care and clinical care** |  **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| **Standard 7 Human resources** |  |
| 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 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 11 August 2021.

# 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

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.

Overall consumers and representatives considered that they feel like partners in the ongoing assessment and planning of their care and services.

For example:

* Most consumers and representatives confirmed staff talk to them on a regular basis about their needs and are generally satisfied with the level of communication from staff. Representatives provided examples of when they were contacted by the service and have had discussions on care planning following a change in the consumer’s care needs, condition or after an incident.
* Documentation supports that care is reviewed regularly and evidences responsiveness to the needs, preferences and circumstances of consumers.

The Assessment Team found that one of five specific requirements was met.

The Assessment Team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(e) Compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

# 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.

Overall, most consumers and representatives considered consumers receive personal care and clinical care that is safe and right for them.

* Representatives interviewed generally provided positive feedback about the care and services they receive and said consumers are provided with care that reflects their individual needs and preferences. Representatives confirmed consumers have access to the medical practitioner and other health professionals when they need it.
* Management and staff were able to identify high impact and high prevalence risks for individual consumers and detailed strategies to manage those risks.
* Restrictive practices, as they relate to chemical restraint, were not well understood by the service. The Assessment Team noted deficits in identification of consumers subject to chemical restraint and in the effectiveness of processes to monitor and review consumers following administration of psychotropic medication used for chemical restraint. Actions taken by the approved provider to address these deficits continue to be imbedded in management and staff practice.

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 identified the service did not have a robust understanding of restrictive practices legislation or what constituted chemical restraint. The Assessment Team identified the service did not demonstrate effective processes to identify, monitor and review chemical restraint medications prescribed and administered to consumers.

The Approved provider’s response included some acknowledgment of the deficits identified during the assessment contact and information on improvements and actions following the assessment contact: This included:

* The Approved provider acknowledged some consumers’ psychotropic medications were not correctly classified or understood to be a chemical restraint. This had led to these medications not been reviewed as required and monitoring of some consumers not occurring following the administration of chemical restraint.
* Improvement actions have commenced including a review all consumers prescribed psychotropic medications.
* The Approved provider has revised their chemical restraint policy and procedure.
* The Approved provider has developed a psychotropic medication directive flow chart to guide staff practice when considering if a psychotropic medication is a restraint.
* Education has been provided by a consultant pharmacist relating to chemical restraint to an unspecified number of nursing staff.
* Supporting documentation by way of progress notes was provided for some consumers to evidence monitoring of chemical restraint administrations.

In making my decision I have considered the Assessment Team’s report and the providers response. While I acknowledge the action taken by the provider since the assessment contact to address the deficits in this requirement, I note within the supporting information that the strategies used to mitigate consumer behaviour, prior to the administration of psychotropic medication used as chemical restraint are generic, not individualised and not consumer centred. The strategies are repeated and result in the same outcome of administering chemical restraint. I acknowledge the responsiveness of the Approved provider in addressing the deficits identified relating to the management of chemical restraint but consider that these will take time to embed into everyday practice. I consider the potential impact to consumers as a result of deficits in the management of chemical restraint at the time of the assessment contact is sufficient reason to find this requirement Non-Compliant.

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

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

# 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

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.

Overall, most consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

For example:

* Consumers and representatives described how staff are kind, caring and gentle when providing care to the consumer.
* Consumers and representatives described how staff know what they are doing and did not express any areas where they feel staff require further training.

The Assessment Team found that one of five specific requirements was met.

The Assessment Team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 7 Requirements

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

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

# STANDARD 8 NON-COMPLIANTOrganisational 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).

Overall, most consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services.

For example:

* The service has systems in place to manage high impact and high prevalence clinical risks which are proactively identified, monitored and managed.
* There is a clinical governance framework in place, however, the service did not demonstrate the use of chemical restraint is identified, monitored or reviewed effectively or regularly. The service has undertaken improvement actions to rectify the issues described.

The Quality Standard is assessed as Non-compliant as one of the two specific requirements have been assessed as Non-compliant.

## 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.*

### 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 while there is a clinical governance framework in place, the service did not have a robust understanding of restrictive practice requirements relating to chemical restraint. Evidence included:

* Management advised the service has no consumers subject to chemical restraint or physical restraint. The number of consumers receiving psychotropic medications (captured as a rate or percentage) was not known by the service. The Assessment Team observed at least five consumers prescribed psychotropic medications who met the criteria for chemical restraint.
* The service’s psychotropic medication registered was inconsistently completed.
* When ‘as required’ chemical restraint has been administered, management and staff have not ensured the reason for the administration was documented, that individualised non-pharmacological behaviour management strategies had been trialled prior to use, nor was the outcome and effect of the administration on the consumer monitored and documented.
* Not all representatives of consumers could recall giving informed consent or discussing psychotropic medications prescribed to the consumer.
* The service did not demonstrate that all consumers subject to chemical restraint had their medications reviewed within the required timeframe.

The Approved provider’s response included some acknowledgment of the deficits identified during the assessment contact and information on improvements and actions following the assessment contact: This included:

* Improvement actions have been undertaken to review all consumers prescribed psychotropic medications The Approved provider submitted evidence that consumers or their representative have provided informed consent through discussion with the medical practitioner. The Approved provider has identified the need for alternate arrangements when consumers’ medical practitioners are not available to complete medication reviews.
* The Approved provider acknowledges some consumers’ psychotropic medications were not correctly classified or understood to be a chemical restraint as defined in the Quality of Care Principles 2014.
* The Approved provider acknowledges that some consumers’ chemical restraint medications have not been reviewed as required and monitoring of some consumers has not occurred following the administration of chemical restraint.
* The Approved provider has revised their chemical restraint policy and procedure.
* The Approved provider has developed a psychotropic medication directive flow chart to guide staff practice when considering if a psychotropic medication is a restraint.
* Education has been provided by a consultant pharmacist relating to chemical restraint to an unspecified number of nursing staff.
* The Approved provider has reviewed and updated the psychotropic medication register.

In making my decision I have considered the Assessment Team’s report and the Approved provider’s response. While I acknowledge the action taken by the Approved provider since the assessment contact to address the deficits in this requirement, these improvements to the governance of the use of chemical restraint will take time to embed into practice. I find this requirement Non-Compliant.

# 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)**

* Ensure effective staff practices in relation management of chemical restraint medications that align with legislative requirements.

**Requirement 8(3)(e)**

* Ensure governance processes associated with the management of psychotropic medications are consistently implemented and focus on the minimisation of the use of chemical restraint.