Performance

Report

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| Name: | Arcare Parkwood |
| Commission ID: | 5440 |
| Address: | 2 Woodlands Way, PARKWOOD, Queensland, 4214 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 21 May 2024 |
| Performance report date: | 25 June 2024 |
| Service included in this assessment: | Provider: 1706 Arcare Pty Ltd  Service: 26820 Arcare Parkwood |

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 Arcare Parkwood (**the service**) has been prepared by T Wurf, 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 10 June 2024.
* The Performance Report dated 24 November 2023 for the site audit undertaken from 11 to 13 October 2023 that found the service non-compliant with requirements 3(3)(a) and 8(3)(c) relevant to the management of restrictive practices, specifically chemical restraint.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements were assessed |
| **Standard 8** Organisational governance | **Not applicable as not all requirements were 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

A Performance Report dated 24 November 2023 found the service non-compliant with this requirement following a site audit undertaken from 11 to 13 October 2023, based on evidence the service was not delivering best practice clinical care as it related to consumers subject to a chemical restraint. Some consumers were not identified as being prescribed a chemical restraint and therefore were not managed in line with legislative requirements for the use of restrictive practices.

I have considered the Assessment Contact Report for the assessment contact undertaken on 21 May 2024 and the approved provider’s response received 10 June 2024 relevant to this requirement and sub-requirement 8(3)(c)(v). I am satisfied the service has completed actions to remediate the non-compliance and improved the management of chemical restraint. Therefore, I have decided this requirement is compliant.

I have made this decision based on the following analysis.

The Assessment Contact Report and approved provider’s response identified several improvement actions completed to address non-compliance and improve regulatory compliance with the use of chemical restraint. Completed actions included:

* Reviewed the use of restrictive practices at the service.
* Delivered various education, training and mentoring by an aged care clinical pharmacist for clinical management and staff, including on the use of chemical restraint and psychotropic medications.
* Medical officers reviewed consumers prescribed psychotropic medications to ensure relevant medical diagnoses were documented. The service then reviewed this to determine whether a restrictive practice pathway was required, and commenced where required.
* Consumers and/or representatives have been consulted about the use of psychotropic medication and chemical restraint.
* Strengthened processes to monitor, minimise, and deprescribe psychotropic medications. Medication reports reflected the deprescribing of psychotropic medications and clinical staff discussed the focus on deprescribing of psychotropic and as required medications.
* Established several processes to monitor, review and report on the use of psychotropic medication and chemical restraint, including:
  + Consumers prescribed psychotropic medication are reviewed every 3 months by a medical officer, and consumers subject to a chemical restraint are also reviewed every 3 months by a geriatrician.
  + A weekly audit of the medication self-assessment tool by the quality support manager and clinical manager. Audit results are reported to regional management staff.
  + Allocated a dedicated clinical staff member to oversee medications and behaviour support plans for consumers residing in the secure living environment.
  + Regular care and clinical staff meetings to discuss consumers’ behaviour reviews and support strategies.
* The service utilises a ‘Complex Specialised Nursing Register’ to record consumers subject to a restrictive practice. The register identifies the type of restraint used, review dates, informed consent, and the restraint care plan and behaviour support plan.

The Assessment Contact Report identified some consumers listed on the service’s psychotropic medication register where the listed medical diagnosis indicated the psychotropic medication may be used as a chemical restraint. Representatives for those consumers interviewed by the Assessment Team had provided informed consent for the use of the medication and were satisfied with how the medication and care was managed by the service.

The approved provider’s response to the Assessment Contact Report stated the organisation had taken a different interpretation about what constitutes a ‘diagnosed mental disorder’ in respect of the legislated definition of chemical restraint. In response to the Assessment Contact Report, the provider submitted evidence of clinical governance actions taken to clarify the organisation’s interpretation of the definition of chemical restraint and ensure consumers on the psychotropic register had a relevant diagnosis and, where required, chemical restraint was managed according to legislative requirements. I am satisfied the organisation’s clinical governance systems and management of chemical restraint are effective.

In deciding this requirement is compliant, I also considered other relevant information in the Assessment Contact Report, including:

* Consumers and representatives provided positive feedback about the personal and clinical care consumers receive. Representatives expressed satisfaction with the service’s consultation with them about the use of chemical restraint for consumers.
* Consumer care documentation reflected assessments, informed consent, monitoring and review and behaviour support plans for consumers subject to chemical restraint, consistent with legislated requirements.
* The organisation has various clinical governance processes to monitor, report and review the use of chemical restraint and psychotropic medication usage, as described in requirement 8(3)(c) below.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |

Findings

A Performance Report dated 24 November 2023 found the service non-compliant with this requirement following a site audit undertaken from 11 to 13 October 2023. Non-compliance was specific to sub-requirement (v) regulatory compliance and related to restrictive practices, specifically chemical restraint.

I have considered the Assessment Contact Report for the assessment contact undertaken on 21 May 2024 and the approved provider’s response received 10 June 2024 relevant to this requirement and requirement 3(3)(a). I am satisfied the service has completed actions to remediate the non-compliance and improve governance systems for regulatory compliance systems as they relate to restrictive practices. The organisation has various clinical governance processes to monitor, report and review the use of chemical restraint and psychotropic medication usage. Therefore, I have decided this requirement is compliant.

I have made this decision based on the following analysis.

The Assessment Contact Report and approved provider’s response identified several improvement actions completed to address non-compliance and improve regulatory compliance with the use of restrictive practices. Completed actions included:

* The deficits related to chemical restrictive practice identified in the site audit in October 2023 were escalated to the clinical governance sub-committee and the Board. An organisation-wide review of psychotropic medication registers was completed to ensure consumers’ care documentation was completed in line with legislation and chemical restrictive practices were identified.
* The service’s restrictive practice monitoring tool was reviewed and updated and is monitored weekly by the clinical manager. The work instructions were also updated.
* Clinical staff and management received role-specific education and guidance in relation to their regulatory responsibilities for chemical restraint and psychotropic medications.
* Medical officers were provided with educational information related to restrictive practices and the provider’s regulatory responsibilities regarding chemical restrictive practices.
* The psychotropic medication register is reviewed quarterly by an aged care clinical pharmacist, and the organisation and service receive quarterly reports and mentoring on the quality use of medicines. In June 2024, the topic was chemical restraint and included indication for use and restrictive practice scenarios.
* Chemical restrictive practice is a standing agenda item at various service, regional and state-level meetings clinical and management meetings, including Board meetings and the quarterly Medication Advisory Committee meetings attended by regional and service management.
* The clinical manager conducts quarterly reviews of consumers’ chemical restrictive practice care plans and regularly reviews consumers’ behavioural support plans to ensure documentation is current and personalised with known triggers, behaviours and management strategies including chemical restrictive practice information to guide staff.
* A dementia consultant reviews complex consumers and provides support and recommendations with developing individualised behaviour support plans.

In coming to my decision about compliance, I also considered other information in the Assessment Contact Report about the organisation’s governance systems. The service has an organisational clinical governance framework and restrictive practices policy that guide staff. The organisation’s quality and clinical governance committee maintain oversight of the use of restrictive practices including ensuring legislative requirements are met. Restrictive practices, including psychotropic medication usage, is reported at the service level and through the monthly clinical governance report.

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)