Performance

Report

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| Name: | Ozcare Palm Lodge |
| Commission ID: | 5918 |
| Address: | 424 Bowen Terrace, NEW FARM, Queensland, 4005 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 30 November 2023 |
| Performance report date: | 15 December 2023 |
| Service included in this assessment: | Provider: 952 Ozcare  Service: 3834 Ozcare Palm Lodge |

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 Ozcare Palm Lodge (**the service**) has been prepared by Kimberley 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 (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* 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 | Not applicable as not all Requirements were 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 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

The service was previously found to be non-compliant in Requirement 3(3)(a) following an Assessment Contact - site conducted on 23 August 2023. The non-compliance was specifically in relation to ineffective processes in identifying consumers subject to chemical restraint and ineffective management of consumers with changed behaviours. The service demonstrated actions have been taken to remediate deficits and improve its performance in this Requirement.

The service implemented several actions recorded in its plan for continuous improvement in response to the non-compliance identified at the Assessment contact - site on 23 August 2022 which have been effective.

A review of behaviour support plans was undertaken to ensure triggers and interventions were individualised, and care documentation was streamlined to remove auto populated noncritical information. Reviews were prioritised with consideration to consumers with changed behaviours, care documentation which had not been reviewed for more than 6 months, changes to medication which indicated a new restrictive practice may be in use, and recommendations from specialists such as Dementia Support Australia and Older Persons Mental Health. Care documentation demonstrated the behaviour support plans were condensed and contained significant amounts of information, the information was relevant and individualised to the consumer.

The service conducted a review of the psychotropic medication register to ensure diagnoses match indications for use, and where there was no matched diagnosis the service ensured appropriate restrictive practice consents were in place. Consent documentation relating to restrictive practices confirmed each consumer subject to restrictive practices had current informed consent and authorisation in place.

A root cause analysis was conducted to identify gaps in identifying consumers subject to chemical restraint which identified consumers entering the service who had existing restrictive practices in place were not being appropriately reviewed. The entry process was updated to ensure any restrictive practices were identified on entry, and medical officers were consulted to ensure there was a relevant diagnosis for the medication. Where appropriate, new consumers entering the service with a restrictive practice were trialled without the restrictive practice in the first instance to determine its necessity.

Staff training was provided in restrictive practices through clinical and staff meetings which was completed by 30 September 2023. Training was provided to staff on induction and was considered mandatory training each year. Where consumers experience changed behaviours, these behaviours were discussed at handover, and staff and clinical meetings until staff were confident with any new triggers or strategies. New and agency staff were partnered with regular experienced staff who were familiar with the consumers and their behaviour support strategies. Agency staff confirmed they had support from regular staff, and all staff were knowledgeable in behaviour support strategies for individual consumers.

The management of a consumer with suicidal ideation was found to be ineffective at the Assessment contact site visit in August 2023. In response the service reviewed the consumer’s care documentation with assistance from Dementia Support Australia to ensure it had full details of behaviour management strategies and triggers in place. Strategies included maintaining routine and an active lifestyle, discussing their travels and walking with the physiotherapist or a family member each afternoon.

The service installed a sensor on both balcony doors, so staff were alerted when the consumer entered the balcony areas. The consumer was provided with an alert bracelet so staff could establish where the consumer was always located. Visual monitoring was increased to ensure the consumer’s safety; initially this was 30-minute visual observations, which decreased to two-hourly with the introduction of the alert bracelet. The service requested a full medical review including a medication review by the consumer’s long term medical officer which occurred and changes to medication made in collaboration with the consumer’s family.

Care documentation confirmed that strategies were in place for the consumer, were being implemented and staff were confident in supporting this consumer. The representative provided positive feedback regarding the care provided and considered the consumer’s behaviours were well managed. The physiotherapist confirmed the afternoon walk formed part of the consumer’s reablement program.

Consumers and representatives confirmed staff regularly discussed consumers’ care needs with them, including in relation to restrictive practices and behaviour support. Care documentation evidenced individualised behaviour support planning and regular review. Staff demonstrated they knew consumers and their individual care needs. Care staff engaged with consumers and provided non-pharmacological strategies in line with care documentation, and this was documented within the electronic care management system. Clinical staff articulated the process of monitoring, evaluating, and documenting the effectiveness of restrictive practice, and ensuring any restrictive practice was used as a last resort. Staff had recently received refresher training in restrictive practices and behaviour support, and this was regularly discussed at staff meetings.

Staff and consumer interactions were observed in the memory support unit intermittently throughout the visit and during the lunch period. The common area was continuously supervised, and staff were observed to be routinely visiting consumers in their rooms. During the lunch service, to de-escalate the changing behaviour of one consumer, staff were observed to be using techniques outlined in the consumer’s behaviour support documentation.

The Service’s Restrictive practices policy was last updated in September 2021, and did not contain information relating to consent hierarchy to be utilised when there have been no restrictive practices substitute decision-maker appointed under state and territory law. The service, following feedback, escalated the need for an urgent policy review to the Approved provider.

Based on the information recorded above, the service has returned to Compliance in 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)