Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Isomer Aged Care Facility |
| Service address: | 1273 Wellington Road LYSTERFIELD VIC 3156 |
| Commission ID: | 3199 |
| Approved provider: | Islamic Society of Melbourne Eastern Regions Inc |
| Activity type: | Assessment Contact - Site |
| Activity date: | 14 June 2023 |
| Performance report date: | 14 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 [Home Name] (**the service**) has been prepared by D.Fekonja, 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.

# Assessment summary

|  |  |
| --- | --- |
| Standard 2 Ongoing assessment and planning with consumers | 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 8** Organisational governance | **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 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |

Findings

This Requirement was found non-compliant following a Site Audit from 22 March 2022 to 25 March 2022. The service at the time was unable to demonstrate they recognised consumers subject to chemical restraint and did not consider, assess or plan for the risks associated with chemical restraint. Assessment and care planning did not always consider or inform the delivery of safe and effective care for individual consumers, specifically regarding psychotropic medications and restrictive practices. Informed consent was not documented, and the clinical staff were unable to describe when psychotropic medications were used as a restraint.

The service has implemented several actions in response to the non-compliance which are contributing to improvement. These include:

* The service is maintaining and uses a psychotropic medications self-assessment tool that records each consumer’s psychotropic medications, their diagnosed condition, other alternatives considered, and the frequency of monitoring.
* The service is conducting bi-monthly nurses’ meetings and 3 monthly clinical governance meetings to discuss all areas of clinical care, including psychotropic medications and chemical restraints.
* The service is providing mandatory online education and ongoing face-to-face training to the staff regarding the appropriate use of, and documentation related to psychotropic medications.
* A review of policies and guidelines related to consumer care, behaviour management, and restrictive practices occurred. A review of behaviour management care/support plans for consumers was undertaken and completed.

During the Assessment Contact conducted on 14 June 2023, consumers and representatives expressed confidence the assessment and care planning process considers the risks to consumers’ health and well-being. Staff were able to demonstrate to the Assessment Team how they provide safe and effective individualised care to consumers. Consumers’ care documentation reflects a range of risk assessments including restrictive practices assessments that have been conducted and undergo a full review process every 3 months or as appropriate when the health status of a consumer changes.

Staff were able to explain how they use non-pharmacological strategies prior to using a psychotropic medication and authorised consent is always obtained. Medication reviews are conducted and the use of the chemical restraint is evaluated for effectiveness.

Based on the information provided I find the service compliant with this Requirement.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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

This Requirement was found non-compliant following a Site Audit from 22 March 2022 to 25 March 2022. The service was at the time unable to demonstrate the use of best practice principles when implementing restrictive practices specifically in relation to chemical restraint. The service has implemented several actions in response to the non-compliance which are contributing to improvement. These include:

* The development of a psychotropic self-assessment tool that comprehensively records how each consumer’s psychotropic medications are managed.
* Collaboration with general practitioners to reduce the use of PRN psychotropic medications and to promote alternatives to the use of psychotropic medications in response to changed behaviours.
* A more rigorous process to ensure psychotropic medications and restraints are reviewed by general practitioners.
* Referral to external specialists such as Dementia Support Australia and geriatricians to support behaviour support planning.
* Ongoing education to build staff capacity to understand and respond to consumers’ changed behaviours, including observing and documenting pain, sleep, and continence when behaviour support interventions are being reviewed.

During the Assessment Contact conducted on 14 June 2023, consumers and representatives were satisfied the service provided safe, individualised care with respect to the management of changed behaviours and the administration of psychotropic medications. The review of 5 consumer care files evidences a range of best practice strategies have been implemented to manage psychotropic medication use and chemical restraint where it is indicated.

For one consumer progress notes and behaviour charting evidence staff use the individualised positive behaviour support strategies documented in their restrictive practices assessment and behaviour care plan prior to the use of PRN medication. It is also documented that clinical staff have evaluated the effect of any PRN medication given. Staff have also monitored and evaluated any changes in behaviour, pain, sleep, or continence following a medication change or behaviour incident and as part of the regular 3 monthly reviews of care.

Clinical management described how they ensure staff know how to monitor and document a consumer’s condition and behaviours through regular discussion and toolbox meetings. The Assessment Team viewed registered nurse meeting minutes and staff meeting minutes which evidenced that psychotropic medications and restraint are standing items for discussion.

Based on the information provided I find the service compliant with this Requirement.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | |  |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

This Requirement was found non-compliant following a Site Audit from 22 March 2022 to 25 March 2022. The service at the time was unable to demonstrate effective monitoring, understanding of, and practices to minimise the use of restrictive practices, especially in relation to chemical restraint. The service has implemented several actions in response to the non-compliance which are contributing to improvement.

The service provided evidence on policies implemented and how they support staff to understand the information in the policies via formal education and toolbox sessions. Documents viewed by the Assessment Team in relation to this evidence included:

* Restrictive Practices Policy and Procedure.
* Evidence of training completed by all staff.
* Behavioural Management Procedure.
* Current Plan for Continuous Improvement.
* Agenda and meeting minutes of staff meetings.

The service identifies the use of chemical restrictive practices and maintains a psychotropic register to ensure regular reviews are conducted to minimise the use of restraints. The service’s governance team has developed, implemented, and documented expectations for the staff to effectively monitor the use of restrictive practices and psychotropic medication. The Assessment Team reviewed procedures on how to apply assessment and planning to risks associated with the use of psychotropic medications and chemical restrictive practices. Staff demonstrated knowledge of effective practices for behaviour management and how to minimise the use of chemical restraints.

The service has a clinical governance framework to assist staff in supporting safe, quality clinical care and positive outcomes for consumers related to the use of psychotropic medications and chemical restrictive practices.

Based on the information provided I find the service compliant with this Requirement.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)