Brian King Gardens

Performance Report

1 Hillard Drive
CASTLE HILL NSW 2154
Phone number: 02 8820 1990

**Commission ID:** 0041

**Provider name:** Anglican Community Services

**Assessment Contact - Site date:** 13 July 2020

**Date of Performance Report:** 6 August 2020

# 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 3 August 2020.

# 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

The service did not effectively manage high impact or high prevalence risks associated with the care of each consumer, including in relation to use of restrictive practices, behaviour management and falls.

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)(b) Non-compliant

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

The Assessment Team provided information that there has not been effective management of high impact and high prevalence risks for consumers relating to restrictive practices, behaviour, falls and skin injuries.

Some consumers have been subject to unauthorised restraint. Evidence suggest that psychotropic medications were used as chemical restraint; as part of the consumers behaviour management and not in accordance with restraint minimisation principles. Adverse risks associated with psychotropic use have not been well managed. Consumers identified with challenging behaviours have been poorly managed. Risks to their health and wellbeing have not been minimised. Some of them have sustained significant injuries including multiple head and skin injuries requiring medical intervention. Identified triggers or signs of infection or delirium for consumers are also not always identified in a timely manner to minimise consumers distress or agitation.

The Approved Provider submitted a response that included an acknowledgement of the concerns raised in the Assessments Team report as well as updated behaviour assessments for named consumers, records of case conferencing, communication with registered nursing staff and an updated continuous improvement plan.

I note in the Assessment Teams report under the heading of restrictive practices a reference to the care provided to a named consumer during wound care, including holding the consumers hand and providing reassurance to facilitate the delivery of care. The Approved Provider in their response indicated “*Body contact without consumer or their person responsible ’s concern (sic) is considered any physical restraint, such as holding resident’s hands for reassurance for care needs*.”

I do not consider providing therapeutic touch (holding a hand) and providing reassurance to a consumer during the provision of care to be restraint. restraint means any practice, device or action that interferes with a consumer’s ability to make a decision or restricts a consumer’s free movement. However, I do note that this care intervention was not recorded in the plan of care and that the Approved Provider has since the audit amended the care records for this consumer to include this care intervention.

I have considered the Assessment Teams reports and the Approved Provider response and I find that the service did not effectively manage high impact or high prevalence risks associated with the care of each consumer, including in relation to use of restrictive practices, behaviour management and falls.

I find this requirement non-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.

* Ensure effective management of high impact or high prevalence risks associated with the care of each consumer.
* The Approved Provider is to implement the improvement actions as outlined on the continuous improvement plan submitted on 3 August 2020.
* The Approved Provider is to monitor the improvement activities to ensure they are effective and sustainable.