Performance

Report

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| Name: | Blue Care Lawnton Pine Woods Aged Care Facility |
| Commission ID: | 5195 |
| Address: | 260 Francis Road, LAWNTON, Queensland, 4501 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 25 September 2024 |
| Performance report date: | 5 November 2024 |
| Service included in this assessment: | Provider: 314 The Uniting Church in Australia Property Trust (Q.)  Service: 3552 Blue Care Lawnton Pine Woods Aged Care Facility |

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 Blue Care Lawnton Pine Woods Aged Care Facility (**the service**) has been prepared by Bruce Bassett, 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 November 2024.

# Assessment summary

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| Standard 3 Personal care and clinical care | 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.

# Other relevant matters:

During the Assessment Contact, the Assessment Team monitored requirements 1(3)(a), 4(3)(c) and 6(3)(c). No recommendations regarding performance were made with respect to these requirements.

In relation to requirement 1(3)(a), consumers and their representatives confirmed consumers are treated with dignity and respect. Staff demonstrated good knowledge of consumers’ backgrounds and preferences which was consistent with consumers’ conversations and reflected in care documentation. Staff were observed to be treating consumers with respect and in a caring manner, demonstrating patience with meal assistance for those who require it, and having conversations with others in a way which respects the consumer’s identity.

In relation to requirement 4(3)(c), consumers and representatives said they feel supported by staff to make their own decisions and engage in community and service social activities when and how they wish. Lifestyle staff explained how any barriers consumers experience in accessing community, maintaining personal relationships, and doing things of interest are addressed to ensure access is available. Care staff demonstrated knowledge of consumers’ likes and dislikes, relationships of importance and named specific consumers who undertake activities outside the service consistent with information in consumers’ care documentation.

In relation to requirement 6(3)(c), consumers and representatives expressed confidence management would address complaints and attempt to resolve any concerns promptly. Management and staff demonstrated a shared understanding of processes to follow when a complaint is received. The service evidenced policies and procedures regarding the feedback, complaints management, and open disclosure processes.

# 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 Assessment Team report found consumers personal and clinical care was tailored to their needs and optimised their well-being, including in the management of stomas, diabetes, pressure injuries (PIs) and falls. However, the report also included information indicating the service was unable to demonstrate clinical care delivery optimised the health and well-being of three consumers who were prescribed and administered psychotropic medications without a supporting diagnosis, or otherwise to manage changed behaviours unrelated to the recorded diagnosis. The service had not identified these medications as chemical restraint and had not completed risk assessments, obtained authorisations or appropriately monitored and reviewed the use of these medications.

Review of care plans also demonstrated the identified chemical restraints were regularly used as a first option instead of a last resort and staff did not have a shared knowledge regarding regulatory requirements for the use of chemical restraints.

For example, a named consumer had diagnoses of anxiety and dementia in Alzheimer’s disease and was prescribed regular benzodiazepines for anxiety disorder. The medications were not considered a chemical restraint. However, review of medication charts showed the consumer also received as needed benzodiazepines for generalised anxiety disorder and agitation. Progress notes on 19 May 2024 identified ongoing verbal behaviours, noting the consumer can be provided as needed benzodiazepines where required.

While the consumer had a documented behaviour support plan (BSP), there was no documentation identifying the use of the psychotropic medication as a chemical restraint, no risk assessments conducted and no documented authorisation for the use of a chemical restraint.

The consumer’s representative said they had been advised the consumer is provided medication to manage her behaviours but did not recall the service engaging them in a conversation regarding the risks and benefits or seeking authorisation for the use of a chemical restraint.

A second named consumer had documented diagnoses of depression/mood effective disorders and dementia in Alzheimer’s disease. The service’s psychotropic register evidenced the consumer is prescribed regular antipsychotic medication and as needed benzodiazepines for a diagnosis of psychosis and these medications were not considered a chemical restraint. The consumer’s care plan did not reflect a diagnosis of psychosis.

Review of the consumer’s medication charts evidenced regular antipsychotic medication twice daily for dementia and as needed benzodiazepines every 8 hours when required for agitation.

Review of the consumer’s progress notes identified a case conference with the consumer’s representative following commencement of the medications in which the service advised the consumer was receiving the psychotropic medication ‘to manage her behaviours and psychosis’.

Ongoing clinical care reviews noted the consumer’s behaviours and the use of psychotropic medication to manage these. The consumer had a documented BSP, however there was no documentation identifying the use of the psychotropic medications as chemical restraints, no risk assessments conducted and no documented authorisation for the use of chemical restraints. Care documentation evidenced the consumer was provided as needed benzodiazepines on 5 occasions in the 2 months prior to the Assessment Contact for agitation, aggressive behaviours and/or verbal behaviours.

A third named consumer had diagnoses of dementia in Alzheimer’s disease and phobic and anxiety disorders. Their medication chart evidenced the consumer is prescribed regular antipsychotics for psychosis in dementia and benzodiazepines for anxiety disorder. The consumer did not have a recorded diagnosis of psychosis in their care plan and the service’s psychotropic register did not include a reason for prescribing these medications. Review of progress notes evidenced the consumer had been administered as needed benzodiazepines for agitation and verbal behaviours.

The service conducted a scheduled audit of restrictive practices in August 2024. The audit did not identify any issues with the identification, implementation and monitoring of chemical restraints.

With respect to other areas of clinical and personal care, review of documentation and interviews with consumers and representatives confirmed consumers with stomas, diabetes, PIs and falls risks received care that was right for them. Detailed care plans and charting were established to guide staff in appropriate treatment and monitoring of these conditions and consumers and representatives reported they were happy with the clinical and personal cares consumers received.

The Assessment Team report indicated that during the Assessment Contact management acknowledged the deficiencies identified in the management and monitoring of restrictive practices. While the team were on site management established an action in their plan for continuous improvement (PCI) to conduct a review of all psychotropic medication usage for diagnosis, consent and administration, including:

* + Review of all prescribed psychotropic medications using the psychotropic, polypharmacy and antimicrobial support for standard 3 (PPASS-3) tool to ensure all psychotropic medications have an appropriate diagnosis.
  + Review of informed consent for prescribed medications, including options, risks and benefits for relevant consumers.
  + Review of the electronic care management system to ensure diagnoses are consistent between care plans, BSPs, the medication management system and PPASS-3 tool.
  + Mandatory training for all registered staff on psychotropic medication, including usage for diagnosis versus behaviour management, and required documentation.
    - Management provided a training record for antipsychotic medication training provided to 7 registered staff members on the day of the Assessment Contact in response to feedback provided.
    - Management advised a mandatory clinical staff meeting would be conducted the week following the Assessment Contact where further training would be provided.
  + Education for medical officers on psychotropic medications and usage for diagnoses versus behaviour management.
  + Use of the Commission’s ‘Psychotropic medications used in Australia – information for aged care’ guide in training and education.
  + Additional education to all staff regarding the use of non-pharmacological interventions for behaviours before referring to registered staff for pharmacological intervention.

The Assessment Team report recommended the requirement as not compliant.

In response to the Assessment Team report, the provider noted the organisation has systems and processes in place to identify risks and inform practice regarding restrictive practices. The response acknowledged the Assessment Team had identified instances where these had not been consistently implemented. The response said these instances were not congruent with the organisations expectations and the service had acted immediately to ensure the matters raised have been promptly addressed, remedial action taken, and outcomes monitored.

For the three named consumers, consultation and review by their treating Medical Officer (MO) was undertaken during October 2024. For the first named consumer, this confirmed the consumer required benzodiazepines for agitation and this was a chemical restrictive practice. The consumer’s BSP was updated to reflect this, and a risk assessment was undertaken and communicated to the consumer’s representative. The MO reviewed the consumer’s pain management and updated BSP. The consumer was commenced on a behaviour chart to monitor non-pharmacological intervention strategies utilised and evaluated prior to the use of the chemical restraint as a last resort to manage behaviour. The consumer’s representative had been consulted regarding the risks and benefits of psychotropic medications and consent for their use had been obtained.

Consultation and review of the second named consumer by their MO confirmed the psychotropic medications prescribed for schizophrenia and dementia were not a chemical restrictive practice, but the use of benzodiazepines for agitation was a chemical restrictive practice. The consumer’s BSP was updated to reflect this information, and a risk assessment was completed and communicated to the consumer’s representative. The review by the MO resulted in changes to the consumer’s medications for an identified neuropathic pain diagnosis. The psychotropic register was updated, and behaviour charting remains ongoing to review and monitor behaviour management in consultation with all Registered Nurses for evaluation of effectiveness.

Consultation and review of the third named consumer by their MO noted the use of benzodiazepines for agitation with unsettled behaviours indicated a chemical restrictive practice. The diagnosis of psychosis was confirmed and added to their care plan and BSP, which were updated and reviewed in consultation with all Registered Nurses. A risk assessment was completed and communicated to the consumer’s representative. The psychotropic register was updated, and ongoing behaviour charting includes non-pharmacological intervention strategies.

Care documentation for the three named consumers was provided in the response to the Commission and evidenced the actions noted above had occurred.

In response to the Assessment Team’s report the organisation has also implemented additional general actions to ensure their systems and processes are consistently applied. The organisation will continue to ensure induction of all new staff, including agency staff, identifies the tools, policies and procedures relevant to providing tailor made care in chemical restrictive practice. The service has engaged with the organisation’s care governance and quality team for review of BSP and risk assessments including consent documentation.

Evaluation of actions within the planned response have been included in the service’s PCI, a copy of which was included in the approved provider’s response. Other actions were noted in the PCI including;

* The introduction of regular multidisciplinary meetings to review medication changes, the use of psychotropic medications and restrictive practice and the correct monitoring of them.
* A resource kit was provided for Registered Nurses to easily source and enhance their understanding, and responsibility for the management of psychotropic medications, and provide guidance on how to best manage the minimising of restrictive practice in meeting consumers’ tailored needs.
* Visiting MOs were provided education on effectively managing consumers subject to chemical restrictive practice and prescribed medications with correct supporting diagnosis or to manage changed behaviours related to the recorded diagnosis.

The provider response argued that where improvements have been identified, these have been initiated in a timely manner and monitoring processes implemented to ensure the improvements are sustained into the future.

In considering my decision regarding this requirement I note the deficiencies identified by the Assessment Team during the Assessment Contact were acknowledged by management at the time and actions to remedy the issues were initiated immediately. I also acknowledge the response to the Assessment Team report provides further evidence the service and organisation have continued to address and rectify the deficiencies identified in relation to all the named consumers affected. Additionally, the response evidences the organisation has taken actions to ensure the changes implemented will be monitored and evaluated for their success. I am therefore confident the deficiencies identified by the Assessment Team have been appropriately addressed in relation to the consumers identified and sustainable service changes have been implemented to prevent their recurrence for consumers at the service. I have therefore decided the requirement is 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)