Performance

Report

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| Name: | St Paul's Hostel For The Elderly |
| Commission ID: | 3330 |
| Address: | 15-17 Strettle Street, THORNBURY, Victoria, 3071 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 6 October 2023 |
| Performance report date: | 8 December 2023 |
| Service included in this assessment: | Provider: 8922 Antonine Sisters Aged Care Services Ltd  Service: 2088 St Paul's Hostel for the Elderly |

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 Paul's Hostel For The Elderly (**the service**) has been prepared by N Wapling, 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
* the provider’s response to the assessment team’s report received 13 October 2023.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not Compliant |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **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

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 3(3)(a) - safe and effective clinical care is provided to each consumer that is best practice, tailored to their needs and optimises their health and well-being. In particular, the service demonstrates their understanding and accountabilities when identifying consumers subject to restrictive practices, chemical restrictive practice in particular and the monitoring and managing of consumers prescribed psychotropic medications to manage behaviours.

# 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. | Not Compliant |

Findings

In relation to clinical and personal care, consumers and representatives were satisfied with the care provided to consumers. Care and clinical staff described individual consumer needs and preferences and how they provide support. Care planning documentation for clinical needs such as pain and skin integrity demonstrated care is monitored and reviewed.

However, while the service maintains a psychotropic medication register with monthly reviews by a Registered Nurse (RN), the service did not identify chemical restrictive practices were in place for consumers prescribed psychotropic medications to manage behaviours and did not have documented non-pharmacological strategies to manage these behaviours.

The Assessment Team identified 6 consumers subject to chemical restrictive practices through the psychotropic register and/or consumer care files. These 6 consumers were prescribed psychotropic medication to manage behaviours that included for example: agitation, aggression and Behavioural and Psychological Symptoms of Dementia (BPSD).

Consent documentation related to the chemical restrictive practices was inconsistently available for the consumers with only one consumer consent identified by the Assessment Team. The documentation was missing information such as all the relevant medications. While documentation was not available to support consent, representatives of 2 of the consumers identified however, said they have been engaged in discussions with staff and the medical officer, they understand the reasons for the use of ‘antipsychotic’ medications and said they have provided consent to staff.

Assessments, care planning and monitoring in relation to the 6 consumers and the use of chemical restrictive practices was not consistent with best practice. Behaviour Support Plans (BSP) where not available for any consumer in the service, staff said they did not use BSPs, and management said no consumers had a BSP due to a limitation in the electronic consumer file system.

One consumer named in the report was prescribed regular and ‘as required’ (PRN) medication to manage behaviours of agitation. Although there was no BSP or other documentation available to guide staff to manage the consumer’s behaviours, clinical staff described the non-pharmacological strategies they trial prior to administering PRN medication to this consumer. However, there was no documentation to demonstrate the trialling of these non-pharmacological strategies prior to recently administering PRN medication to manage behaviours. Three other consumers named in the report did not have any behaviour support documentation to guide staff. A representative of one of these named consumers said they were aware changes to psychotropic medication doses occurred following medical reviews.

Management explained their understanding of chemical restrictive practices; when a

consumer is administered a psychotropic medication that prevents their ability to mobilise or move freely. They acknowledged the Assessment Team’s findings and said they will address the issues of the management of restrictive practices.

The approved provider in their response to the Assessment Team report submitted a Plan for Continuous Improvement (PCI), a memorandum to staff and a psychotropic medication usage summary. The PCI documented an audit of prescribed psychotropic medication that found indications for medication use were incorrectly documented. Three medical officers were therefore contacted and confirmed the indications for 6 consumers prescribed psychotropic (antipsychotic) medications were for clinical conditions; specifying anxiety and in one case depression, and not for behaviour changes. PRN medication for 4 consumers were reviewed and ceased by medical officers as the PRN medications had not been required or used for ‘the year’. The approved provider concluded that chemical restrictive practice is not used to ‘either restrict behaviour or restrict mobility’. The approved provider stated that BSPs are developed only for consumers with behaviour changes. The response did not demonstrate how the service monitors or provides non-pharmacological strategies to manage the behaviours of anxiety, in addition to administering psychotropic medication.

The memorandum provided stated staff are to ensure a medical officer has been consulted so the correct indication is documented in order to ensure BSPs are required for consumers prescribed antipsychotic medication. The psychotropic medication report dated 13 October 2023 confirmed consumers prescribed antipsychotic medications with diagnosis of anxiety.

I have reviewed the evidence in the Assessment Team’s report and the provider’s response.

While the service’s response to the Assessment Team’s report provided consumer diagnosis confirmed by the medical practitioner and a review of PRN medications, the information provided relating to supporting assessment, monitoring and non-pharmacological strategies for consumers the behavioural issues is insufficient and not best practice.

I am not satisfied the service has demonstrated an understanding or the consideration of the effective identification of chemical restrictive practice. I am not satisfied the service is monitoring consumers prescribed medications to manage behaviours including PRN medications. I am not satisfied the service is providing non-pharmacological strategies to support consumers and to manage behaviours prior to administration of medication or has BSP in place as required by current legislation.

I find requirement 3(3)(a) is Not Compliant.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |

Findings

Consumers and representatives were satisfied that services provided are safe and effective, and support consumer independence, health and well-being. Staff described individual consumer preferences and supports that allow consumers to do the things they enjoy. Examples of individual consumer one on one support were provided by staff to those who do not wish to or are unable to participate in group activities. Social and lifestyle care planning was individualised and demonstrated consumer interests and daily preferences. Documented evaluations of lifestyle programs through feedback data where viewed. The Assessment Team observed individual consumers engaging in social, leisure and lifestyle activities with staff providing support to them.

I have considered the evidence and I find Requirement 4(3)(a) Compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |

Findings

Consumers and representatives were satisfied there are enough staff to provide the care and services they require. Staff said they are able to attend to consumer care needs during their shift, described how they work in teams and are able to communicate with each other and receive alerts from call bells through pager devices they carry. Management described how they maintain the roster structure with enough staff, are able to access permanent and casual staff to replace leave and the clinical staff monitor call bell responses. The roster and call bell response data for September demonstrated all shifts were filled and majority of call bell response times were within 4 minutes or less.

I have considered the evidence and I find Requirement 7(3)(a) 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)