Performance

Report

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| Name of service: | Adventist Residential Care |
| Service address: | 31 Webb Street ROSSMOYNE WA 6148 |
| Commission ID: | 7852 |
| Approved provider: | Seventh-day Adventist Care (Western Australia) Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 16 August 2023 |
| Performance report date: | 10 October 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Adventist Residential Care (**the service**) has been prepared by R, Beaman, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the 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 team’s report received 4 September 2023.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | Non-compliant |
| **Standard 8** Organisational governance | Non-compliant |

A detailed assessment is provided later in this report for each assessed Standard.

# 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 high impact or high prevalence risks associated with care are effectively managed for each consumer.

**Standard 8 Requirements (3)(e)**

* Ensure the organisation’s clinical governance framework is effective, specifically in relation to minimising the use of restraint.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |

Findings

This Requirement was found non-compliant following a site audit visit undertaken from 7 March 2023 to 9 March 2023 where the service did not demonstrate consumer care plans were updated with consumers’ current needs when care needs had changed. Since the site audit visit the service has implemented a system to ensure consumer care management plans are updated where there is a change in clinical status including updating those following incidents.

At the Assessment Contact on 16 August 2023 consumer care plans were reflective of consumer’s current needs, goals, and preferences. Sampled care documentation confirmed where there had been a change in condition or incident care was reviewed and the care plan for consumer’s updated to reflect their current needs. Clinical staff demonstrated understanding of the care plan review process and described the ways in which they ensure consumer’s current needs, goals and preferences are recorded in their care documentation. Documentation conformed consumers have advanced care planning recorded including end of life wishes.

For the reasons detailed above, I find Requirement (3)(b) in Standard 2 Ongoing assessment and planning with consumers compliant.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-compliant |

Findings

This Requirement was found non-compliant following a site audit visit undertaken from 7 March 2023 to 9 March 2023 where the service did not demonstrate it effectively managed the high impact or high prevalence risks associated with consumer care specifically in relation to restrictive practices. Since the site audit visit the service has implemented an action to reviewing the use of psychotropic medications for consumers every 4 months by the Medical Officer.

At the Assessment Contact on 16 August 2023 the Assessment Team recommended this Requirement not met as the service did not demonstrate risks to consumers were considered with the use of psychotropic medications as a strategy for behaviour management. The Assessment Team’s report included the following information and evidence through documentation and interviews relevant to my finding:

Consumer A

* Consumer A is prescribed and administered a psychotropic medication on a regular basis for the past two years with no trials undertaken by the service to reduce the medication. Consumer A is reviewed three monthly by the medical officer. However, notes recorded by the medical officer over the 12 months prior to the Assessment Contact do not record if the psychotropic medication has been reviewed or discussion held with Consumer A or their substitute decision maker in relation to the medication.
* Behaviour charting for Consumer A does not include or indicate what the triggers of behaviour or why medication are administered.
* The service has not recognised the risk of harm in relation to restrictive practice in form of chemical restraint for Consumer A.

Consumer B

* Consumer B has for over two years been prescribed and administered a regular dose of anti-anxiety and anti-psychotic psychotropic medications, does not have a mental health diagnosis and the service have not considered the risk of chemical restraint to Consumer B.
* Consumer B has a psychotropic medication authorisation that records reason for administration of medication is for behaviour disturbances related to short term memory loss, depression, and anxiety. Consumer B’s representative confirmed they were aware of the antipsychotic medication only.
* Consumer B’s medication was reviewed by an authorised pharmacist in August 2023 and recommended a reduction in antipsychotic medication dosage, However, the service has not monitored Consumer B’s behaviour post reduction.

Consumer C

* Consumer C is prescribed and has been administered regular doses of psychotropic medications since January 2020. Two of which have been increased in dosage with no information indicating regular reviews have taken place or that alternatives have been trialled prior to increases.
* Behaviour charting indicates Consumer C refuses care and at times becomes physically aggressive, however, no other information about triggers or whether the strategies used are effective.
* Management confirmed trials to reduce Consumer C’s psychotropic medications had not been discussed with the medical officer.
* Consumer D was prescribed a regular dose of psychotropic medication in March 2022 with no information about the reasons it was prescribed or reasons for administration. Behaviour charting for Consumer D was similar for that of other consumers being refusal of care. Management acknowledged further monitoring and review of Consumer D’s psychotropic medication was required.
* Consumer E has been prescribed and administered a regular dose of antipsychotic medication since April 2022. Consumer E does not have a mental health diagnosis and there is no evidence of alternative strategies being discussed or trialled prior to administration and no other supports to show a reduction has been considered.
* Behaviour Support Plans sampled for 25 consumers who were identified as having a chemical restraint in place did not have information about the medication, the reason for administration, discussion of risk or consideration of the administration of the medication was a chemical restraint.

The provider’s response acknowledges the information in the Assessment Team’s report and provides a plan for continuous including actions to address the deficits identified in this requirement. The actions undertaken and planned by the provider includes but is not limited to the following:

* Education to be delivered to the medical officers regarding expectations of psychotropic review and best practice and to develop a process to ensure the correct procedure is followed.
* The service is working with medical officers to review consumers prescribed psychotropic medication to reduce the number.
* Consumers prescribed psychotropic medications will be monitored by the Facility and Clinical managers via behaviour documentation which is to be shared with medical officers prior to medication reviews.
* Working with medical officers to have them document the reason for the administration of psychotropic medications.

I acknowledge the actions the provider has put in place and planned to take to address the deficits identified in the Assessment Team’s report, however, I find that the service did not effectively manage high impact or high prevalent risks associated with the care of each consumer, including in relation to the administration and monitoring of psychotropic medications. I have considered the provider has reviewed consumers administered psychotropic medications, including information on their register and acknowledge this additional information, however this shows information reviewed for Consumers A, C and D only. For Consumer D the register does not provide information about the reason for administration with a 7-day behaviour chart to commence in August 2023 with the view to reduce the medication. For Consumer A the register reviewed confirms informed consent was not recorded, and Consumer C the register confirms a referral for mental health review to be considered.

In coming to my finding I have also considered the information in the Assessment Team’s report that shows for Consumers A, B, C, D and E where they have been prescribed or administered psychotropic medications the service did not demonstrate the risks associated with those medications’ have been considered or discussed consistently, the administration has been evaluated for effectiveness, there has been consideration of reduction or that they have been administered as a last resort.

I acknowledge the actions already taken by the provider in response to the findings of the Assessment Team and find they will need time to be fully embedded to provide efficacy and improvements in this requirement.

For the reasons detailed above, I find Requirement (3)(a) in Standard 3 Personal care and clinical care non-compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(e) | 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. | Non-compliant |

Findings

This Requirement was found non-compliant following a site audit visit undertaken from 7 March 2023 to 9 March 2023 where the service did not demonstrate its clinical governance framework was effective in minimising the use of restraint, specifically in relation to the use of psychotropic medications. Since the site audit visit the service has implemented an action to review consumers receiving psychotropics every 4 months and recording discussion about risks, evaluation of effectiveness and trial of reduction and the service has created a new open disclosure policy to guide staff.

At the Assessment Contact on 16 August 2023 the Assessment Team recommended this Requirement not met as the service did not demonstrate it was effectively minimising the use of restraint, specifically chemical and environmental restraint. The Assessment Team’s report included the following information and evidence through documentation and interviews relevant to my finding:

* The service did not consider the administration of psychotropic medications to 35 of 56 consumers as chemical restraint and 25 of the 35 do not have any restraint authorisations.
* Five consumers subject to chemical restraint were sampled and whilst they were reviewed by the medical officer at regular intervals there was no evidence of discussions or strategies including alternative interventions to minimise the use of psychotropic medication for those consumers.
* The organisation’s policy did not provide clear guidance on minimising the prolonged use of chemical restraint.
* Observations showed the exit doors to the service were accessible only by swipe card of which only staff had access to. Consumers are unable to leave the service of their own accord and need a staff member to let them out of the service.
* No consumers at the service have a current environmental restraint in place. Management provided evidence that consumers were advised swipe cards were being removed and given to staff only, however there was no evidence environmental restraint was discussed or informed consent was obtained.
* Staff confirmed they do not assist all consumers to leave the service when they wish as they deem some at risk and not able to.

The provider’s response acknowledges the information in the Assessment Team’s report and provides a plan for continuous including actions to address the deficits identified in this requirement. The actions undertaken and planned by the provider includes but is not limited to the following:

* The Facility and Clinical managers to review medical officer reasons for administration and apply a chemical restraint restrictive practice form if required.
* The service is working with the medical officers to reduce the use of psychotropic medications.
* Implementing a procedure where medical officers will document the reason for prescription and administration of psychotropic medications for consumers.
* All consumers will be offered the ability to obtain a card to enable them access to exit and enter the service as they wish.

I acknowledge the provider’s response and the actions planned and taken immediately following the Assessment Contact which included a letter to the medical officers to implement a system for documenting reasons for administration and strategies to trial to minimise the use of restrictive practices, however, I find the organisations clinical governance framework is not effective in minimising the use of restraint. In coming to my finding, I have considered the information and evidence in the Assessment Team’s report shows whilst the service could show consumers administered psychotropic medications are reviewed at regular intervals by the medical officer, 25 consumers who are administered psychotropic medication as a strategy for behaviours are not considered to have a chemical restraint and do not have the required documentation in place including restraint authority and tailored behaviour support plan.

I have also considered the organisations clinical governance framework did not identify consumers prescribed and administered psychotropic medication did not consistently have the reasons for administration recorded, strategies in place that showed administration was a last resort or that consideration of minimising the use of psychotropic medications. Further to this the clinical governance framework did not identify the organisation’s policy for restrictive practices did not include clear guidance for staff on minimising the use of chemical restraint.

Furthermore, I have considered in relation to minimisation of restraint, the clinical governance framework did not identify that all consumers residing at the service were subject to an environmental restraint through the removal of access card to assist consumers to exit and enter the service as they wished.

I acknowledge the actions the provider has taken and is planning to take to rectify the deficits identified in the Assessment Team’s report in relation to their clinical governance framework, however, I find they will require more time to be fully embedded to provide efficacy and improvements in this requirement.

For the reasons detailed above, I find Requirement (3)(e) in Standard 8 Organisational governance non-compliant.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)