Performance

Report

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| Name of service: | Glenella Care |
| Service address: | 35 Davey Street GLENELLA QLD 4740 |
| Commission ID: | 5349 |
| Approved provider: | Annimaci Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 07 June 2023 |
| Performance report date: | 03 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 Glenella Care (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
* the Site audit report following the Site audit conducted 27-29 September 2022
* the Performance report dated 25 October 2022
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 3 Personal care and clinical care | Non-compliant |

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

# 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.

* Consumers requiring restrictive practices must have authorisation and consent.

# 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. | Non-compliant |

Findings

The service did not demonstrate timely identification, management, and evaluation of consumers’ restrictive practices. Documentation was not accurate for consumers who were subject to restrictive practices. Monitoring processes were not effective to ensure accurate records were maintained by the service in relation to restrictive practices.

Despite the service being found Non-compliant at the Site Audit conducted 27-29 September 2022, corrective actions have not been effective to ensure accurate documentation in relation to restrictive practices. The service had policies and procedures in line with the current legislative requirements, however, they were not followed by staff in relation to restrictive practices. The service also provided education for all staff to complete online training in restrictive practice and it is now an annual mandatory requirement.

Restraint records provided to the Assessment Team were not accurate. Eight consumers subject to environmental restraint did not have authorisations or consent to be environmentally restrained. The Approved provider in its response provided contextual information regarding recent events at the service including the service transitioning to a new electronic clinical system, a cyber-attack and two COVID-19 outbreaks, and stated historically conflicting advice had been provided by Commission staff in relation to environmental restraint and the service’s keypad system. Information specifically relating to consumers subject to environmental restraint that did not have consents or authorisations has not been evidenced by the Approved provider’s written response. The Approved provider state all environmental restraint forms have been reviewed, however, did not provide evidence to support this claim. The Approved provider does not refute some documentation was incomplete, and the new clinical record system will alert users when information is unfinished. I am unable to determine if this commentary is in relation to the lack of restraint authorisations for eight consumers (including an additional two consumers identified by the service during the Assessment contact-site visit).

Four consumers who were subject to environmental restraint did not have behaviour support plans in place. The Approved provider in its response has refuted this information and, in its response, has provided screenshots of the consumers’ care plan and the corresponding dates the care plans were created and reviewed. Two of the four care plans were reviewed on 07 June 2023, which was the day of the Assessment contact-site visit. The Approved provider in its response counters this evidence by documenting the dates of when the care plan was created which was before the date of the Assessment contact-site visit. While I acknowledge the care plans were in place prior to the visit, information to support the contents of the behaviour support plans was not submitted as part of the Approved provider’s response.

The Approved provider in its response has stated all actions taken by the service to address the previous Non-compliance in this Requirement were not included in the Assessment contact-site report. The service undertook an assessment of all consumers following the October 2022 visit to determine their decision making capacity, and this process has been embedded into the assessment period for new consumers entering the service. I am unable to confirm this action based on the Approved provider’s response. The service also remodelled the Register of Psychotropic Medication Assessment form within the electronic care system. In its response the Approved provider included a list of assessment forms which included a Behaviour management plan and a Register of prescribed psychotropic medications. While I acknowledge the Register of Psychotropic Medication Assessment form exists in a list of assessments utilised by the service, I am unable to assess the success of this form in updating a register of psychotropic medications as this was not provided as part of the Approved provider’s response.

In relation to a register of prescribed psychotropic medication, the Approved provider in its response has stated it is unfortunate the Assessment Team did not seek access to the new electronic care system as this system had a direct connection to issues raised during the Assessment contact-site. It is my decision the role of the Assessment Team is to ask the service to demonstrate compliance against the Quality Standards, rather than the Assessment Team seeking to find evidence independently.

The Assessment contact report included information some consumers had restrictive practice authorisations in place which were not in use and had not been used as a restrictive practice. The Approved provider in its response has stated one of these consumers had a dignity of risk form for the use of a concave mattress, was unable to mobilise and required a full hoist and therefore did not require a mechanical restraint authorisation. It is my interpretation of the Assessment contact report, that the statement relating to consumers having restraint authorisation when this was not required, relates to the eleven consumers identified by the service, and recorded in documentation provided to the Assessment Team as being chemically restrained, who were later identified by the service as not requiring chemical restraint.

The Approved provider’s response states it is regrettable the Assessment Team did not ‘document the location of the documentation which indicated the presence of chemical restraint’. The Approved provider has stated the documentation was stored in the back of a folder, lumped together rather than being filed by consumer name. I am unable to interpret this statement and the relevance of documentation not provided to the Assessment Team. It is my decision it is the role of the Assessment Team to document, review, corroborate and evaluate the effectiveness of information provided during the Assessment contact-site visit by the service to demonstrate compliance.

In coming to my decision in relation to compliance in this Requirement, I have considered all information at hand including the Approved provider’s response received 30 June 2023, the Site audit report following the Site audit conducted 27-29 September 2022 and the Performance report dated 25 October 2022. It is my decision revised processes implemented following the Site audit to rectify deficits in restrictive practices have not been effective and staff do not have a shared understanding of the definitions of restrictive practices, which was evident through incorrect documentation provided to the Assessment Team. I have taken into account the contextual happenings at the service including the implementation of a revised electronic care system and the large effort taken to transition to this system, however, deficits remain in relation to the recording, identification and monitoring of restrictive practices and these deficits have been in place since the Site audit conducted in September 2022, therefore, it is my decision this Requirement remains Non-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)