Pathways Ashley House

Performance Report

97 Ashley Street
Roseville NSW 2069
Phone number: 02 9412 2451

**Commission ID:** 2281

**Provider name:** Pathways Aged Care Pty Limited

**Assessment Contact - Site date:** 16 June 2021

**Date of Performance Report:** 22 July 2021

# 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)(a) | Non-compliant |
| Requirement 3(3)(d) | 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 conducted 16 June 2021, 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 16 July 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

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

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.

The Assessment Team found that most sampled consumers considered that they receive personal care and clinical care that is safe and right for them.

The Assessment Team found that the service was able to demonstrate that they identify deterioration or changes in the sampled consumers’ physical condition and respond in a timely manner. This was confirmed by a representative.

However, the Assessment Team found that not all sampled consumers receive personal care and/or clinical care that is safe, effective, best practice, tailored to their needs and optimises their health and well-being. Consumer behaviour was not effectively managed, fully assessed and there were no strategies developed to minimise the risk of reoccurrence. The service relies on psychotropic medication to manage behaviour and chemical restraint is not used as a last resort. Consumers are prescribed psychotropic medication without a proper diagnosis and the service did not recognise this as chemical restraint. The service was unable to provide restraint consent forms for some of the sampled consumers.

### 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 reviewed care documents, obtained feedback from staff, consumers and/or representatives and made observations and found that not all sampled consumers receive personal care and/or clinical care that is safe, effective, best practice, tailored to their needs and optimises their health and well-being. While one consumer considered they receive care that optimises their well-being, this was not the case for other consumers sampled.

The Assessment Team interviewed consumers and their representatives, who said that they often have to wait a long time for assistance or personal care when using call bells. This was confirmed by the service’s call bells data indicating 48% of call bells were answered after 15 minutes. Representatives also confirmed that personal care is lacking with consumers often not receiving daily showers or receiving assistance with wearing clean clothing.

The Assessment Team reviewed care planning documentation for consumers and identified that psychotropic medication had been used as a chemical restraint for a consumer who was described as ‘very agitated’ where it had been ineffective in the past. There was a lack of evidence to show that pain was considered, or interventions implemented during periods of ‘agitation’ and there was no documentation of non-pharmacological interventions that had been trialled or behaviour charting prior to administering the chemical restraint. A review of wound charts identified that wound care was not followed as per specialist instructions despite having clear and specific instructions for care.

The approved provider responded to the Assessment Teams report and provided additional information. The information that has informed my decision for compliance has included the AS Response Document and all associated Attachments. The approved provider has implemented additional training which is documented in CQI Project Attachment No.9 to address pain charting, restrictive practices and wound charting. However, I find at the time of assessment, there was ineffective interventions utilised prior to the use of psychotropic medication and that consent forms for the use of restrictive practice were also not in place.

I find that the approved provider is not compliant with this requirement.

### Requirement 3(3)(d) Compliant

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

# 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) 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 approved provider must demonstrate that:

* Personal care is provided in a timely manner to optimise dignity of consumer.
* Consumer’s behaviour concerns are documented in care plans and reviewed with interventions and strategies employed prior to the use of medication or restraint.
* Consumer’s behaviour charts are completed for all behaviour concerns.
* Consumers are referred to specialists and specialists’ directives and recommendations are followed by service.
* Pain monitoring and assessment is documented, and pain management is evaluated for effectiveness.