Ascott Gardens

Performance Report

83 Spring Street
ORANGE NSW 2800
Phone number: 02 6362 2201

**Commission ID:** 0125

**Provider name:** United Protestant Association of NSW Limited

**Assessment Contact - Site date:** 11 November 2021

**Date of Performance Report:** 10 December 2021

# Performance report prepared by

E Woodley, 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

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| --- | --- |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | 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 provider’s response to the Assessment Contact - Site report received 7 December 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 Assessment Team also examined relevant documents.

Consumers interviewed by the Assessment Team reported inconsistencies with staff knowledge and skills. They said some staff know their care needs and are kind and gentle when providing care, while other staff are not. Three representatives said they are not confident the consumers receive prescribed care. While two representatives said communication at the service is improving, most consumers or their representatives said they are not consulted regarding how personal and clinical care is tailored to consumer’s needs.

The Assessment Team found the service did not demonstrate each consumer gets safe and effective personal care, clinical care or both personal and clinical care that is best practice, tailored to their needs and optimises their health. The Assessment Team identified gaps in behaviour management, pain management, incident management and management of restrictive practices.

The Assessment Team found high impact or high prevalence risks did not always have adequate review to improve outcomes for consumers. The service did not demonstrate effective systems of clinical review and monitoring.

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements have been assessed as Non-compliant.

### Assessment of Standard 3 Requirements

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

*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.*

The Assessment Team found that consumers did not consistently receive personal and clinical care that was best practice, tailored to their needs, and optimised their health and well-being. For consumers with behaviours of concern, the service did not demonstrate effective monitoring and implementation of individualised non-pharmacological interventions to manage behaviours. While consumers had been referred to behaviour management advisory services, recommendations were not always implemented. The service did not demonstrate effective pain monitoring and management including when pain was indicated as a trigger to behaviours of concern, and during end of life care for one consumer. The Assessment Team identified gaps in the service’s restrictive practice processes including some psychotropic medication use which may constitute chemical restraint was not identified as such. Care documents reviewed identified that as required psychotropic medication was not consistently used as a last resort to manage behaviours after non-pharmacological interventions were trialled and evaluated as unsuccessful.

The approved provider’s response provided further information regarding psychotropic medication use at the service, including supporting diagnosis for the use of the medication for some consumers. The approved provider’s response also included some evidence of reducing the use of psychotropic medication. For one consumer, the approved provider demonstrated pain management strategies were documented in care planning documents. However, the approved provider did not provide evidence of effective and regular pain monitoring for this consumer.

While the approved provider’s response identified some clarifying information about psychotropic medication use at the service, this did not demonstrate best practice identification and use of chemical restraint and psychotropic medication. Gaps were identified in behaviour and pain assessment and management. At the time of the Assessment Contact the service did not demonstrate that personal and clinical care provided to consumers was consistently best practice, tailored to their needs, and optimised their health and well-being.

I find this requirement is Non-compliant.

### Requirement 3(3)(b) Compliant

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

The Assessment Team found high impact or high prevalence risks had not been effectively reviewed to improve outcomes for consumers. For one consumer, the Assessment Team found the risk of falls and associated injury were not effectively managed. Although the consumer had a sensor beam, it was not clear whether the sensor was working at the time of the consumer’s falls and there was no review of staff practices following this incident. For another consumer who experienced a fall, neurological observations were not carried out according to the organisation’s procedures.

The approved provider’s response demonstrated some evidence of discussion for one consumer regarding dignity of risk as the consumer chose to participate in activities that may increase their risk of falls. However, the approved provider did not provide evidence of discussion regarding the senor beam, clarification about whether this was working at the time of the fall, or improvements to staff practices.

For the other consumer, the approved provider identified that neurological observations may not have been required under the organisation’s procedures for this consumer’s fall. The approved provider’s response demonstrated initial assessments, neurological and general observations were completed following the fall.

While for one consumer it was not clear whether interventions to minimise risk of falls were always effectively implemented, overall the service demonstrated that high impact or high prevalence risks for the consumer’s identified in the Assessment Team’s report were identified and strategies in place to manage these.

I find this requirement is Compliant.

# 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)

*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.*

The approved provider must demonstrate:

* Consumer clinical and personal care is best practice, tailored to the consumer’s needs and optimises their health and well-being.
* Consumer pain is appropriately assessed, managed, and monitored to optimise their health and well-being.
* Chemical restrictive practice processes are best practice, including used as a last resort after tailored non-pharmacological interventions to manage behaviour are evaluated as not effective.