Fairlea Aged Care @Rosehill

Performance Report

145 Good St
ROSEHILL NSW 2142
Phone number: 02 9637 8480

**Commission ID:** 2177

**Provider name:** Trinity Aged Care Pty Ltd

**Assessment Contact - Site date:** 27 January 2022

**Date of Performance Report:** 2 March 2022

# 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

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(b) | Non-compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | 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 22 February 2022.

# 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.

Overall, consumers interviewed by the Assessment Team considered that they receive personal care and clinical care that is safe and right for them. Consumers said most staff are attentive to their needs.

However, the Assessment Team identified gaps in the effective management of high impact or high prevalence risks to consumers. This included in relation to behaviour management and use of psychotropic medication.

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 identified gaps in the effective management of high impact or high prevalence risks associated with the care of consumers. Although a geriatrician has reviewed consumers and their medications, there has not been any referral to behavioural management services to support non-pharmacological strategies to manage behaviours of concern. The Assessment Team found that for some consumers who experience behaviours of concern and are prescribed psychotropic medication to help manage behaviours, there was limited or no behaviour care plans or behaviour charting to support monitoring of consumer behaviours and effective risk management. The Assessment Team identified gaps in the use of antipsychotic medication, including limited documentation to demonstrate non-pharmacological interventions were trialled prior to administration. For one consumer it was unclear if legally appointed decision makers had been consulted prior to the use psychotropic medication.

In their response, the approved provider identified clarifying information regarding the use of prescribed psychotropic medication and consent gained for some of the consumers identified in the Assessment Contact report. While the approved provider’s response demonstrates that the use of psychotropic medication may be appropriate for some consumers, it was not demonstrated how associated risks are managed.

The service did not demonstrate that for the consumers identified in the Assessment Contact report, the high impact or high prevalence risks associated with their care were identified and effectively managed.

I find this requirement is Non-compliant.

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Most consumers and representatives interviewed by the Assessment Team confirmed that staff are kind and caring. There was mixed feedback received from consumers and representatives about whether there was sufficient staffing to meet consumer needs.

A review of staff rosters by the Assessment Team identified unfilled shifts, including several night registered nurse shifts.

One of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

The Assessment Team found there was mixed feedback received from consumers and representatives interviewed about whether there was sufficient staffing to enable the delivery and management of safe and quality care and services. However, only one consumer identified a negative impact as a result of insufficient staffing. A review of staff rosters by the Assessment Team identified unfilled shifts, including several night registered nurse shifts.

The approved provider’s response includes clarifying information regarding the service’s staff rosters, and processes in place at the time of the Assessment Contact to manage unfilled shifts.

At the time of the Assessment Contact, the service demonstrated the workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.

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)(b)

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

* The high impact or high prevalence risks associated with the care of consumers are effectively identified and managed. This includes in relation to behaviour management and use of psychotropic medication.