Performance

Report

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| Name of service: | Calamvale Parklands Care Community |
| Service address: | 8 Raffin Crescent CALAMVALE QLD 4116 |
| Commission ID: | 5537 |
| Approved provider: | DPG Services Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 8 June 2023 to 9 June 2023 |
| Performance report date: | 10 July 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 Calamvale Parklands Care Community (the service) has been prepared by K. Reed, 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 30 June 2023
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **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

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 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |

Findings

Consumers were treated with dignity and respect. Staff demonstrated knowledge of consumers’ backgrounds and preferences which was consistent with consumers’ conversations and reflected in care documentation. Staff were observed treating consumers with respect and in a caring manner, demonstrating patience with meal service assistance and mobility assistance, and having conversations with consumers in a way which respected their identity. The language used in care documentation was respectful and contained individualised information pertaining to the consumer’s background and life stories.

Four named consumers provided positive feedback regarding their care and services and how staff respected their dignity.

# 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

Consumers and representatives considered the personal and clinical care consumers received was appropriate and right for them. However, review of documentation and interviews with management and staff demonstrated the service did not complete accurate documentation to support the safe use of restrictive practices.

The Assessment Contact - Site report contained information three named consumers did not have a supporting diagnosis for the use of antipsychotic medication, which had not been identified by the service as chemical restraint. An assessment for the use of the medication had not occurred, and consent or authorisation had not been sought. Two of the named consumers or their representative were not aware they were prescribed antipsychotic medication and discussion had not been held in relation to the risks, benefits, or consequences of the use of the medication.

For one named consumer pillows were placed to prevent movement and mobilisation, however this had not been identified as mechanical restraint, and therefore, no assessment, authorisation or consent had been obtained. For another named consumer, who had a behaviour support plan indicating the antipsychotic medication they were prescribed was a chemical restraint, however no assessment, consent or authorisation had been obtained.

Other aspects of clinical care delivery were managed effectively.

The Approved provider in its response to the Assessment Contact - Site report including information on each consumer named in the report. For the first named consumer who provided feedback they were unaware of being prescribed anti-psychotic medication and conversations had not occurred regarding the risks, benefits, and consequences of using the medication, the service’s psychotropic register did not contain information to identify the medication as chemical restraint and the consumer did not have a behaviour support plan as per legislative requirements. The Approved provider in its response has stated the consumer entered the service 10 May 2023, and at the time of the Assessment contact further information was being sought relating to the consumer’s past medical history. The consumer’s medical officer confirmed the consumer was prescribed the medication to treat medication induced hallucinations and therefore did not constitute a chemical restraint and as the consumer does not display any challenging behaviours, a behaviour support plan was not required.

This information was evidenced by the consumer’s medication chart and progress notes from the consumer’s medical officer. It is my decision this consumer was not chemically restrained without consent and authorisation.

For a second named consumer, feedback was provided from their representative they were unaware the consumer was prescribed anti-psychotic medication, conversations had not been held with them as the alternate decision maker regarding the risks, benefits, and consequences of the medication, the service’s psychotropic register did not contain information to identify the medication as chemical restraint and the consumer did not have a completed behaviour support plan as per legislative requirements.

The Approved provider in its response has stated an error was made when documenting the medication in the psychotropic register on 31 May 2023. The consent and authorisation for the chemical restraint has since been provided by the representative and the service provided explanatory material to the consumer’s representative to assist them to understand the medication. The Approved provider has agreed that a behaviour support plan was incomplete at the time of the Assessment contact but also states it was completed immediately following feedback from the Assessment Team.

It was observed the consumer had pillows in their bed to prevent the consumer from rolling out of bed, feedback was provided the consumer’s alternate decision maker was aware the pillows restricted the consumer’s ability to move, however, the consumer is unable to self-mobilise and requires two staff assistance with activities of daily living. The discussion regarding the pillows was completed in February 2023, but restraint authorisation and consent was not gained at this time for mechanical restraint. This was obtained on the day of the Assessment contact through a verbal conversation.

The Approved provider in its response has provided progress notes from the case conference held with staff and the representative in February 2023, restraint authorisation forms for both chemical and mechanical restraint and a behaviour support plan. While it is my opinion discussions had been held regarding the mechanical restraint, staff should have the skills and knowledge to recognise the different types of restraint. And while I also concede a previous authorisation form existed for the chemical restraint, the service’s monitoring processes requires strengthening to self-identify these deficits in documentation. In coming to a decision regarding the information recorded for this consumer I also noted the staff education records relating to restraint management and the service’s plan for improvement that was completed at the time of Assessment contact, which demonstrates the service’s commitment to addressing the deficits identified in relation to restraint management.

For a third named consumer who was receiving regular antipsychotic medication without a diagnosis to support the prescription of the medication, the service had not identified this constituted chemical restraint. While the consumer had a documented behaviour support plan it did not include information on their behaviours, triggers, or support strategies and no restrictive practice assessment has been completed or authorisation obtained. The representative for the consumer was unaware the consumer was currently prescribed the medication.

The Approved provider in its response has stated the consumer had a restrictive practice assessment and authorisation was in place for the medication, this form was archived when the consumer’s Medical officer did not agree the medication was a form of chemical restraint. I note in the Approved provider’s response the medical officer has reluctantly signed the authorisation for the use of chemical restraint following the persistence of the Assessment Team. It is my decision the Assessment Team were ensuring consumers prescribed anti-psychotic medication without a relevant diagnosis require chemical restraint authorisation as per the *Quality of Care Principles 2014*.

In coming to my decision of Compliance in this Requirement, I have weighed up information to support other aspects of clinical care delivery were managed effectively, the consumers named in the report were not harmed by inappropriate restraint usage and the service’s prompt action to address deficits when feedback was provided. It is also my decision the organisation may benefit from reviewing monitoring process used to ensure the accuracy of records associated with restrictive practices.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |

Findings

The service’s indoor and outdoor environments were observed to be safe, comfortable, and well maintained. Consumers were observed moving freely within the service. The service environment was observed to be tidy and well maintained, consumers throughout the service were mobilising independently and receiving varied levels of mobility support from staff. Cleaners were observed spot cleaning and cleaning common areas.

Consumers provided positive feedback regarding the comfort and cleanliness of the environment.

The service was accessible via a front doorbell or after hours mobile phone contact with the Registered nurse on duty. Exit was gained via a coded pin pad alongside the door with the code displayed. The automatic feature of the doors had been halted due to COVID-19 screening procedures to minimise the risk of exposure to consumers. Staff said consumers were able to leave with care staff and visitors, after advising reception.

Cleaning and maintenance staff described the cleaning and maintenance process and advised maintenance and cleaning issues were responded to in a timely manner. Maintenance records demonstrate monitoring processes in place for scheduled building and equipment assessment and maintenance.

# 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

The service demonstrated staffing allocations met consumer needs and ensured the delivery of safe and quality care and services. Consumers and representatives confirmed consumers were well cared for by the staff and had no complaints about the care and service provided.

Staff provided feedback the service was well staffed, with extra clinical and care staff rostered to move between service areas and provide workforce support as required. Management advised call bell reports were examined daily at the heads of department meeting, where any responses above the key performance indicator of 10 minutes were investigated for their cause and addressed.

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)