Performance

Report

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| Name of service: | Juniper John Bryant |
| Service address: | 95 Rawlinson Drive MARANGAROO WA 6064 |
| Commission ID: | 7189 |
| Approved provider: | Uniting Church Homes |
| Activity type: | Assessment Contact - Site |
| Activity date: | 19 September 2022 |
| Performance report date: | 28 October 2022 |

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 Juniper John Bryant (**the service**) has been prepared by T Wilson, 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; and
* the provider’s response to the assessment team’s report received on 17 October 2022.

# Assessment summary

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| Standard 8 Organisational governance | Non-compliant |

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

# 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.

* Requirement 8(3)(e) – Ensure that restrictive practice is recognised and tret as per the requirements of the minimisation of restraint legislation.

# 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. | Non-compliant |

Findings

The service has previously been found Non-complaint in this Requirement following an Assessment Contact conducted on 19 September 2022 and a Site Audit conducted from 21 and 22 September 2021. The service has shown implementation of actions documented on its plan for continuous improvement to return the service to compliance. However, it was not demonstrated that these actions were effective in returning the service to Compliance.

The Assessment Team recommend that Requirement 8(3)(e) is not met, as psychotropic medications were being administered to at least four consumers for the purpose of altering the consumers behaviour, yet the service did not recognise this as a restrictive practice, specifically chemical restraint. The report also detailed how other consumers, who reside in locked areas of the service, are also not considered to be environmentally restrained as the doors are locked for their safety.

Review of the psychotropic medication register showed 25 consumers were listed as receiving one or more types of psychotropic medications, with none being identified as a chemical restraint. Consumers with prescribed antipsychotics were consistently listed with ‘psychosis’ as the reason for prescribing. There was no recognition that any consumer had a chemical restraint.

The service was observed to be securely locked at all main entrances and two of the three houses were observed being locked with keypads. Non-ambulant consumers are not considered to be environmentally restrained as they are unable to leave the service under their own vallation. The service does not follow the organisational policy and legislative requirements in relation to environmental restraints. The management team said consumers do not display any anxiety or concerns regarding locked doors and thus the organisational restrictive practice assessment authorisation and informed consent forms are not necessary and the service’s policy states that doors may be locked for the security of consumers.

The Assessment Team provided examples of two consumers who were not considered to be chemically restrained due to their diagnosis of ‘psychosis’. One of those consumers and a third consumer, who reside in a secure area, did not have an environmental restraint authorisation despite living behind locked doors and being ambulant.

The provider in its response has provided the continuous improvement plan, which outlined several improvements to return the service to compliance which include:

* Staff to review, refresh and enhance their understanding of the restrictive practice policy.
* The care and practice team is to ensure that both chemical and environment restrictive practices are in line with restrictive practice legislation.
* Review of all consumers mention in the report to ensure restrictive practices are applied appropriately and included in their behaviour support plans.
* Review the psychotropic registers to ensure it is identified when a consumer is subject to chemical restraint.
* Staff education to review, refresh and enhance their understanding of the restrictive practice policy.

The reponse included the care plans of the consumers mentioned in the report to show they have been reviewed to reflect their individual care needs in relation to restrictive practices and the education for staff for the psychotropic medication guide.

I have considered the information provided by the Assessment Team and the provider’s response and I acknowledge the provider has considered the information in the Assessment Teams report and has already or is planning to address the issues raised. I acknowledge for the consumers mentioned they have reviewed their care plans and included restrictive practices as appropriate. However, at the time of the Assessment Contact the service was not following their regulatory obligations relating to restrictive practices.

All restrictive practices need to be recognised and treated appropriately. The use of chemical restraint needs to be recognised to ensure that the appropriate monitoring and review and minimisation of the restrain occurs. In the case of the consumers highlighted by the Assessment Team, there was not informed consent or appropriate review as it was not recognised. The documentation requirements to document the behaviour and the strategies attempted prior to the use of the chemical restraint had not been completed, nor had the evaluation of the effectiveness of the medications been completed to consider when medications are reviewed.

In the case of the environmental restraints, the consumers are in a locked environment that they cannot leave. Whilst it may be for their safety, it is an environmental restraint, as they cannot leave under their own free will. To further add to this, there are two areas within the service where consumers are confined to those areas as they cannot move throughout the rest of the building on their own free will.

Accordingly, I find Requirement 8(3)(e), Where clinical care is provided—a clinical governance framework, including but not limited to the following: antimicrobial stewardship; minimising the use of restraint and open disclosure, to be Non-compliant.

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)