Wesley Taylor

Performance Report

156 Ocean Street
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**Commission ID:** 0121

**Provider name:** Wesley Community Services Limited

**Assessment Contact - Site date:** 17 February 2021

**Date of Performance Report:** 30 March 2021

# Publication of report

This Performance Report **may 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)(g) | 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, 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 12 March 2021.

# STANDARD 3 NON-COMPLIANTPersonal 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 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 service has demonstrated some practices to minimise infection related risks such as an outbreak management plan, additional cleaning, and adequate stocking of personal protective equipment (PPE). However, the Assessment Team observed that hand hygiene and mask wearing is not practiced on all occasions.

The Assessment team did not assess all requirements for this Quality Standard. However, 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)(g) Non-compliant

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

The Assessment Team interviewed staff whom were unfamiliar with the term ‘antimicrobial stewardship’, however, the staff were able to describe the concept and give relevant examples that were applicable to their work.

The Assessment Team identified gaps regarding the service’s standard and transmission-based precautions to prevent and control infection. This was based on observations about the service environment, and interviews with staff and consumers. The provider has submitted a response to adequately address some of the concerns identified by the Assessment Team.

However, staff at the service were not yet able to demonstrate a capacity to adhere to best practice regarding Personal Protective Equipment (PPE) and hygiene practices. Although the service was able to demonstrate that staff were regularly reminded to wear masks and staff interviewed were able to describe best practices regarding PPE, the Assessment Team observed that a significant number of staff did not wear masks appropriately to deliver care. The team also observed inconsistent use of gloves and hand washing among some staff. It was therefore not evident that staff implemented their infection control knowledge in practice, and it was not evident that the service have a system in place to monitor whether staff were following infection control requirements. Furthermore, it was not demonstrated that all staff had completed relevant training, such as hand washing and PPE competencies.

The service has since addressed the concerns with staff they have identified to be non-compliant with this requirement, and in the event masks are made mandatory again in residential facilities, they have stated their Senior Nurse will complete formal walk arounds each day to ensure compliance.

Based on the available information at the time of assessment, I find this requirement not met.

# 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)(g) Non-compliant

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*
* Ensure staff have completed relevant training in regard to infection control
* Ensure there is an effective process in place to monitor whether staff are following infection control requirements