Performance

Report

**1800 951 822**

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| Name of service: | Anglicare SQ St John's Home For Aged Men |
| Service address: | 1 Exmouth Street TOOWONG QLD 4066 |
| Commission ID: | 5050 |
| Approved provider: | The Corporation of the Synod of the Diocese of Brisbane |
| Activity type: | Assessment Contact - Site |
| Activity date: | 4 January 2023 |
| Performance report date: | 24 January 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 Anglicare SQ St John's Home For Aged Men (**the service**) has been prepared by Ms S Turner 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 - 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 17 January 2023

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# 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. | Compliant |

Findings

The performance report dated 29 July 2022 found requirement 3(3)(a) non-compliant. Deficiencies related to the service’s management of restrictive practices, specifically chemical restraint. The service has taken action to improve its performance under this requirement and has implemented measures to ensure those consumers who are subject to chemical restraint receive care that is safe and effective. For example:

* An independent review of medications was completed and identified those consumers who required clarification of medical diagnosis or validation of prescribed psychotropic medications. This information was provided to the relevant medical officers.
* Medical officers were provided with resources relating to the use of restrictive practices including the Aged Care Quality and Safety Commission resources ‘Psychotropic medication used in Australia’and ‘Regulation of restrictive practices and the role of the Senior Practitioner, Restrictive Practices’. The clinical team collaborates with medical officers in relation to the use of psychotropic medications and restrictive practices on an ongoing basis.
* Education on restrictive practices and chemical restraint was conducted for registered staff and was provided by an independent health care and pharmaceutical organisation in July and August 2022.
* Discussions relating to psychotropic medications and chemical restraint were conducted during staff meetings.
* Chemical restraint was discussed at daily staff handover; senior clinicians reviewed consumers’ progress notes daily.
* An upgrade of the service’s electronic care management system was conducted in July 2022 to modify documentation relating to behaviour support plans. All consumers’ restrictive practice documentation was updated by September 2022.
* The service’s Psychotropic Register was regularly updated following medical officer consultations and reviews at the Medication Advisory Committee.
* Consultation with a pharmacist has occurred at quarterly Medication Advisory Committee meetings with a focus on psychotropic medication use.

The Assessment Team found:

* Each consumer receiving psychotropic medication as a form of restrictive practice has authorisation by the medical officer and informed consent provided by the decision maker. Where appropriate, there has been referral to specialists including a geriatrician and Older Persons Mental Health. Documentation in the electronic care management system identified:
  + each consumer’s records contained a related diagnosis to the prescribed medication
  + a behaviour support plan detailed triggers and interventions to guide staff in providing care and services
  + review by the medical officer was completed regularly
  + informed consent by decision-makers was noted in consumers’ behaviour support plans that were updated every three months.
* Representatives who were authorised decision-makers for consumers subject to chemical restraint said they have provided informed consent for the administration of the medication; all representatives interviewed by the Assessment Team said they are in regular discussion with service staff. Representatives spoke highly of the care provided to consumers. Their feedback included the care provided is ‘excellent’ and that staff provided ‘wonderful’ care.
* Staff interviewed were able to describe strategies they use to assist consumers who exhibit challenging behaviours and advised if a chemical restraint was prescribed it would be used as a last resort.
* Management advised and meeting minutes confirmed restrictive practices was an agenda item at the service’s Monthly Leadership Team Forum in October 2022.
* Management said the organisation is reviewing its policy on consent to ensure it reflects current legislative changes and training that will be required for staff in relation to these changes.

The approved provider’s response to the Assessment Team’s report received 17 January 2023 accepts the Assessment Team’s findings and confirms that senior clinical staff undertake daily reviews of consumers and that there has been increased education and training for staff and medical officers in relation to the management of psychotropic medications and the use of chemical restraint.

I am satisfied this requirement is Compliant.

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