Performance

Report

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| Name of service: | Windsor Park Aged Care |
| Service address: | 110 Star Street CARLISLE WA 6101 |
| Commission ID: | 7844 |
| Approved provider: | Fresh Fields Aged Care Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 12 September 2023 |
| Performance report date: | 27 October 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 Windsor Park Aged Care (**the service**) has been prepared by R, Beaman, 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; and
* the provider’s response to the assessment team’s report received 3 October 2023.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |

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

# 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 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(e) | 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. | Compliant |

Findings

As only one Requirement was assessed and found compliant, the overall rating for this Quality Standard is not applicable.

Consumers confirmed satisfaction with care and services and felt they were looked after by staff and got the care they needed in a way they wished. Documentation confirmed where an incident or change occurs, staff review consumers’ care and services and make any changes to reflect consumers’ current circumstances. Staff were knowledgeable of the assessment and planning process, including reviewing care and services when there are changes or incidents that impact consumers’ needs, goals, and preferences.

Based on the assessment team’s report, I find this Requirement compliant.

# 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 assessment team were not satisfied the service effectively managed high impact or high prevalence risks associated with the care of each consumer, specifically in relation to consumers with changed behaviours who are administrated psychotropic medication as a management strategy. The assessment team’s report included the following information gathered through interviews, observations, and documentation review relevant to my finding:

* Behaviour Support Plans (BSP) for three consumers with changed behaviours (Consumers A, B and C) did not have personalised strategies, and the strategies recorded did not always relate to the changed behaviours.
* The service could not demonstrate valid informed consent was sought for restrictive practices for 22 consumers sampled who receive psychotropic medications for management of behaviours.

In relation to Consumer A:

* Consumer A is administered two antipsychotic medications to manage their behaviours. Consumer A’s diagnosis includes Behavioural and Psychological Symptoms of Dementia (BPSD) and does not include a mental health disorder.
* Consumer A entered the service in July 2023 and has recorded at least six incidents of physical and verbal aggression, including incidents of unreasonable use of force with injury, including skin tears relating to three other consumers and hospitalisation for Consumer A.
* Consumer A’s BSP dated 31 July 2023 has not been updated following incidents of unreasonable use of force and incidents continued.
* Consumer A’s BSP has strategies to manage behaviours, including attending activities, spending time outside and in the garden, however, the physiotherapist and occupational therapist advised Consumer A was unable to participate in scheduled activities due to a cognitive impairment and they were receiving daily induvial sessions. The individual interactions were not recorded in lifestyle documentation or progress notes.
* Information obtained from Dementia Support Australia (DSA) was not included on Consumer A’s BSP to guide staff practice.
* Consumer A was administered as required antipsychotic medication on 10 occasions in the five weeks prior to the Assessment Contact visit in response to changed behaviours, staff documented on most occasions the medication was either not effective or mildly effective with no consideration of new strategies to trial.

In relation to Consumer B:

* Consumer B has a diagnosis, including Dementia with BPSD and is administered a regular dose of antipsychotic medication and as required dose of a second antipsychotic medication. Consumer B’s BSP has generic non personalised strategies to manage changed behaviours. The BSP does record Consumer B is subject to chemical restraint and those medications are prescribed to reduce distress and to enable Consumer B to engage in activities of interest. Lifestyle documentation for August 2023 and September 2023 reflected minimal participation in activities for Consumer B.

In relation to Consumer C:

* Consumer C is subject to chemical restraint as they are administered regular doses of two psychotropic medications, including one antipsychotic.
* Strategies to manage Consumer C’s changed behaviours, including wandering do not relate specifically to wandering.
* Consumer C’s representative advised they were not aware of psychotropic medications administered nor the reasons for use, alternative strategies trialled prior to use, the risks and side effects they may have.

The provider does not agree with assessment team’s findings and the provider’s response to the assessment team’s report included additional information and commentary to support their position. I acknowledge the information and recommendations in the assessment team’s report; however, I have come to a different view to the assessment team and find high impact or high prevalence risks associated with consumer care are managed effectively. In coming to my finding, I have placed weight on the additional information and commentary included in the provider’s response which shows detailed care plans are in place for each sampled consumer (Consumers A, B and C) in relation to behaviour management.

I have considered incident forms, included in the provider’s response, completed by clinical staff following behaviour incidents which show Consumer A’s behaviour management strategies were considered and evaluated. For Consumer B, the provider asserts they attend activities as part of an external provider of care where a support worker attends the service and takes Consumer B to activities of their choice within the community. For Consumer C, I have considered the additional information in relation to discussions that have occurred with Consumer C’s representative and sought consent to also discuss the impacts, risks, and intent of Consumer C’s medications with a substitute decision maker.

Furthermore, in relation to use of restrictive practices, specifically chemical restraint, I have considered the additional information that has been included in the provider’s response of multiple chemical restraint, assessment, care plan and consent forms for consumers who are subject to chemical restraint. Whilst the forms do not specifically describe the discussions that have been had with the consumer and/or their representative around the intent, use of and risks associated with the form of restraint, it does include information that shows the consumer and/or their chosen decision maker are consulted in the process.

For the reasons detailed above, I find Requirement (3)(b) in Standard 3 Personal care and clinical care compliant.

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