Performance

Report

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| Name of service: | Koh-I-Noor Contemporary Care |
| Service address: | 32 Pangbourne Street WEMBLEY WA 6014 |
| Commission ID: | 7870 |
| Approved provider: | Alinea Inc. |
| Activity type: | Assessment Contact - Site |
| Activity date: | 24 November 2022 |
| Performance report date: | 20 December 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 Koh-I-Noor Contemporary Care (**the service**) has been prepared by M Glenn, 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 consumers, representatives, staff, management and others;
* the provider’s response to the Assessment Team’s report received 13 December 2022; and
* the Performance Report dated 24 December 2021 for a Site Audit undertaken from 9 November 2021 to 11 November 2021.

# 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 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.

**Standard 3 Requirement (3)(a)**

* Ensure staff have the skills and knowledge to:
* Initiate assessments, develop appropriate management strategies and monitor effectiveness of strategies relating to behaviour management and use of chemical restraint.
* Implement appropriate behaviour management strategies to minimise the impact of these behaviours on the consumer and others and use of chemical restraint.
* Obtain consent for use of restrictive practices from substitute decision-makers, ensuring risks associated with use are discussed and documented.
* Ensure policies, procedures and guidelines in relation to best practice care relating to behaviour management and restrictive practices are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to behaviour management and restrictive practices.

# 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

Requirement (3)(a) was found non-compliant following a Site Audit undertaken from 9 November 2021 to 11 November 2021 where it was found safe and effective clinical care which was best practice and optimised health and well-being was not being provided for the three consumers, specifically in relation to restrictive practices. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, updated all Behaviour support plans to meet legislative requirements; provided education information to clinical staff regarding use of chemical restrictive practice as a last resort; and implemented an audit tool targeting consistency of documentation before medication is administered and the effectiveness of the medication.

However, at the Assessment Contact conducted on 24 November 2022, the Assessment Team recommended Requirement (3)(a) in Standard 3 not met as one consumer was not receiving care tailored to their assessed needs as strategies prescribed to manage an escalation in episodes of aggression and agitation had not been monitored or evaluated, resulting in ongoing episodes of physical aggression that were increasing the consumer’s risk of harm and impacting other consumers and staff. The Assessment Team provided the following evidence and information collected through interviews and documents which are relevant to my finding:

* Whilst Consumer A had a comprehensive Behaviour support plan, there was no evidence the plan had been reviewed and updated, including effectiveness of non-pharmacological strategies following staff reporting an increase in changed behaviours from 5 November 2022.
* The General practitioner prescribed an increase of a psychotropic medication from second daily to daily on 10 November 2022. An email was sent to Consumer A’s representative informing them of a change to medication, however, there was no evidence that informed consent had been obtained prior to the decision to increase the medication and there was no record in the care file of discussion with the representative.
* The representative said they were not aware of any recent changes in medications and felt the service did not usually communicate this with them. The representative acknowledged they have an understanding of what medications the consumer is on as they oversee payment of the pharmacy account.
* The Medication profile did not include a current order for the psychotropic medication and the hard copy Medication profile, last updated on 10 November 2022, indicates the second daily psychotropic medication order was ceased. The consumer had not been administered the prescribed psychotropic medication since 10 November 2022, 14 days prior to the Assessment Contact. Registered staff were unaware the consumer had not been receiving the medication until it was brought to their attention by the Assessment Team.
* Ongoing episodes of physical aggression between 9 and 22 November 2022, impacting other consumers and staff, whilst documented in behaviour assessment charts, had not initiated an evaluation and a review of behaviour management strategies.
* The care file did not evidence strategies to manage the consumer’s changed behaviours being monitored, reviewed or evaluated following the increase of the psychotropic medication on 10 November 2022.
* Behaviour assessment charting shows seven occasions between 16 and 23 November 2022, where the consumer experienced physical and verbal aggression and agitation. This included two incidents directed at other consumers and one towards staff. No incident reports had been completed for these incidents.

The provider did not dispute the evidence outlined in the Assessment Team’s report. The response consisted of an Action plan, directly addressing the deficits highlighted in the Assessment Team’s report, and outlined planned actions and evaluation of planned outcomes. The provider’s response included, but was not limited to:

* Conduct reassessment and evaluation of Consumer A’s behaviours, restrictive practices assessment and behaviour support plan and ensure the consumer’s substitute decision-maker has been consulted and consent updated.
* Undertaken monitoring of Consumer A to ensure the Behaviour support plan is effective in meeting the consumer’s unmet needs or minimising impact of same.
* Review use of all consumers receiving as required psychotropic medication to ensure staff are documenting appropriately. Review and update all Behaviour support plans to ensure they detail medication prescribed, frequency and how it is to be monitored.
* Review current restrictive practice procedures for use of psychotropic chemicals, specifically to ensure they reflect legislative requirements and guides staff on monitoring and review of strategies.

I acknowledge the provider’s response. However, I find at the time of the Assessment Contact, the service did not ensure each consumer received best practice, tailored care which optimised their health and well-being, specifically in relation to behaviour management and chemical restraint use for Consumer A.

In coming to my finding, I have considered Consumer A’s personal and clinical care was not tailored and based on the consumer’s needs, goals and preferences. Despite an escalation in behaviours, the Behaviour support plan was not reviewed or updated in response to assist and guide staff in the provision of safe and effective care. While I acknowledge in response to the changed behaviours, screening and testing were undertaken and a General practitioner review was initiated, medication changes prescribed by the General practitioner to assist in the management of changed behaviours were not actioned with the omission in administration being identified by the Assessment Team and not the service’s own monitoring processes. Seven incidents of verbal and/or physical aggression and agitation, including three directed towards other consumers and staff, occurred in an eight day period, six days post the psychotropic medication being ceased.

I have also considered that while a change in psychotropic medication to manage changed behaviours occurred, informed consent had not been obtained and the risks associated with the use of the restraint identified and/or managed. Behaviour incidents, and the change in medication, did not result in an evaluation or review of the effectiveness of current behaviour management strategies or identification of new management strategies to minimise impact on the consumer and others.

For the reasons detailed above, I find Requirement (3)(a) in Standard 3 Personal care and clinical care 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)