Performance

Report

**1800 951 822**

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| Name: | Alkira Lodge |
| Commission ID: | 0165 |
| Address: | 2A Bushland Drive, TAREE, New South Wales, 2430 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 14 February 2024 |
| Performance report date: | 14 March 2024 |
| Service included in this assessment: | Provider: 925 Bushland Health Group Limited  Service: 181 Alkira Lodge |

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 Alkira Lodge (**the service**) has been prepared by Therese Solomon, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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 (performance assessment) – 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 1 March 2024.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not 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.

Requirement 3(3)(a)

* Ensure each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice, tailored to consumer needs and optimises consumer health and well-being.
* Ensure the service meets all legislative responsibilities associated with the use of restrictive practices, including documenting the consultation process and giving of informed consent, as well as the inclusion of relevant information in behaviour support plans.
* Ensure that changes in consumers’ behaviour are identified, assessed and person-centred behaviour supports strategies developed for each changed behaviour to inform the provision of best practice and person-centred care.

# Standard 3

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| Personal care and clinical care | |  |
| 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. | Not Compliant |

Findings

The performance report dated 10 August 2023 found the service non-compliant in Requirement 3(3)(a) with deficiencies identified relating to ensuring clinical and personal care was best practice, specifically in relation to restrictive practices.

The Assessment Contact Report dated 16 February 2024 contained information of observations, and interviews with consumers, representatives and staff that identified actions implemented to address the previously identified non-compliance have not effective. The Assessment Team found deficiencies related to restrictive practices and behaviour support, specifically:

* Most consumers’ psychotropic medication consent forms did not document the indication for use.
* Medication charts did not indicate directions for the administration of as required psychotropic medication.
* Limited staff knowledge and understanding of psychotropic medication.
* Limited knowledge and understanding by management of informed consent and updating consent forms.
* Documentation review identified deficits in behaviour support, behaviour monitoring and clinical oversight of consumer behaviours.
* Behaviour support plans did not consistently identify consumer behaviours or the individualised strategies to support consumers’ changed behaviours.
* Documentation reviewed indicated strategies suggested by external services and supports are not consistently included in behaviour support plans.

The Approved Provider’s response submission acknowledged the findings contained in the Assessment Contact report and provided additional documentation as evidence of actions implemented to address the deficiencies identified by the Assessment Team. Corrective actions include, but are not limited to, the revision and update of the Psychotropic Medication Register to contain specific indications where required, completion of new consent forms with the specific indications documented and consent given by the consumer or appropriate substitute decision-maker, review of behaviour support plans to ensure adequate level of detail is captured within the plan and education in relation to chemical restraint for clinical staff.

However, the response submission highlighted ongoing concerns in relation to the understanding of restrictive practices (specifically chemical restraint) and behaviour support. Specifically:

* The Assessment Team’s report included information and evidence about a consumer who is exhibiting frequent changed behaviours associated with personal care and medication administration. However, these changed behaviours were not included in the consumer’s behaviour support plan and it was unclear if these changed behaviours had been assessed or reviewed. Additionally, staff interviewed were unable to articulate strategies to use when the consumer would refuse personal care. While the Approved Provider submitted an updated copy of the consumer’s behaviour support plan, it did not include the changed behaviours associated with personal care or medication administration, indicating that this consumer is not receiving best practice and person-centred behaviour support and care.
* While the Approved Provider indicated that consumers’ behaviour support plans have been updated to include more detail, the two behaviour support plans submitted lacked person-centred detail relating to triggers. While additional triggers have been included, these remain generic in nature and are mostly the same for all behaviours.
* While the Approved Provider has updated medication charts to include indications for medications used as chemical restraint (to influence behaviour), two consumers’ care plans included in the response submission did not include specific guidance for staff as to why and when these medications are to be used and how they will be monitored and reviewed. The only information contained relating to chemical restraint was that staff are to exhaust all other non-pharmacological strategies before using as required medications.
* The Approved Provider submitted a completed Psychotropic Self-Assessment form for consumers on chemical restraint which now includes specific indications. However, where several psychotropic medications are used for a consumer, it is unclear which indication is associated with each medication to support effective monitoring and review.
* The Approved Provider has updated consent forms for psychotropic medications (including chemical restraint) to include indications for the use of the medications. However, it is unclear whether the service has documented evidence of the consultation associated with the giving of informed consent, including the risk of harm for which the chemical restraint is to be used, when and how the chemical restraint will be used, the alternative best practice alternatives which have been used and plans for monitoring and review.

In coming to my decision for this requirement, I acknowledge the service has implemented improvements to address the deficiencies identified by the Assessment Team. However, I am of the view that the response did not demonstrate that these improvement actions have ensured that consumers are receiving safe and effective care associated with restrictive practices and behaviour support. Based on the Assessment Team’s report and the Approved Provider’s response I find that the service needs to improve their understanding of their responsibilities associated with restrictive practices (specifically chemical restraint) and behaviour support to ensure the provision of safe and effective care for each consumer. I also consider that improvement actions implemented will take time to become embedded into daily practice and will need to be reviewed and monitored for effectiveness. Therefore, it is my decision requirement 3(3)(a) is 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-1)