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:** 11 February 2021

**Date of Performance Report:** 26 March 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

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| --- | --- |
| **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 2 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 consumers and representatives provided positive feedback that generally consumers receive the care they need. However, for some consumers, documents reviewed by the Assessment Team demonstrated that their high impact and high prevalence risks such as falls, behaviour and diabetes are not adequately managed or monitored. Necessary observations, monitoring and assessments were not conducted according to each consumer’s respective management plan and the organisation’s policies. Identified strategies to reduce the risk of incidents were not consistently implemented, and when strategies were implemented, their effectiveness was not always evaluated to ensure the strategies prevent further incidents and/or harm to consumers.

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 found that for the consumers sampled, their high impact or high prevalence risks such as falls, behaviours and diabetes were not managed effectively. Documentation reviewed by the Assessment Team demonstrated that the service’s post-falls management procedures including neurological observations were not followed for all consumer’s falls. Identified falls prevention strategies were not implemented to reduce further falls or the effectiveness of interventions were not evaluated to prevent falls and harm to consumers. The Assessment Team found that minimal strategies were trialled prior to the administration of as required psychotropic medication and documentation did not consistently identify the trigger of behaviour, behaviours displayed, interventions tried and evaluation of its effectiveness. Consumers with insulin dependent diabetes mellitus whose blood glucose level rose over their acceptable threshold set in their diabetes management plan were not always reassessed following insulin administration.

In their response, the Approved Provider acknowledges the Assessment Team’s findings and outlines continuous improvement actions to address the identified deficiencies in the management of high impact and high prevalence risks. This includes changes to the falls policies and procedures, review of consumer care assessment and planning and staff education.

I find this requirement is 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.

### Requirement 3(3)(b)

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

The Approved Provider must demonstrate that:

* The high impact or high prevalent risks associated with the care of consumers are effectively managed.
* The service follows organisational policies and procedures regarding the management of high impact or high prevalent risks, including post-falls management and diabetes management.
* The use of psychotropic medication to manage consumer behaviour is considered as a last resort, after non-pharmacological strategies have been trialled and evaluated as not effective.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response to this Assessment Contact.