Anglican Care McIntosh Court

Performance Report

87 Toronto Road
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**Commission ID:** 0239

**Provider name:** Anglican Care

**Assessment Contact - Site date:** 2 March 2021 to 3 March 2021

**Date of Performance Report:** 13 April 2021

# Publication of report

This Performance Report **may 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 |

# Detailed assessment

This performance report details the Commission’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 provider’s response to the Assessment Contact - Site report received 25 March 2021

# STANDARD 3 NON-COMPLIANTPersonal 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Most sampled consumers/representatives interviewed considered that they receive personal care and clinical care that is safe and right for them. They did not provide any information to the assessment team that their high impact high prevalence risks were not being met.

However, the Assessment Team identified that not all high impact and high prevalent risks related to psychotropic medications has been appropriately managed.

The Assessment team did not assess all requirements for this Quality Standard. However, a decision of Non-compliant in one or more requirements results in a decision of Non-Compliant for the Quality Standard.

### 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 Assessment Team interviewed a sample of consumers and/or representatives who expressed their satisfaction with the care delivered to them by the service. Staff interviewed described the high impact or high prevalence risks as falls and use of antipsychotic medications and were also able to describe the risks for specific consumers consumers and how they might be managed or escalated.

The Assessment Team reviewed the documentation available at the service and identified some gaps in the service’s management of psychotropic medications. For example, it is unclear why one consumer has been prescribed a chemical restraint. The available information indicates the consumer has been prescribed a chemical restraint for aggression, however, there were no information available that demonstrated the consumer displayed a history of aggressive behaviour. Staff interviewed were not able to recall instances where the consumer had been aggressive. The team also identified that the consumer’s chemical restraint authorisation had not been reviewed annually by their representative/person responsible, although this was eventually signed during the assessment contact.

Furthermore, the service was unable to demonstrate they followed their policy to inform representatives about the risk of psychotropic medication for their consumer, which involved the completion of an ‘awareness of medication’ information form by a representative. For all consumers sampled, none of them had a completed information form evidencing the risks have been discussed with their representative.

The service has since responded by reviewing all consumers on chemical restraint, and are taking actions to ensure all appropriate consent and medication information forms have been completed.

Based on the available evidence at the time of the assessment, I find this requirement not met.

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

* Service to proceed as per their continuous improvement plan to review their consumers on chemical restraint and ensure these are appropriately managed, particularly regarding consent and awareness of risks discussed with representatives