Wesley Taylor

Performance Report

156 Ocean Street
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**Commission ID:** 0121

**Provider name:** Wesley Community Services Limited

**Assessment Contact - Site date:** 18 November 2021 to 19 November 2021

**Date of Performance Report:** 22 December 2021

# Performance report prepared by

GCherry, 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)(a) | Non-compliant |
| Requirement 3(3)(g) | 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 18 November 2021 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 on 14 December 2021
* Performance Report dated 30 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

Some sampled consumers consider they receive personal and clinical care that is safe and right for them. However, some consumers and representatives gave examples of personal and clinical care not in accordance with consumer’s needs, goals and preferences. Deficits in processes and practices relating to the management of pain, repetitive falls, psychotropic medication and complex behaviours has resulted in negative outcome for consumers. Care planning documentation does not reflect consumers receive individualised care that is safe, effective and tailored to their specific needs and preferences.

Although the service has implemented comprehensive infection prevention and management measures relating to the COVID-19 pandemic, lack of environmental cleaning posing a risk of infection and staff practices are not aligned with appropriate infection prevention measures and Public Health Directives.

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)(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 service demonstrated some consumer’s care and services are in line with best practice, needs are appropriately met, and positive feedback received from some consumers and representatives.

However, the service did not demonstrate an effective system to ensure each consumer consistently receives appropriate personal and clinical care. Some consumers and representatives gave examples of needs not being met. The service did not demonstrate a system of regular review to enable self-identification of deficits in care.

Care planning documentation does not reflect consumers receive individualised care that is safe, effective and tailored to their specific needs and preferences. Information in care plans is not always consistent with consumers’ assessed needs and preferences. Staff did not demonstrate consistent knowledge/understanding of their responsibilities relating to incident reporting or recognising and reporting deterioration/changes in consumer’s physical function and capacity to enable timely response.

The Assessment Team identified deficits in behaviour, pain, repetitive falls management and medication management resulting in negative outcomes for consumers. The Assessment Team bought forward evidence a consumer who experienced multiple falls, injury resulting in pain, unmet behavioural needs, prescribed multiple medications without informed knowledge expressed dissatisfaction with care being received. Care planning documentation for consumers who experience complex behaviours are generic and do not guide staff in individualised strategies to address behaviours and or meaningful activities. The organisation does not demonstrate understanding of their obligations in documenting behaviour support plans for consumers receiving chemical restraint. As a result, episodes of complex behaviours continue, and consumers needs are not effectively met.

Consumer feedback communicated to the facility manager by the Assessment Team resulted in immediate reporting to the Serious Incident Response Scheme (SIRS) and medical officer review of one consumer resulting in hospital transfer.

The Assessment Team bought forward evidence the facility manager (who has knowledge of consumers due to previously working at the service) and care manager constitute a new management team. Some consumers and representatives gave positive feedback relating to improvements/changes since the new team commenced.

The care manager advised the electronic document system does not consistently support staff in accurate documentation due to pre-generated statements populating into care planning assessments. This results in pre-generated statements within behaviour management care plans rather than individualised triggers and strategies to guide staff in providing appropriate care. In addition, physiotherapist and nurse practitioner notations are not integrated within the electronic system.

In their response, the provider demonstrated evidence to negate some deficits bought forward by the Assessment Team and provided evidence of immediate responsive actions implemented. For example: training relating to the electronic documentation system to ensure appropriate incident reporting and accurate assessment documentation, regular review of clinical documentation by senior clinician to ensure appropriate clinical oversight, full review of all consumer care planning documentation, case conferencing discussions with consumers and nominated representatives, implementation of an ongoing staff training plan including topics such as behaviour, pain, falls, incident and medication management, review of consumers by behaviour management specialists, geriatrician and other allied health specialists, equipment repairs and purchase of appropriate equipment to ensure consumer’s safety and comfort needs are met.

The responsive and planned actions are acknowledged; as is the immediate response to issues bought forward by the Assessment Team on site, plus the commitment by the provider to address deficits and ensure compliance.

However, the provider has a responsibility to ensure consumer’s personal and clinical care needs are consistently met. The service’s self-monitoring systems were not effective in identifying deficits in care.

I find this requirement is non-compliant.

### 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 service demonstrated a comprehensive range of measures and practices to prevent and control infection in the context of the current COVID-19 pandemic. For example: an infection prevention and control manual, management of an outbreak, measures to monitor, prevent and control the transmission of infection within the service, COVID -19 screening and infection monitoring/control procedures and vaccination requirements for staff, visitors and consumers.

Clinical staff demonstrated a comprehensive understanding relating to minimisation of infection related risks including standard and transmission-based precautions. Care staff demonstrated an understanding of practices to minimise the need for use of antibiotics and Covid-19 related requirements.

The service did not consistently demonstrate effective standard and transmission-based precautions including appropriate staff practices to minimise infection related risks. Consumers and representatives gave examples of dissatisfaction in relation to cleanliness of the service and shared equipment and general waste management.

The Assessment Team observed limited access to hand sanitising stations in some areas of the service, specific areas of the environment were observed to be in need of repair and/or cleaning, waste bins required emptying and staff incorrectly wearing personal protective equipment resulting in risk to consumers (and staff) by staff not adhering to effective infection prevention and control practices. Management said complaints had been received relating to the cleanliness of the service and immediately addressed the lack of cleanliness identified by the Assessment team.

In their response, the provider demonstrated further actions in relation to the evidence bought forward by the Assessment Team. For example: a full service deep clean by an external contractor, regular environmental inspections and infection control checks to be conducted, repair of equipment and formal disciplinary action for staff identified not adhering to appropriate infection control practices and health care directives.

The responsive and planned actions are acknowledged; as is the immediate response when issues where bought forward by the Assessment Team and the commitment by the provider to address deficits and ensure compliance.

Consideration is given to the decision of non-compliance with this requirement in March 2021 where similar deficits in staff practices relating to the minimisation and prevention of infection related risks were identified.

I find this requirement 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.

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