Performance

Report

**1800 951 822**

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| Name of service: | The Orchards Aged Care |
| Service address: | 15 The Ridgeway Lisarow NSW 2250 |
| Commission ID: | 1003 |
| Approved provider: | Astoria Aged Care Services Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 19 June 2023 |
| Performance report date: | 1 August 2023 |

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 The Orchards Aged Care (**the service**) has been prepared by Melissa Buhagiar, 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 conducted 19 June 2023 observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the following information given to the Commission, or to the Assessment Team for the Assessment Contact - Site of the service; Notice to Remedy issued 15 March 2023, Non-Compliance Notice issued 14 February 2023 following Site Audit conducted 28 November 2022 to 1 December 2022; Site Audit report dated 20 January 2023 following Site Audit 28 November 2022 to 1 December 2022.

**Assessment summary**

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |

**Areas for improvement**

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

**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. | Compliant |

**Findings**

The Quality Standard has not been assessed as only one of the 7 specific requirements has been assessed. Requirement 3(3)(b) has been found to be Compliant.

The Assessment Team found that during the Site Audit between 28 November 2022 to 1 December 2022, a number of deficits in the management of high impact or high prevalence risks were identified associated with consumer care. Safe and effective care provision was not consistently occurring for 2 consumers in relation to prevention and management of falls, blood pressure (BP) management, fluid restriction and medication management including of one consumer who self-medicates.

The service has implemented several actions in response to the non-compliance identified at the Site Audit. The actions included immediate reviews of fluid management and self-medication for the consumers identified at the Site Audit. There has also been ongoing reviews of falls and blood pressure monitoring and toolbox education in relation to these risks, with psychogeriatric assessments conducted on all self-medicating consumers. Policy and procedures and instructional documents were reviewed and updated to ensure procedures are in accordance with best practice, accessible and easy to follow.

During the Assessment Contact conducted 19 June 2023 the Assessment Team found that the actions taken in response to the non-compliance have been effective. Management and registered staff were able to describe the high impact high prevalence risks for consumers at the service which included skin tears, falls and pressure injuries. A review of documentation demonstrated that there are processes to manage high impact or high prevalence risks associated with consumer care. All consumers interviewed indicated they were satisfied with the care they receive. All staff interviewed demonstrated a sound knowledge of individual consumer care needs.

I have found that the approved provider is compliant with this requirement.

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