Performance

Report

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| Name of service: | Jacaranda House Hostel |
| Service address: | 125 McKean Street BAIRNSDALE VIC 3875 |
| Commission ID: | 3054 |
| Approved provider: | Bairnsdale Regional Health Service |
| Activity type: | Assessment Contact - Site |
| Activity date: | 9 August 2023 to 10 August 2023 |
| Performance report date: | 14 September 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 Jacaranda House Hostel (**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

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| 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

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

This Requirement was found non-compliant following a Site Audit from 6 to 10 February 2023, as the service did not demonstrate care, and services are always reviewed for effectiveness when an incident occurs or following changes to consumer condition.

The service has put in improvement measures to address the deficits including conducting training for staff in relation to post-incident reviews, assessments, and documentation. It has added further checks to the admission checklist ensuring risk assessments and care plans have been completed.

Consumers and representatives confirmed they are notified when there are any changes to consumers’ needs or conditions and when incidents occur and this is reflected in care planning documentation. Staff demonstrated an understanding of the monitoring and review requirements following incidents or changes in consumer circumstances. Care plans were reviewed for effectiveness following a change in condition and updated to ensure the consumers’ current needs were managed safely and effectively.

Neurological observations were completed as per the falls management policy following a consumer’s unwitnessed fall. Mobility reviews were conducted by the physiotherapist and strategies were employed to prevent further falls. Another consumer with behavioural and psychological symptoms of dementia had appropriate behaviour assessment, charting, and a behaviour support plan in place. Following a decline in behaviour incidents for this consumer, a review was conducted which resulted in a reduction of their prescribed psychotropic medication.

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

# 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

This Requirement was found non-compliant following a Site Audit from 6 to 10 February 2023. The service did not demonstrate appropriate assessment, monitoring, and review of psychotropic medications and chemical restrictive practices. The service did not demonstrate for consumers subject to chemical restrictive practice, that consent was obtained, was used as a last resort, and in the least restrictive form.

The service implemented a number of improvements in relation to the deficits including using the medication management system chemical restrictive practice data and reports and electronic documentation system for restrictive practice assessments and care plans for all new admissions. There has been review and updating where required, of consumers’ documentation for those subject to chemical restrictive practice. The service has delivered restrictive practice education and has undertaken a review and updated the organisation's restrictive practice procedure. There will be ongoing restrictive practice education delivered and scheduled, and auditing of actions implemented.

Consumers and/or representatives interviewed were satisfied that the service provided effective person-centred clinical care. Care documentation reflected ongoing assessment, monitoring, and evaluation of care provided to consumers subject to chemical restraint and the use of psychotropic medications. Consumers’ assessments and care plans are reviewed in consultation with consumers and/or their representatives with input from a multidisciplinary health team. The Assessment Team provided examples of how consumers subject to restrictive practices had informed consent in place, regular review, monitoring of the restraint for effectiveness and adverse effects, and strategies in place to minimise the restraint.

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

# Standard 8

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| 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 6 to 10 February 2023, as the service did not demonstrate understanding and the application of restrictive practices. There was no evidence that the service regularly reviews restrictive practices with the intention of minimising their use and restrictive practice assessments and risk care plans had not identified the potential risks of the restrictive practice.

The organisation has implemented several actions in response to the non-compliance including reviewing and updating the restrictive practice procedure with regard to support plans and assessment and planning for the administration of psychotropic medication. There is also an ongoing education plan for staff and a monthly medication audit schedule in place.

During the Assessment Contact 9 to 10 August 2023 the service was able to demonstrate that it now ensures that the organisation’s ‘Restrictive Practice (Restraint) procedure is followed. It has implemented enhanced chemical restrictive practice clinical governance with twice weekly ‘clinical safety huddles’ and a ‘RedUSe’ (reducing the use of sedatives) working group. A register for psychotropic medication and other restrictive practices is maintained and reviewed regularly. Initiatives implemented to improve the management of consumers’ changed behaviours and quality of life, include the daily monitoring of ‘as required’ medication usage by the registered nurse.

The service demonstrated understanding, application, monitoring and review of restrictive practices. It is identifying and classifying the restrictive practice, assessing the effectiveness, and providing evidence of using chemical restraint as a last resort after trialling non-pharmacological interventions first.

The service demonstrated care and services are reviewed for effectiveness when an incident occurs or following changes to consumer condition and a clinical governance framework that provides an overarching monitoring system for chemical restrictive practice.

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

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)