The Orchards Aged Care

Performance Report

15 The Ridgeway   
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**Commission ID:** 1003

**Provider name:** Astoria Aged Care Services Pty Ltd

**Assessment Contact - Site date:** 1 June 2021

**Date of Performance Report:** 29 June 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

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | 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 conducted on 1 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 25 June 2021.

# STANDARD 2 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

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

To understand the consumer’s experience and how the organisation understands and applies one requirement within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, and interviewing staff about how they use and review care planning documents on an ongoing basis.

The Assessment Team found that care and service records for the consumers sampled do not show evidence of adequate review when incidents occur, or consumer circumstances change. When incidents occur including critical incidents, investigation is not comprehensive enough to identify root cause and therefore adapt care so that it effectively meets the needs of consumers and minimise risk of reoccurrence. In some circumstance’s incidents are not reported at all, such as in relation to behavioural incidents.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(e) Non-compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

The Assessment Team found that there was a lack of assessment including depression screening and clinical or medical review conducted when the consumers circumstances changed or intensified. It was also identified that incident investigations had not taken place to review consumers care and services when incidents occurred. The Assessment Team requested details of incident reports for behavioural incidents that had occurred at the service, however these were not provided.

The Assessment Team found that assessments and care plans had not been reviewed when consumers had experienced pain, falls or when their circumstances changed. Falls risk assessments and pain monitoring was not conducted or evaluated. The Assessment Team identified that when new information was forthcoming for consumers, this had not been acted on or updated in the care plans. The way the service’s electronic care records system works is that when assessment information is updated it populates automatically to the care plan, therefore since the assessments have not been updated the care plans have not been updated.

The approved provider responded to the Assessment Teams report and advised that an education plan had been developed for all staff and a comprehensive incident management process has been implemented. Assessment and care plan reviews for all consumers and those consumers with high risk and high impact risk factors will be attended as a matter of urgency, followed by all other consumers as per three monthly review schedules. The timeframe allocated for completion of the high-risk high impact consumers will be by 23 July 2021.

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

# STANDARD 3 NON-COMPLIANT Personal 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 two of 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 for the consumers sampled, clinical care is not best practice and is not tailored to their needs. Chemical restraint is not well understood and is not used as a last resort or in accordance with regulatory requirements. Bowel management is not tailored to individual needs and pain management has not optimised consumer health and well-being. There are no effective measures to manage the risks to consumers in relation to falls prevention, choking, behaviour management and medication management.

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

### Assessment of Standard 3

### 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 sampled consumers files and found that pain management does not optimise the consumers health or wellbeing. The Assessment Team identified that evaluation of the effectiveness of pain medication was not always carried out and pain charting was sporadic. Pain and assessment plans did not capture detailed assessment despite prompts in the consumers plans.

The Assessment Team identified that consumers responsive behaviours were not always recorded, and it has not been demonstrated that medications used to control a consumer’s behaviour are being used as a last resort consistent with best practice and have not been recognised and managed as chemical restraint. Non-pharmaceutical strategies were not always initiated prior to administering anti-psychotic medication. Consumers’ care and services plans did not include information about consideration of referral to behavioural specialists despite recommendations from a geriatrician for consumers.

The organisation’s restraint management policy and procedure, dated June 2019, does not reference or incorporate the restraint minimisation regulation which took effect on 1 July 2019.

The approved provider responded to the Assessment Teams report and advised that they are implementing actions and improvements in response to the team’s report and will conduct a full review of clinical care practices in line with best practice and meeting the Aged Care Standards. The service anticipates that these actions and improvements will be completed by 23 July 2021.

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

### 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 that there is not effective management of high impact and high prevalence risks associated with the care of the consumers sampled. There is a lack of effective risk management for sampled consumers in relation to falls, swallowing, medication management, including but not only in relation to psychotropic medication use. While falls have been identified as a high prevalence risk for consumers at the service, falls prevention actions have not progressed sufficiently to bring about improvement.

The Assessment Team found incident investigation has not been undertaken to identify alternative strategies for minimising the risk of falls. Anti-psychotic medication has been used without alternate interventions and this could have increased the risk of falls for some consumers.

The approved provider responded to the Assessment Teams report and advised that they are initiating a number of improvements to address the issues raised in the team’s report, this will include intensive clinical training for high prevalence and high impact risk areas, such as pain management, behaviour management, delirium, medication management, falls, psychotropic medication, restrictive practice and assessment and care planning.

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

# 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 2(3)(e) Non-compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

The approved provider must demonstrate that:

* Assessment and care plans are reviewed when consumers circumstances change.
* Depression screening and clinical or medical review are conducted when the consumers circumstances changes.
* Incident investigations are completed to review consumers care and services when the consumers condition changed.
* Falls risk assessments and pain monitoring is conducted and evaluated.
* Information received about consumers condition, following medical or clinical review is acted on and updated in the care plans.

### 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:

* Evaluation of the effectiveness of pain medication and pain charting is completed.
* Pain and assessment plans capture detailed assessment.
* Consumers responsive behaviours are recorded, and non-pharmaceutical strategies are initiated prior to administering anti-psychotic medication.
* Consumers’ care and services plans include information about consideration of referral to behavioural specialists and referral is followed up.
* Staff and management undertake training on chemical restraint.
* Psychotropic medication register is reviewed and updated to reflect all consumers on psychotropic medication.
* The organisation’s restraint management policy and procedure are updated to reference or incorporate the restraint minimisation regulation.

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

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

The approved provider must demonstrate that:

* High impact and high prevalence risks are identified and effectively risk managed with triggers, and interventions in place to minimise the risk occurring.
* Falls risks are managed and prevention strategies are effective in preventing consumers falls.
* Anti-psychotic medication is used as a last resort with alternate interventions used.