Performance

Report

**1800 951 822**

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| Name of service: | Fairlea Aged Care @Rosehill |
| Service address: | 145 Good St ROSEHILL NSW 2142 |
| Commission ID: | 2177 |
| Approved provider: | Trinity Aged Care Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 3 November 2022 |
| Performance report date: | 2 December 2022 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Fairlea Aged Care @Rosehill (**the service**) has been prepared by E Woodley, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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 Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the 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 team’s report received on 29 November 2022.
* the Performance Report dated 2 March 2022 following an Assessment Contact undertaken 27 January 2022.

# Assessment summary

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| Standard 3 Personal care and clinical care | Non-compliant |

A detailed assessment is provided later in this report for each assessed Standard.

# 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) – The high impact and high prevalence risks associated with the care of consumers are effectively identified and managed, including in relation to the management of behaviours requiring support and the use of psychotropic medication.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-compliant |

Findings

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

The service was previously found Non-compliant in Requirement 3(3)(b) following an Assessment Contact conducted 27 January 2022. I acknowledge there has been some improvement since this Assessment Contact including referral to behaviour management and dementia specialist services and the implementation of behaviour support plans (BSP). However, the approved provider continues to be non-compliant in the effective management of high impact or high prevalence risks in relation to behaviour management and the use of psychotropic medication and chemical restrictive practice for sampled consumers.

The Assessment Team found, for some consumers, the service had not identified the use of psychotropic medications to manage behaviours as chemical restraint. Where chemical restraint medications were administered and deemed to be ineffective, the service continued to administer the medication without further clinical evaluation or review of the effectiveness of the ongoing use of the medication. In their response to the Assessment Contact report, the approved provider indicated they had implemented the use of as required (PRN) evaluation stickers on consumer progress notes and provided extensive training to all Registered Nurses on how to use the stickers correctly. The approved provider indicated the use of the stickers would make it easier for staff to ensure timely PRN medication reviews are conducted.

The Assessment Team identified there was a lack of information on restraint authorisation forms for sampled consumers on a chemical restraint. This included the type of restraint the consumer representative and medical officer was authorising, when the restraint would be used, and what strategies would be implemented to reduce the use of the restraint. In their response the approved provider demonstrated that since the Assessment Contact the restraint authorisation form has been updated to make it easier to understand and to provide more information that captures concerns and discussions.

The Assessment Team identified that BSPs for sampled consumers administered chemical restraint, indicated behaviour chart monitoring was not consistently occurring. In their response the approved provider stated they have since addressed this matter with staff and will continue to monitor the progress.

The service did not demonstrate that chemical restraint was consistently used as a last resort, after tailored non-pharmacological interventions to manage behaviour were evaluated as not effective. The Assessment Team identified that non-pharmacological strategies to manage behaviours recommended by specialist dementia services were not always being trialled prior to the administration of psychotropic medications for the purposes of managing consumer’s behaviours. In their response, the approved provider indicated that feedback from staff suggested it was often difficult to remember behaviour strategies for multiple consumers which has led to the introduction of individual consumer cue cards. The approved provider indicated the cue cards contain a copy of identified consumer behaviour strategies that staff could access immediately.

While the approved provider’s response indicates some continuous improvement actions have been implemented to address the gaps identified during the Assessment Contact, I am not satisfied that the evidence provided is sufficient to demonstrate the high impact and high prevalence risks for consumers are consistently and effectively managed. The service did not demonstrate the management of consumer’s behaviours and chemical restrictive practice were best practice to manage associated risks.

I find Requirement 3(3)(b) is Non-compliant.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)