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:** 3 February 2022

**Date of Performance Report:** 16 March 2022

# Performance report prepared by

G Cherry, 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 |

# 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 dated 3 February 2022 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 24 February 2022
* the Performance Report dated 29 June 2021

# 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

A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

### 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.*

Most interviewed consumers and their representatives expressed satisfaction with the provision of personal and clinical care. Examples include being advised of consumer related incidents, informed of medical officer visits, provision of appropriate equipment to manage skin integrity, falls prevention and management, physiotherapy involvement to assist mobility, administration of pain-relieving medications and anxiety reducing therapies to minimise medication usage.

Representative dissatisfaction includes not consistently being updated of consumer’s weight loss and not being involved in medication management discussions to enable informed consent. Consumer dissatisfaction includes staff not responding to requests for assistance in a timely manner, including requests for pain relieving medication.

Interviewed clinical and care staff gave examples of consumer care relating to incident reporting, skin integrity and wound management, pressure reliving devices, pain management, medication management, restrictive practices. Clinical staff demonstrated awareness of individual consumers’ risks and strategies implemented to minimise risk.

A system identifies consumers at risk, including a high impact or high prevalence (HIHP) risk register detailing consumers at risk due to choking, pain, pressure injury, delirium; medication; nutrition and hydration, hearing loss, restrictive practice, falls, hyperglycaemia, and vision. Documentation review of the service’s amended policy/procedure documentation detailed guidance on incident management, nutrition and hydration, pain management, restrictive practice, wound management/skin integrity reflecting best practice guidelines and regulatory obligations. Staff received education relating to HIHP risks.

However, the Assessment Team bought forward evidence some consumers being administered psychotropic/anti-anxiety medications were not listed on the service’s high impact/high prevalence risk register. In addition, evidence of deficits in management of skin integrity, pain, weight monitoring, psychotropic medication use/restrictive practices, swallowing deficits and incident management was identified. Via documentation review and staff interview the Assessment Team bought forward inconsistencies relating to documentation and management of wound care and weight management. Not all incidents are recorded, and the service did not demonstrate management of incidents to identify/implement alternative management methods and/or corrective/preventative actions. The service’s monitoring system has not consistently ensured consumers requiring review and/or referral to medical officers and/or allied health specialists is conducted.

The Assessment Team bought forward evidence of some newly implemented actions relating to this requirement however noted not all planned actions have been completed and/or demonstrate sustained improvement.

In their response the approved provider acknowledged workforce issues relating to a Covid-19 outbreak and some documentation gaps however assert deficits have not resulted in adverse effect for consumers, for example evidenced wound healing.

In response to the evidence bought forward by the Assessment Team the approved provider completed missing incident reports, ensured referral to external providers, provided further staff education and training, updated care plans and HIHP risk register and conducted case conference meetings to ensure understanding of issues to enable informed consent.

I acknowledge improvements implemented by the approved provider and subsequent actions taken in response to the evidence bought forward by the Assessment Team however, the service did not demonstrate an effective, sustainable self-monitoring system to identify and manage deficits.

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) 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
* A monitoring system to ensure all incidents are identified/reported/actioned and evaluated

# Other relevant matters

Non-compliance with the Quality Standards as described in the performance report dated 29 June 2021.

### 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.