The Claridge Residential Care

Performance Report

66 Nelson Road   
VALLEY VIEW SA 5093  
Phone number: 08 8265 2755 or 08 8363 4888

**Commission ID:** 6967

**Provider name:** Fairlux Pty Ltd

**Assessment Contact - Site date:** 7 June 2022

**Date of Performance Report:** 18 July 2022

# Performance report prepared by

Therese Wilson, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(b) | Non-compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(e) | Non-compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this 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 Approved Provider’s response to the Assessment Contact - Site report received 1 July 2022
* the Performance Assessment Report for the Site Audit conducted 14-16 December 2021.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Quality Standard is assessed as Non-compliant as one of the seven specific Requirements had been assessed as Non-compliant. All other Requirements in this Standard were not assessed at this Assessment Contact.

The purpose of this Assessment Contact was to assess the service’s performance in relation to Requirement (3)(b) in this Standard. The Assessment Team found the service did not demonstrate effective management of high impact or high prevalence risks associated with the care of three consumers, specifically in relation to management of changed behaviours and behaviours of concern impacting consumers.

The Approved Provider submitted a response to the Assessment Team’s report and included actions that have already been implemented and are being planned to be implemented in the near future to address the issues identified in the Assessment Team report.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the Claridge Residential Care, in relation to Fairlux Pty Ltd, Non-Compliant with Standard 3 Requirement (3)(b). I have provided reasons for my finding in the specific Requirement below.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(b) Non-compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The service was found Non-Compliant in this Requirement following a Site Audit conducted on 14 to 16 December 2021. The service implemented a range of improvements in response to the deficits identified in this Requirement, specifically in relation to management of malnutrition risk and risks associated with consumer suicidal ideations. The service reviewed and updated its weight management policy, provided training to staff and put person-centred strategies in place for consumers expressing suicidal ideations.

However, during the Assessment Contact conducted on 7 June 2022 the Assessment Team found the service was unable to demonstrate effective management of high impact or high prevalence risks associated with the care of three consumers in relation to management of ongoing changed behaviours and behaviours of concern impacting these consumers and others.

* The Assessment Team found, where chemical restraint is used, the organisation does not follow best practice guidelines and tools. For three sampled consumers the organisation did not ensure chemical restraint was used as a last resort after individualised non-pharmacological strategies have been trialled, and relevant legislation was applied specifically in relation to obtaining an informed consent.
* The Assessment Team identified the following:
  + Consumer A displayed ongoing behaviours of concern distressing the consumer and impacting others. Consumer A’s care plan did not include person-centred individualised strategies to manage all of their behaviours. Documentation shows, over the last three months, staff were not always documenting what non-pharmacological strategies they trialled prior to administering sedative medication when Consumer A was wandering around, entering other consumers’ rooms and displaying verbal and/or physical aggression. Consumer A’s representative reported they believed staff used sedatives because staff reported to them there were no effective strategies for management of the consumer’s behavioural and psychological symptoms of dementia.
  + In addition, one representative interviewed by the Assessment Team expressed their concerns around ineffective strategies put in place to prevent Consumer A’s from entering other consumers’ bedrooms and upsetting them. The representative reported to the Assessment Team their family member was disturbed in their room by an unwanted contact from Consumer A.
  + Staff reported recent escalation of Consumer B’s changed behaviours which include verbal and physical aggression. Documentation shows frequent use of sedative medication to control the consumer’s anger, agitation and verbal aggression and ongoing impact these behaviours have on other consumers. Consumer B’s care plan did not provide individualised person-centred strategies to manage the consumer’s changed behaviours and there have been no documented evidence to demonstrate any non-pharmacological interventions were trialled prior to administration of sedative medication.
  + Similar to Consumer A and B, consumer C did not have non-pharmacological interventions recorded in a care plan to guide staff on management of the consumer’s changed behaviours including crying and asking staff when they could go home. Staff could not demonstrate how they support Consumer C’s emotional needs.
  + In addition to the deficits specified above, the Assessment Team found the service did not recognise sedative medications prescribed to be administered Pro Re Nata (PRN or as required) to influence, moderate or control the consumers’ behaviour were classified as a chemical restraint. As a result, the service failed to obtain an informed consent from a relevant person to ensure legislative requirements pertaining restrictive practices are met.

The Approved Provider submitted a response to the Assessment Team’s report. The Approved Provider acknowledged the deficits identified by the Assessment Team and have implemented the following actions and improvements to address the deficits:

* The Approved Provider held a case conference with Consumer A’s representatives to discuss the consumers’ needs, medications and directives for administration, associated potential risks and benefits. The Approved Provider stated the consumer’s care plan has been reviewed and updated with individualised strategies for staff to implement prior to administration of medication to manage changed behaviours and staff were provided with training in relation to these strategies. A referral to a geriatrician was sent by a medical officer and the service is awaiting an appointment.
* Consumer B has been reviewed by the senior clinical team to ensure all behaviours have been investigated to further understand the triggers, and proactive strategies have been identified to prevent escalation of behaviours of concern. Consumer B’s care plan was reviewed and updated with identified triggers and strategies to manage the consumer’s behaviours of concern.
* The Approved Provider held a meeting with Consumer C’s representative to discuss the consumer’s needs and strategies including pharmacological to reduce the consumer’s ongoing anxiety and distress. Consumer C’s care plan was updated with individualised strategies to managed identified changed behaviour.
* The Approved Provider plans to support staff to access targeted training around restrictive practices and behaviour support plans.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with this Requirement.

I considered that high impact risks for two consumers exhibiting ongoing changed behaviours were not effectively managed because these behaviours were distressing for the consumers, were impacting them and other consumers and no effective strategies have been trialled to address these behaviours. One representative expressed their concerns that due to the lack of effective strategies to manage Consumer A’s behaviours of wandering and entering other consumers rooms, their family member had an unwanted contact in their room from Consumer A. The Assessment Team report included evidence there were similar incidents in the past and that the Approved Provided moved the Consumer A to another area of the service as a way to manage ongoing risks to the impacted consumer. However, evidence shows this has not been effective and Consumer A continues entering other consumers’ rooms including at night and disturbing them.

Staff reported recent escalation of Consumer B’s behaviours including anger outbursts, verbal and physical behaviours which can be disturbing to other consumers. However, the service did not demonstrate appropriate interventions were planned, trialled and assessed for effectiveness to minimise the impact from these behaviours or to reduce their frequency.

In relation to Consumer C, I considered the consumer had a regular medication prescribed by the medical officer to treat a diagnosed mental health disorder which was also prescribed by the medical officer to be used on ‘as required’ basis. Evidence does not indicate ineffective management of high impact risks associated with inappropriate use of this medication or that it impacted the consumer negatively. In addition, I considered Consumer C representative confirmed their family member has a diagnosed mental health condition which is being treated pharmacologically. The information in the Assessment Team report shows deficits in how the service supports Consumer C’s emotional needs when the consumer becomes teary and asks staff when they can go home which does not relate to this Requirement that requires implementation of effective strategies for high impact and high prevalence risks associated with each consumer’s personal or clinical care.

The information and evidence pertaining the service not recognising that for the three consumers medications where used as chemical restraint which requires specific checks that needed to occur before restraint is applied, reflects deficits in Standard 8 Requirement (3) (e) and was considered in my findings for this Requirement.

For the reasons detailed above I find the Claridge Residential Care, in relation to Fairlux Pty Ltd, Non-Compliant with Standard 3 Requirement (3)(b).

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Assessment Team assessed Requirement (3)(a) in Standard 7 Human resources as part of the Assessment Contact and have recommended this Requirement met. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find the Claridge Residential Care, in relation to Fairlux Pty Ltd, Compliant with Requirement (3)(a) in Standard 7 Human resources. I have provided reasons for my finding in the specific Requirement below.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* Overall, consumers sampled considered that they get quality care and services when they need them from staff who are knowledgeable, capable, and caring. Consumers and representatives confirmed staff are kind, caring and respectful in their interactions and consumers do not feel staff are rushed when delivering the care they need.
* The service has a system to calculate and ensure skilled staff assess, plan and coordinate safe and quality care and services. Established feedback processes, clinical indicators and monitoring of key performance indicators assists the service to review and adjust staffing levels to meet the current care needs and preferences of consumers. Staff allocations are adjusted as required to provide additional supervision or emotional support to consumers as required.
* Agency staff support the service to provide care and services to consumers where regular staff are unavailable to fill vacant shifts, however, management said agency staff is only used as a last resort with management working shifts if required to ensure continuity of care and services. Management said the pandemic has impacted on their workforce management due to mandated isolation and quarantine requirements presenting challenges to the workforce staffing levels.
* Staff interviewed said they are recruited, trained and supported in their roles and are provided with ongoing supervision and support from their management team.

For the reasons detailed above, I find the Claridge Residential Care, in relation to Fairlux Pty Ltd, Compliant with Requirement (3)(a) in Standard 7 Human resources.

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Quality Standard is assessed as Non-compliant as one of the five specific Requirements had been assessed as Non-compliant. All other Requirements in this Standard were not assessed at this Assessment Contact.

The purpose of this Assessment Contact was to assess the service’s performance in relation to Requirement (3)(e) in this Standard. The Assessment Team found the service does not meet this Requirement because whilst there are organisational policies to guide staff practice in supporting the identification and minimisation of restrictive practice, these are not effectively applied in practice.

The Approved Provider submitted a response to the Assessment Team’s report and have also provided planned and implemented activities to address the issues identified by the Assessment Team.

Based on the Assessment Team’s report and the Approved Provider’s response I find I find the Claridge Residential Care, in relation to Fairlux Pty Ltd, Non-Compliant with Requirement (3)(e) in Standard 8 Requirement (3)(e). I have provided reasons for my finding in the specific Requirement below.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(e) Non-compliant

*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.*

The Assessment Team found the organisation has the clinical governance framework that addresses antimicrobial stewardship, open disclosure and minimising the use of restraint. However, the service could not demonstrate staff understood what constitutes restrictive practices and was not able to demonstrate how the principles described in the relevant policies were applied in practice to ensure where chemical restraint is used, it is only used as a last resort, for the shortest period of time possible and non-pharmacological interventions are used prior to and along with application of chemical restraint.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* Staff interviewed could not explain what constitutes a restrictive practice in relation to chemical restraint.
* The Assessment Team identified six consumers who were prescribed medication identified as chemical restraint and several consumers who were environmentally restrained due to a locked door preventing access from accommodation areas into the administrative area. This resulted in restrictive practice authorisations not being completed, a lack of monitoring of the effectiveness of the restrictive practices and a lack of consideration towards minimising its use.

The Approved Provider submitted a response to the Assessment Team’s report, and acknowledges the gaps identified in the report. The Approved Provider has commenced an action plan to address the gaps identified by the Assessment Team and have provided further information and improvement actions including but are not limited to the following:

* Restrictive practices have been reviewed and restrictive practice authorisation forms are being completed and/or updated as necessary to ensure consumers and their representatives have full knowledge and understanding of the potential adverse effects of the restrictive practice in place.
* Restrictive Practices Procedure has been updated and examples have been provided to assist staff in determining what a restrictive practice is.
* The service has conducted behaviour support plan training and all consumers with restrictive practices are undergoing a review to ensure a behaviour support plan is in place and congruent with current needs of the consumer.
* A comprehensive review was undertaken to identify further chemical or environmental restrictive practices that have not previously been identified.
* Clinical Governance Committee has met and reviewed in detail the Organisation’s approach to restrictive practice. This review identified the requirement for a supplementary training plan to ensure existing and new staff are very clear on the requirements for restrictive practice in the Aged Care setting with a variety of forums for the training including face to face and online.
* Education has been provided to ensure staff are trialling and documenting non-pharmacological interventions for managing behaviours prior to the administration of medication and that these interventions are detailed in the behaviour support plan.

Based on the Assessment Team’s report and the Approved Provider’s response, find the service Non-Compliant with this Requirement.

Information and evidence presented in Standard 3 Requirement (3)(b) demonstrates the service did not recognise a prescribed medication, Pro Re Nata (PRN or as required) which influences, moderates or controls the consumers’ behaviour was administered as chemical restraint. For these consumers, the service did not demonstrate application of principles of restraint minimisation that restraint is to be used only as a last resort, where it is necessary to prevent harm and where other strategies have been exhausted. In addition, the service did not demonstrate all necessary checks have occurred before restraint was applied including obtaining an informed consent, documenting best practice non-pharmacological alternatives that have been used before chemical restraint was administered and how they monitored the use of the restraint and reviewed this practice after restraint had been applied.

Representatives of the three consumers identified in Standard 3 Requirement (3)(b) advised that they were not consulted about the use of chemical restraint and about changes that had been made to the consumers’ care to minimise the need for restraint in the future.

The Assessment Team found, and the Approved Provider acknowledged, the service required more robust processes in relation to identification of restrictive practices so that minimisation principles could be applied timely and effectively.

In coming to my finding, I did not consider information in relation to six consumers who were prescribed medication identified by the Assessment Team as chemical restraint and that several consumers were identified by the Assessment Team environmentally restrained due to lack of information in the report to support the Assessment Team’s finding.

I have considered and recognise the immediate actions taken by the service in response to the deficiencies following the Assessment Contact. However, I find that at the time of the Site Audit, the service was unable to demonstrate the clinical governance framework in relation to minimising the use of restraint was fully implemented.

For the reasons detailed above, I find the Claridge Residential Care, in relation to Fairlux Pty Ltd, Non-Compliant with Requirement (3)(e) in Standard 8 Organisational governance.

# 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.

The Approved Provider has acknowledged some deficits identified by the Assessment Team and have indicated and demonstrated a commitment to addressing these deficiencies. The service should seek to ensure:

* In relation to Standard 3 Requirements (3)(b):
  + Consumers’ high impact or high prevalence risks are effectively managed, including risks associated with changed behaviours and behaviours of concern.
* In relation to Standard 8 Requirements (3)(e):
  + Clinical governance system supports its workforce to identify restrictive practices to ensure they are managed in line with restraint minimisation principles.