Performance

Report

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| Name of service: | AnglicareSA Westbourne Park |
| Service address: | 56 Monmouth Road Westbourne Park SA 5041 |
| Commission ID: | 6204 |
| Approved provider: | Anglicare SA Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 31 July 2023 |
| Performance report date: | 06 September 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 AnglicareSA Westbourne Park (**the service**) has been prepared by R Beaman. delegate of the Aged Care Quality and Safety Commissioner (Commissioner).

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.[[1]](#footnote-1)

# 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; and
* the provider’s response to the Assessment Team’s report received 21 August 2023.

# Assessment summary

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| Standard 3 Personal care and clinical care | * Non-compliant |
| **Standard 7** Human resources | * **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

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 consumers’ high impact or high prevalence risks are effectively managed, including risks associated with behaviours and weight loss.

# 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

The Assessment Team recommended requirement (3)(b) not met as the service was unable to demonstrate effective management of high impact or high prevalence risks associated with consumer care, specifically behaviours, restrictive practices, and weight loss. The Assessment Team included the following information and evidence in relation to three consumers (Consumers A, B and C) gathered through interviews and documentation relevant to my finding:

Consumer A

* Staff use psychotropic medications to manage Consumer A’s changed behaviours and not as a last resort.
* Progress notes indicated Consumer A was administered an as required dose of psychotropic medication on three occasions in July 2023 without first trialling non-pharmalogical strategies.
* Consumer A’s representative confirmed they were aware psychotropic medications were used to manage Consumer A’s behaviours and advised they felt staff managed those behaviours as best they could. The representative confirmed they were not aware of alternative strategies used prior to medication administration for managing Consumer A’s behaviours.
* Consumer A’s behaviour support plan (BSP) was last updated 20 July 2023 and included information on verbal refusal of care, physically refusal of care and wandering. Triggers for behaviours included continence care, activities of daily living and having nothing to do. Interventions documented were generic, including engage in conversation, ensure engaged in an activity, build rapport and rule out pain.
* Clinical staff confirmed strategies to manage Consumer A’s behaviour included reassurance and redirection and approach activities of daily living calmly.
* The Assessment Team observed a sign in the memory support unit’s nurses’ station that included strategies to manage Consumer A’s behaviours, including allow Consumer A to wake naturally, call them by their name and use eye contact, and staff to remain a safe distance during care and stand to the side to avoid Consumer A making contact.

Consumer B

* Consumer B has changed behaviours and declining weight. Documentation showed staff use psychotropic medications to manage behaviours.
* On seven occasions in July 2023, Consumer B was administered an as required dose of psychotropic medication to manage their behaviour. On six of the seven occasions, medication was administered due to Consumer B crawling out of bed and on the other occasions due to a fall as a result of trying to crawl out of bed.
* Generic strategies were trialled prior to administration of medications which included reassurance and offering toileting or a drink.
* Consumer B’s representative was not aware of any medications used to manage Consumer B’s behaviours and advised behaviours are generally due to needing to go to the toilet or wanting to go home.
* Behaviour charting for June 2023 showed staff recorded a behaviour on two occasions on 2 June 2023 of Consumer B attempting to leave their own room in a wheelchair.
* Consumer B’s BSP included generic interventions, such as ensure comfortable and pain free, engage in activities, approach in calm manner, and explain procedures, provide one-on-one support and scheduled toileting.
* In relation to Consumer B’s weight loss, documentation indicated they had lost 9.8kg between March and July 2023. However, there was no evidence a review of Consumer B’s weight or assessments associated were undertaken.
* A seven day food and fluid chart commenced on 25 July 2023 2 was completed inconsistently.
* A review was completed on 31 July 2023 by the Dietician indicated weight loss may be due to COVID-19, however, did not include strategies implemented.

Consumer C

* Documentation did not evidence Consumer C’s initial weight loss was identified and strategies to prevent further loss were implemented.
* Consumer C has recorded ongoing weight loss between February and July 2023 of 8.7kg, with 4.9kg of that total being recorded between 4 June 2023 and 20 July 2023.
* A weight review was completed on 24 July 2023 after a 5.6kg loss over three months and a Dietician last reviewed Consumer C on 19 December 2022. There was no evidence of any further reviews either eight or Dietician outside of these noted.
* A nutritional assessment in March 2023 showed a medium risk of malnutrition and on 12 May 2023 where an increase to high was recorded. Documentation showed no food and fluid charting was completed or monitored prior to 25 July 2023.

The provider acknowledges the deficits identified in the Assessment Team’s report and included in their response additional commentary, information and action plans implemented and planned, including, but not limited to:

* Updating the behaviour management organisational policy and procedure to include guidance for staff in the development of BSPs.
* Distribution and ratification of updated restrictive practices procedures and work instructions.
* All clinical staff provided education around behaviour management and restrictive practices.
* Development of a BSP review schedule.
* BSPs to be updated to include individualised strategies for consumers.
* Discussion around use of psychotropic medications with consumer families.
* Changes in processes in place for weight reviews to include weights to be taken in first week of each month.
* Development of a return from hospital checklist.

Further to the improvement actions above, the provider asserts in their response they have reviewed the care documentation for Consumers A, B and C and provided the following actions planned, taken and additional information:

In relation to Consumer A:

* The provider asserts a case conference was held 11 August 2023 with Consumer A’s representative to discuss behaviour management and use of psychotropic medications.
* A review of Consumer A’s psychotropic medication undertaken, and the provider asserts an increase in as required medication usage was identified at night and a referral made to an external Dementia specialist actioned on 11 August 2023.
* Consumer A’s BSP reviewed and updated on 3 August 2023 with additional individualised strategies recorded.
* Individualised toolbox training with staff to outline the updated BSP and intervention strategies was planned for a period of two weeks commencing 22 August 2023.

In relation to Consumer B:

* The provider asserts a case conference was held 4 August 2023 with Consumer A’s representative to discuss strategies in place to manage behaviours, including psychotropic medications.
* Consumer B’s BSP reviewed on 4 August 2023 with additional individualised strategies identified and recorded.
* Toolbox training for staff tailored to updates to Consumer B’s behaviour management strategies.
* In relation to weight management, the provider asserts strategies recommended by the Dietician were implemented post the review on 31 July 2023.

In relation to Consumer C:

* The provider asserts Consumer C’s weight was taken on 1 August 2023 and they were identified as having a small increase of 400grams.
* Consumer C was reviewed by the Dietician again on 16 August 12023 and weight management strategies were updated in the care plan based on Dietician recommendations.

I acknowledge the provider’s response and the actions that have been taken immediately following the Assessment Contact. However, I find the service did not demonstrate it effectively manages high impact or high prevalence risks associated with consumer care, specifically in relation to behaviours, use of psychotropic medications, and weight management. In coming to my finding, I have considered information and evidence included in the Assessment Team’s report that shows for Consumers A and B staff did not effectively manage their behaviours and on multiple occasions for each of the two consumers did not trial non-pharmacological strategies prior to administration of psychotropic medications, for which one staff confirmed medication was a strategy used to manage the consumer’s behaviours.

* I have also considered for Consumers A and C, staff did not effectively manage weight loss. For Consumer A, strategies to manage weight loss were not updated in care documentation in a timely manner. I acknowledge the additional information in the provider’s response that shows Consumer A has been reviewed by the Dietitian and both Consumers A and C’s care documentation has been updated to reflect contemporary strategies to manage their weight.

I acknowledge the actions included in the provider’s response that describes all of the actions taken since the Assessment Contact, those taken in response to the deficits identified in the Assessment Team’s report and those planned as part of their continuous improvement plan and find those need more time to be fully embedded and efficacy achieved.

* Based on the information above, I find requirement (3)(b) in Standard 3 Personal care and clinical care non-compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | 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. | Compliant |

Findings

Consumers and representatives were satisfied there were enough staff and the right mix of staff to deliver care and services in a way that meets consumers’ needs and preferences. Consumers confirmed when they request assistance, they do not have to wait long for staff to attend to them. Documentation confirmed call bells are responded to in a timely manner and are monitored by management.

Staff confirmed they had enough support on each shift to undertake their roles and deliver care in a way that meets consumers’ needs. Management described how they ensure staffing numbers and mix are sufficient to deliver care and services through regular roster reviews. Documentation confirmed vacant shifts are filled with appropriate staff to undertake the role.

Based on the information above, I find requirement (3)(a) in Standard 7 Human resources 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)