South Australian Government

Response to the Review of the Oakden Older Persons Mental Health Service

April 2017
Introduction

This document provides the South Australian Government Response to the Review of the Oakden Older Persons Mental Health Service undertaken by the Chief Psychiatrist, an independent statutory officer under s90 of the Mental Health Act 2009.

The South Australian Government would like to acknowledge the open and honest way in which residents (past and present), their families and staff engaged with the review team, to ensure a thorough account of the care and treatment experienced by the Oakden Older Persons Mental Health Service (OPMHS) was reflected in the Chief Psychiatrist’s Final Report.

The findings of this review are deeply concerning. Immediate action has been taken by SA Health to ensure improved safety and quality of services to residents prior to the release of the review findings; however we acknowledge that there is still further work to be undertaken in the short, medium and longer term, to ensure that the OPMHS are aligned with best practice and meet our ongoing responsibility in the provision of specialist care for these older South Australians.

Background and Review Process

In response to concerns raised around the quality and provision of clinical care, the Chief Psychiatrist has undertaken an independent review into the provision of care and treatment of residents by the Oakden OPMHS.

The Oakden OPMHS is run by the Northern Adelaide Local Health Network (NALHN) as a statewide service. It provides care and accommodation to older people with complex mental health needs, where living in the community or mainstream Residential Aged Care, has not been a sustainable option. Oakden OPMHS is made up of three wards providing care and accommodation to two distinct cohorts of residents:

> The Makk and McLeay Wards provide long term Commonwealth subsidised Residential Aged Care to older people with neurocognitive disorders with very severe (Tier 6) and extreme (Tier 7) behavioural and psychosocial symptoms of dementia (BPSD).

> The Clements Ward provides older people with complex, severe and enduring mental illness with short-term transitional care while their clinical presentation is stabilised and appropriate longer term care options are identified.

For both cohorts of residents, where their presentations have stabilised, transition to an appropriate mainstream residential aged care facility or alternative accommodation is explored.

The review focussed on five Terms of Reference including the management, culture and standards of care provided by the Oakden OPMHS in 2016, comprising:

1. Model of Care
2. Staffing Model
3. Quality and Safety
4. Culture
5. Restrictive Practices

The review process included engagement with a range of stakeholders, both through written submissions, observation and face to face interviews/meetings.
South Australian Government Response

The South Australian Government is deeply concerned by the findings of the review around the quality and provision of clinical care by the Oakden OPMHS. The Chief Psychiatrist’s review identifies a range of concerns around the Model of Care, the staffing model, Quality and Safety, culture and the use of restrictive practices and highlights areas where the current OPMHS does not align with best practice and is not providing ‘the right care, at the right time, from the right team’.

The findings have been taken very seriously by SA Health and following consideration of the report findings, the South Australian Government accepts and will implement all of the recommendations made in the independent review.

A number of recommendations are already underway or have been implemented following the Northern Adelaide Local Health Network’s own investigations and in response to an audit undertaken by the Commonwealth’s Aged Care Quality Agency in February and March 2017.

The Chief Psychiatrist’s review remained independent from the operations at Oakden OPMHS including where actions were implemented by SA Health to ensure immediate improvements to the safety and quality of services to residents prior to the release of the review findings.

The South Australian Government Response to the Review of the Oakden Older Persons Mental Health Service provides strategies that the South Australian Government has, and will continue adopt, in the delivery of a quality service using best practice approaches to ensure the safety and appropriate care and treatment of residents by the Oakden OPMHS.

<table>
<thead>
<tr>
<th>Terms of Reference</th>
<th>Recommendations</th>
<th>Government Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Model of Care</td>
<td>Recommendation One</td>
<td>The State Government accepts Recommendations One and Two.</td>
</tr>
<tr>
<td></td>
<td>SA Health should develop a specialised contemporary Model of Care (MOC) that addresses the State’s obligation to provide high quality care to people over 65 years of age who live with the most severe forms of disabling mental illness and for those people with the most severe and extreme Behavioural and Psychological manifestations of Dementia.</td>
<td>In conjunction with Recommendations Three and Four, SA Health will develop a state-wide OPMHS MOC across all LHNs, that aligns with best practice to meet the state’s ongoing responsibility to provide high quality care to older people who live with the most severe forms of disabling mental illness and BPSD. The MOC will have a clear Governance System that covers all specialist OPMHS in South Australia from community to acute to long stay sub-acute and non-acute units.</td>
</tr>
<tr>
<td></td>
<td>&gt; The Model should be developed as a partnership between all Local Health Networks (LHN) across the state and be led by suitably qualified clinical experts in the field of Older Persons Mental health. It should involve the full range of possible partners to such a model including, but not limited to, Consumers, Carers, Experts in Geriatric Care, referrers, staff, the Residential Aged Care Facility (RACF) sector and other providers of BPSD services.</td>
<td>This MOC will include evidence and experience from other jurisdictions providing best practice OPMHS and be developed through consultation with key stakeholders that will be impacted by the MOC, as identified in the Final Report.</td>
</tr>
<tr>
<td></td>
<td>&gt; The Model should draw reference from the NSW plan for specialised OPMHS and by those providing similar services in Victoria and NSW.</td>
<td>An important aspect of the MOC development will be identifying the interface with existing services across the continuum of care, including Commonwealth subsidised Residential Aged Care and how the OPMHS can be flexible to support existing services to provide appropriate care to this client group.</td>
</tr>
</tbody>
</table>
The Model should rely on detailed population-based planning, taking into consideration but not being bounded by the National Mental Health Service Planning Framework (NMHSPF) version 2.1.

The Model should be supported by a Business Case that identified the funding needed to implement the new model and take proper account of the need for funding to allow the transition from the current service to a future model.

The Model should identify the range of service needed across the continuum of care; between services provided in a person’s home (including Hospital in the Home), those in other residential settings, acute inpatient services, and transitional care; that will allow for the proper care to older South Australians who experience BPSD or who have Severe Mental illness. It is estimated that South Australia currently has need of between 60 and 90 Transitional Care beds.

The Model should identify as a priority the site(s) for a purpose built unit for people with Tier 7 BPSD and that unit(s) be constructed in consideration of the full range of services needed to provide high quality safe care. It is predicted that the unit(s) currently require 21 beds and will need 24 beds by 2021.

The Model must take into account how to jointly operate services that are funded with Commonwealth Aged Care Funding and State Specialist Mental Health funding for people with BPSD, when they cannot be provided with service through the privately owned Residential Aged Care sector.

The review recommends this process commences immediately and that responsibility for progressing this be shared by all LHNs and should not be considered the sole province of NALHN.

**Recommendation Two**

The Review recommends that in developing a new MOC, the Oakden facility is not considered an appropriate facility for the provision of either a State-wide Specialist Intensive Care Behavioural Unit for consumers with Tier 7 BPSD or for the provision of Transitional Care Units for people aged over 65 with SA Health has begun preparatory steps to decommission the Makk and McLeay Nursing Home including identifying interim arrangements to transition residents to more appropriate services to support the care needs of each resident. A range of alternative service options will be discussed with families. This will include transition of some residents to existing State Government facilities at Northgate Aged Care Services that will be specially adapted for resident’s needs.

All transitions will occur through consultation with the residents and their families, to ensure an appropriate placement is identified and a seamless transition can occur.

SA Health will continue to support residents, where their presentations have stabilised, to transition to an appropriate mainstream residential aged care facility or alternative accommodation.

In line with the recommendations, SA Health will also commence development of longer term service planning for the treatment of older people in South Australia with severe mental illness and severe and extreme BPSD. SA Health will work closely with key stakeholders in the development of future plans including the residents and their families, the Commonwealth, staff and industrial bodies.

An audit of all equipment has been completed. All non-repairable equipment has been decommissioned and disposed of and all remaining equipment has received a thorough clean. The preventative and maintenance schedule has been reviewed and increased to a six monthly cycle to assist with improving the current facilities.

The MOC will provide a new direction for specialist OPMHS in South Australia with development and implementation to be achieved by 30 June 2018.
Severe Mental Illness or Tier 6 BPSD. When considering the provision of services that replace Oakden, the following should apply in relation to infrastructure:

> The development and commissioning of new purpose built facilities needs to be completed prior to the full de-commissioning of the Oakden facility.

> The commencement of the capital planning for the purpose build replacement of Oakden should occur immediately.

> Facilities will be required to cater for a non-acute longer stay unit for people with Tier 7 BPSD with pods no more than 8 beds, sub-acute transitional care units (TCU) for people with Tier 6 BPSD and separate TCU’s for people with severe functional mental illness.

> Neither the Tier 6 nor Tier 7 services should be considered a bed for life.

> Those people in Oakden who can transfer the Residential Aged Care Sector should do so.

> During the period before a replacement facility is available, concerted efforts should be put in place to substantially improve the physical amenity of the facility both inside and out.

> Capital planning should commence immediately with an aim of decommissioning Oakden at the earliest possible time.

**Staffing Model**

**Recommendation Three**

The Review recommends that during the development of a new MOC for Specialist OPMHS in South Australia (Rec 1), significant consultation should be undertaken to identify the optimal mix of the full range of members of a Multi-Disciplinary service that is needed to provide adequate care for the defined target group of this services. This should include consideration of the following:

> The need to be advised of the adequate staffing levels, together with the level of demonstrated workforce competencies that are required to provide services benchmarked against relevant services in other jurisdictions, in particular New South Wales.

The State Government accepts Recommendation Three.

In conjunction with Recommendations One and Two, SA Health will identify an appropriate staffing profile for the new MOC, ensuring access to appropriately skilled multi-disciplinary support and shift structures.

NALHN has taken immediate action to ensure the ongoing safe treatment of residents at Oakden OPMHS including introducing additional Senior Clinical and Allied Health support, seven days a week.

Access to additional evidence based/best practice clinical resources.
(NSW) and Victoria that currently have viable effective services.

> That there should be a comprehensive approach to determining the full range of knowledge, skills and attributes within the workforce to ensure staff are able to provide high quality and safe services.

> Mandatory training should be appropriate, it is imperative to understand elder abuse, safeguarding the rights and the principles of trauma informed principles. It is currently more important than understanding ‘Child Safe Environments’.

> That in the transition period between Oakden as it is currently and a finalised staffing model for the range of replacement services, the following indicative minimum staffing levels of non-nursing staff should be provided:
  - 1.0FTE Consultant Psychiatrist (that holds FPOA accreditation)
  - 2.0FTE Junior Medical Officer
  - 0.2FTE Geriatric Medicine (Registrar level or equivalent)
  - 1.0FTE Consumer or Carer Consultant
  - 1.0FTE Senior Occupational Therapist
  - 0.5FTE Occupational Therapist Assistant
  - 1.0FTE Social Worker
  - 0.4FTE Clinical Psychologist
  - Consumer and carers consultants (which could apply across the entire NALHN OPMHS) complemented by
    - Sessional access to Podiatry, Dental Therapy, Dietetics and Speech Therapy.

> In addition, the Occupational Therapist must be qualified in sensory assessment and modulation and that all staff are trained in sensory modulation and trauma informed care in addition to having immediate access to their mandatory training requirements.

> A program to support better education, training, skills development and competency as well as a framework for clinical supervision is developed and delivered that incorporates as a minimum, elements related to comprehensive patient assessment and care planning, the Fundamentals of Care, person-centred evidence based care, cultural safety and competency and clinical documentation requirements.

has been provided to staff to inform their clinical decision-making at the point of care.

A review of training requirements has been undertaken and gap areas identified. Key training has been provided to staff throughout March 2017 whilst work is underway to further develop targeted training appropriate to the client group receiving care by the Oakden OPMHS.

A Nurse Educator has been appointed to assist with the delivery of further training and education.

Regular training audits will be undertaken to ensure staff training remains in line with continuous improvement schedules.

Whilst many aspects of Recommendation Three have been implemented by SA Health, identifying an appropriate staffing profile which ensures access to appropriately skilled multi-disciplinary support and shift structures, will be implemented as part of the new MOC.
The education program should contain a specific focus on the following Australian Commission on Safety and Quality in Health Care Standards (ACSQHC) in the context of the OPMHS, preventing and controlling healthcare associated with infections, medication safety, clinical handover, preventing and managing pressure injuries, recognising and responding to deterioration and preventing falls and harm from falls.

The review recommends eight hour day shifts with a 10 hour night duty, consistent with the SA Nursing Enterprise Agreement, to improve patient care and staff access to training and development opportunities.

This recommendation should align with the development of a new MOC.

Quality and Safety

Recommendation Four

The Review recommends that NALHN must establish a new clinical governance system at Oakden. This Clinical Governance system should include the following features:

- It should comply with the current NALHN governance framework and be accountable to the Divisional Director Mental health. This position should ensure the appointment of a suitably qualified clinical head that is the single point of clinical accountable to them for the outcomes at Oakden.

- The clinical head should be part of the development of the new MOC and develop a clinical governance system at Oakden that is part of the overall system that covers all specialist OPMHS in South Australia from community to acute to long stay sub-acute and non-acute units.

- It should be informed by the National Model Clinical Governance Framework developed by the ACSQHC and address each of its elements.

- It should feature a focus on ceasing blame, encouraging openness, promoting the use of data and information to drive improvement, embracing continuous improvement and placing patient care as a priority and bring back into the provision of

The State Government accepts Recommendations Four.

In conjunction with Recommendations One, Two and Three, SA Health will develop a state-wide OPMHS MOC that aligns with best practice with a clear Governance System that covers all specialist OPMHS in South Australia from community to acute to long stay sub-acute and non-acute units.

The Oakden OPMHS Governance Structure has been reviewed and a strengthened framework has been implemented to ensure the Oakden OPMHS is accountable to the NALHN Governance Structure. This includes the Mental Health Directors having greater transparency at the service and team level.

Monthly meetings across all mental health teams will have a consistent agenda with key standing items around quality of care, incident reporting and restrictive practice.

Consistency in the Care Plan Review meetings with Representative/Guardians has been incorporated to ensure key discussions occur regularly about the client’s care and treatment.

SA Health has increased access to senior clinical expertise at the Oakden OPMHS and includes the commencement of positive role modelling by these Senior Clinical Staff as care is being delivered to residents, embracing positive reinforcement of best practice.
services at Oakden.

> It should also promote transparency, encourage staff to state openly their concerns, give all staff assistance to achieve the expectation of life-long learning, in order that a culture of safety and quality is created.

> It should be developed in partnership with the other LHNs in order that as South Australia moves towards a system that integrates services for people with very severe and extreme BPSD and long term needs with severe mental illness there is a consistency of approach.

> This recommendation should be implemented immediately in the knowledge that change will require 3-5 years to make a sustained difference.

**Culture**

**Recommendation Five**

The Review recommends that NALHN needs to ensure the significant introduction of people in senior leadership positions at Oakden that can drive the change in culture require to one that has as its core principles, the values of dignity, respect, care and kindness for both consumers and the staff that work there. This will need:

> The introduction of new staff who must be immediately visible and requires processes in place so that any deviation from this culture is handled appropriately.

> The development of a program that addresses the culture and has components that include, introducing respectful behaviours tea building and effective team work, values based leadership, providing an receiving constructive feedback, effective problem solving and positive communications.

> Inclusion of the Nursing and Midwifery Board of Australia Code of Ethics, adoption of the Dignity in Care Principles and Safeguarding against Elder Abuse.

> a strong engagement of Industrial bodies and Human Resources Management who must be part of a solution to Oakden, the balance between supporting those who have the attributed to

The quality and appropriateness of care and treatment of residents by the Oakden OPMHS is a priority to SA Health. Whilst many aspects of Recommendation Four have been addressed prior to the release of the review findings, this closer alignment with the NALHN Governance Framework will ensure continuous improvement opportunities are identified, implemented and embedded as the standard of practice across the Oakden OPMHS.

The State Government accepts Recommendations Five.

NALHN have been working with the Australian Nursing and Midwifery Federation (ANMF) to address the culture across the service and commissioned the SA Health Employee Assistance Program (EAP) provider to undertake individual interviews with staff in late 2016.

SA Health will continue to work to adopt the Dignity in Care principles and ensure this is, and an understanding of the expectations for safeguarding against Elder Abuse, are imbedded within the new MOC for the OPMHS across all LHNs who provide services across the continuum of care.

SA Health will ensure all LHNs are engaged to create and provide opportunities for Oakden staff to participate and work across all parts of the OPMHS.

Whilst some aspects of Recommendation Five have been addressed prior to the release of the review findings, this closer alignment of the Oakden OPMHS across all LHNs will be implemented by 30 June 2017.

Ongoing monitoring of the culture of the OPMHS in line with the implementation of the MOC, will ensure that a new positive, consumer oriented culture, is firmly established and maintained...
Work in a new culture at Oakden and ensuring those that do not, can find alternatives will be critical.

> A number of staff who are critical to success will need support to engage in an agenda of changing the culture at a time when many staff will feel under enormous pressure.

> Support senior executive positions in NALHN as well as other LHNs who have an equal responsibility for improving the outcomes of people who need to access Oakden services.

> Other LHNs supporting NALHN by recognising that Oakden is a state-wide service and that they should contribute to the solution. This could take the form of encouraging Oakden staff to participate across all parts of the OPMHS program rather than being confined to Oakden.

> The review considers that adoption of these recommendations to build a new positive, consumer oriented culture will take many months to develop and longer to become firmly established.

### Restrictive Practices

#### Recommendations Six

The Review recommends that NALHN immediately develop and implement an Action Plan which is based on Trauma Informed Principles and the six core strategies developed by the National Centre for Trauma Informed Care (NCTIC). This Action Plan should:

> Be introduced as soon as possible, and ensure compliance with the SA Health Restraint and Seclusion Reduction Policy Directive and Restraint and Seclusion in Mental Health Services Policy Guideline.

> Ensure all staff are aware of the legislative basis for restrictive practices.

> Feature targets for markedly reduced rates of restrictive practice to be achieved, with milestones along the pathway to this outcome that can be achieved, within the next three months.

> Enlist the assistance of expertise from a range of disciples that can help rebuild a new approach to the management of severe

The State Government accepts Recommendations Six.

SA Health will develop an Action Plan setting clear expectations for staff based on Trauma Informed Principles to ensure all practice aligns with the SA Health policies around restrictive practice.

All required staff have undertaken training in the Best Practice Spotlight Organisation Program through the ANMF, following which, Restraint Minimisation Champions were identified to assist all staff in improving practice.

Open Disclosure expectations for staff remain in line with the SA Health Incident Management and Open Disclosure Policy Directive.

Whilst SA Health has addressed some aspects of Recommendations Six, and seen a dramatic decrease in the use of restrictive practices by the Oakden OPMHS following this, continued reporting and monitoring will be a priority. SA Health will identify additional opportunities across the LHNs to build a new approach to the management of severe and persistent challenging behaviours of dementia.
and persistent challenging behaviours of dementia.

> Be subject to external peer-review by those who operate similar services where restrictive practices are either rare or have been eliminated.

> Include an expectation that unannounced inspections from the Chief Psychiatrist and their office staff will occur to examine restrictive practices.

This response has been developed with consideration of both State and Commonwealth requirements under the *Mental Health Act 2009* and the *Aged Care Act 1997* respectively to ensure the appropriateness of response is informed by the two different resident groups being provided services by the Oakden OPMHS.
Implementation process

SA Health is committed to ensuring a new direction for specialist OPMHS in South Australia and addressing the identified areas of concern with the current Oakden OPMHS.

SA Health has taken proactive steps to ensure the quality and safety of residents at the Oakden OPMHS is immediately improved prior to the release of the review findings and an implementation plan is being developed to ensure the remaining recommendations are actioned as soon as possible.

Health SA will deliver an update to the Minister in 90 days on progress in delivering the response to this report, with evaluation and ongoing monitoring a key expectation whilst the changes are implemented to deliver a better service to patients and their families.

Significant consultation will occur with the current residents and their families to identify opportunities to transition residents to services more appropriate to meet their care needs in conjunction with broader stakeholder engagement to ensure that the MOC aligns with best practice to meet the state’s ongoing responsibility to provide high quality care to older people who live with the most severe forms of disabling mental illness and BPSD.