Performance

Report

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| Name of service: | St Francis Hostel |
| Service address: | 678 North Beach Road GWELUP WA 6018 |
| Commission ID: | 7152 |
| Approved provider: | Mt La Verna Retirement Village Inc |
| Activity type: | Assessment Contact - Site |
| Activity date: | 30 November 2022 |
| Performance report date: | 25 January 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 St Francis Hostel (**the service**) has been prepared by J Renna, 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;
* the provider’s response to the Assessment Team’s report received on 11 January 2023; and
* the performance report dated 24 January 2022 for the 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.

* Ensure staff have the skills and knowledge to:
  + provide best practice and tailored care relating to chemical restraint, bowel management, medication administration and wounds; and
  + develop and/or implement appropriate monitoring and management strategies relating to chemical restraint, bowel management, medication administration and wounds.
* Ensure policies, procedures and guidelines in relation to best practice care delivery are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to best practice care delivery.

# 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 the service was unable to demonstrate each consumer received safe and effective care that was best practice, tailored to their needs, and optimised their health and well-being. Specifically, consumers’ blood glucose levels were not consistently monitored in line with Medical officer directives, restrictive practice authorisations had not been completed, neurological observations were not consistently undertaken following falls, and staff did not demonstrate sound understanding of diabetes management and restrictive practices.

The Assessment Team’s report included evidence of actions taken to address the non-compliance, including, but not limited to, implemented an electronic care management system, recruited clinical staff, and provided education and training to staff.

The Assessment Team found these improvements were effective in relation to diabetes management, however, they were not satisfied deficiencies in relation to restrictive practices and post falls management had been fully addressed. Furthermore, the Assessment Team was not satisfied that best practice wound care was provided for two sampled consumers. The Assessment Team recommended Requirement (3)(a) not met and provided the following evidence relevant to my finding:

Consumer A

* The consumer’s medication chart shows they are prescribed and administered Haloperidol. However, the restrictive practices register, consent form and Behaviour support plan relates to Risperidone to treat dementia, and behavioural and psychological symptoms of dementia. Management advised the reference to Risperidone is a ‘typo’. The consumer does not have a diagnosis in line with the approved use of Haloperidol.
* Staff were unable to provide behaviour charts, progress notes or other records to demonstrate monitoring of chemical restraint was undertaken to ensure there were no signs of distress or harm, side effects or adverse effects, or changes in well-being.
* The Restraint assessment and authorisation form shows the Medical officer has undertaken reviews of ‘Risperidone’ every three months. However, the consumer has not been prescribed this medication.
* There was no evidence demonstrating discussions had been held with the representative to advise Haloperidol had been ceased in September 2022 or that informed consent had been obtained when it was recommenced in October 2022. Management said they were not aware they had to obtain consent again.
* The use of environmental restraint has not been updated or reviewed since 2017.
* Documented strategies recorded as an alternative to restraint are not tailored to their needs, as they are generalised and the same as those documented for other consumers.
* The consumer has been assessed as needing to open their bowels every three days and a Medical officer has prescribed a bowel management program, which includes administering suppositories three times per week. The signing sheet does not indicate suppositories were administered during the four days prior to the Assessment Contact. Additionally, staff did not refer or escalate to a Registered nurse when the consumer’s bowels had not opened for five days.
* An incident report shows on one occasion, the consumer was provided food they were allergic to. There was no evidence demonstrating an investigation was undertaken and actions implemented to ensure this does not reoccur. Management said they discussed the matter with staff at handover and acknowledged the absence of documentation.
* Documentation shows that following a fall which resulted in a head strike, neurological observations were not consistently undertaken and out of range oxygen saturation levels were not escalated, in line with the organisation’s policy. Additionally, there was no evidence indicating the consumer’s pain was monitored post fall.

Consumer B

* The Medical officer has prescribed Consumer B a psychotropic medication for ‘challenging behaviours’ and management confirmed they administer the medication when the consumer is ‘agitated, pacing and can’t settle’. Management confirmed they had not considered this medication to be chemical restraint.
* The psychotropic medication administered to the consumer is not recorded on the service’s register.
* Consent obtained and the Behaviour support plan in place relates to a different psychotropic medication which the consumer is not prescribed. Management said this is a ‘typo’ and relates to the medication which the consumer is prescribed.
* Documentation showed staff evaluated the effectiveness of chemical restraint after administration.
* Notes from the Medical officer show psychotropic medication was increased in November 2022, however, there was no evidence indicating an increase or change in behaviours. There was no evidence indicating this increase in medication had been discussed with the substitute decision maker.
* Strategies documented as an alternative to chemical restraint are generalised and are the same as those documented for other consumers.
* Management were unable to describe how they monitor or review the consumer’s behaviour management, as they do not use behaviour charts and ‘staff may record a progress note’.
* Medication charts show the consumer is prescribed lubricating eye drops three times per day, however, the signing sheet for a one-month sampled period shows 14 doses were not signed as given. The failure to administer the prescribed eye drops were not recorded as incidents.

Consumers C and D

* Despite being assessed as high risk of developing pressure injuries, staff did not undertake daily skin checks and did not identify wounds had developed until they had deteriorated to stage two.
* There was no evidence demonstrating how often wound care was attended or that pain charting occurred.

The provider acknowledges some of the Assessment Team’s findings, however, maintains that the service is compliant with Requirement (3)(a). The provider’s response includes the following information and/or evidence to refute the Assessment Team’s assertions:

Consumer A

* Explanation that Consumer A is monitored for signs of distress or harm, side effects or adverse events, or changes in well-being relating to administration of chemical restraint. A Behaviour assessment for April 2022 and three-monthly care plan assessment tools for April 2021 to May 2022 were provided demonstrating regular assessment and evaluation of behaviours, effectiveness of behavioural interventions, cognition and communication, psycho-social care, and clinical status.
* Explanation that management were aware consent for chemical restraint needed to be sought following the original consent. The documentation had been prepared for the guardian to sign; however, they were waiting confirmation as to who that would be. Signed consent forms were provided to demonstrate consent has now been obtained.
* Acknowledgement that the consumer’s suppositories chart had not been signed, however, they were administered. Care notes were provided demonstrating the consumer’s bowels had opened on the day of the Assessment Contact.
* Kitchen staff meeting minutes and message book extract demonstrating that following the incident where consumer A was served food they were allergic to, education was provided to staff and the food preference folder was updated. Explanation that the incident has not reoccurred.
* Care notes demonstrating Consumer A was regularly monitored in the four hours after their fall, their low oxygen saturation levels were due to the consumer resisting care and they were not demonstrating signs of respiratory distress.

Consumer B

* Aged care client record demonstrating the consumer has conversion disorder. Explanation that psychotropic medication is used to treat this disorder and manage symptoms of anxiety, depression and involuntary movements. The medication is not being used to restrain or restrict the consumer in any way, therefore it is exempt from being a restrictive practice.
* Care plan assessment tool for 20 June 2020 to 3 July 2021 demonstrating the consumer’s behaviours have been evaluated.
* Acknowledged incident reports had not been logged for the 14 occasions the signing sheet had not been completed during the sampled month. However, an audit system is in place and is completed at the end of each month, which identifies these errors and action is taken to address them.

Consumer C

* Explanation that wound care occurred immediately after identification and four-days later, the wound was classified as a stage one. Staff acknowledged they did not change the description at the time.
* Wound charting extracts demonstrating wound care occurred and pain score was assessed on at least four occasions during November 2022 and on 2 December 2022.

Consumer D

* Explanation that Consumer D’s pressure injury was never stage two and has always been stage one. This wound has since resolved and preventative measures remain in place to prevent reoccurrence.
* Wound charting extracts were provided demonstrating pain was scored and recorded, and the wound was identified at stage one.

In coming to my finding, I have considered the Assessment Team’s findings, information in the Assessment Team’s report and the provider’s response, which demonstrates at the time of the Assessment Contact, each consumer did not receive safe and effective care that was best practice, tailored to their needs and optimised their health and well-being.

Consumer A

I have considered that while Consumer A is prescribed Haloperidol and does not have a diagnosis consistent with its approved use, there is no evidence indicating it has been administered for the purpose of altering their behaviour. The Assessment Team’s report highlights errors in documentation relating to medication the consumer is no longer prescribed, however, I find these deficiencies relate to Requirement (3)(e) in Standard 3 Personal care and clinical care, which was not assessed at the Assessment Contact.

However, I have considered that Consumer A did not receive best practice or tailored care that optimised their health and well-being, specifically in relation to the use of restraint and bowel management.

Evidence in the provider’s response shows the service obtained consent for the use of chemical restraint after the Assessment Contact, and the authorisation forms signed by the substitute decision maker do not include the name of the medication for which consent has been given or how it is to be used, including the duration, frequency or intended outcome. The authorisations do not explain how the service will optimise the consumer’s health and well-being or demonstrate that the substitute decision maker understands risks associated with the use of the medication. In relation to environmental restraint, I have considered that its use has not been reviewed or updated for at least five years, which does not align with the service’s regulatory obligations.

I acknowledge the consumer’s bowels opened on the day of the Assessment Contact. However, there was no evidence indicating staff had escalated concerns to a clinician prior to the Assessment Contact, despite not having opened their bowels for at least four days and being assessed as needing to do so every three days.

I have placed weight on evidence in the provider’s response demonstrating following Consumer A being served food they were allergic to; actions were taken to ensure the incident does not reoccur.

I have also placed weight on evidence in the provider’s response demonstrating that following a fall, regular monitoring occurred over a four-hour period and oxygen saturation levels could not be accurately taken due to the consumer’s resistance to care. Furthermore, care notes included in the provider’s response show the consumer’s pain was assessed after the fall and while they had some pain, they were found to be comfortable. Later observations do not indicate the consumer was in pain.

Consumer B

I have considered that Consumer B did not receive best practice or tailored care that optimised their health or well-being, specifically in relation to the use of chemical restraint and administration of lubricating eye drops.

I acknowledge the consumer has conversion disorder, however, there is no evidence demonstrating psychotropic medication has been prescribed specifically for treating this disorder. I have placed weight on evidence in the Assessment Team’s report demonstrating psychotropic medication has been prescribed to manage challenging behaviours and has been administered for the purposes of altering the consumer’s behaviours, including agitation, pacing and being unsettled.

I have considered that the service has not met its regulatory obligations, as informed consent for the use of psychotropic medication had not been obtained, including when an increase had occurred. The consent that was obtained related to a different psychotropic medication which the consumer is not prescribed.

In relation to the Assessment Team’s assertion that behaviour management strategies are not personalised or that the consumer’s behaviours are not monitored, I find the core deficit is better aligned with Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers, which was not assessed at the Assessment Contact.

I have also considered that the consumer was not administered their lubricating eye drops three times per day as required. While the provider maintains the service has an audit system which identifies these errors and action is taken, no evidence was provided to demonstrate where this has occurred.

Consumers C and D

I have placed weight on evidence in the provider’s response demonstrating wound treatment and assessment of pain associated with the wound occurred. However, I have considered Consumers C and D did not receive best practice or tailored care that optimised their health and well-being, as despite being assessed as having high risk of developing pressure injuries, the service failed to identify they had a pressure injury until it had deteriorated to stage two and one respectively.

Based on the information summarised above, I find the service non-compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care.

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)