Performance

Report

**1800 951 822**

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| Name of service: | UnitingSA West Lakes |
| Service address: | 1 Charles Street WEST LAKES SA 5021 |
| Commission ID: | 6832 |
| Approved provider: | UnitingSA Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 1 December 2022 |
| Performance report date: | 22 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 UnitingSA West Lakes (**the service**) has been prepared by M Glenn, 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.

# 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 consumers, representatives, staff and management;
* the provider’s response to the Assessment Team’s report received 13 December 2022 indicating satisfaction with the Assessment Team’s report findings; and
* the Performance Report dated 23 June 2022 for Site Audit conducted 20 April 2022 to 22 April 2022.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 8** Organisational governance | **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 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |

Findings

Requirement (3)(d) was found non-compliant following a Site Audit conducted 20 April 2022 to 22 April 2022 where it was found timely action was not taken in relation to deterioration of consumers’ condition. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Implemented numerous training sessions, including adding discussions of clinical deterioration of consumers to the agenda at all registered staff meetings, toolbox sessions and provided mandatory training for all staff on how to recognise deterioration in consumers.
* Implemented a clinical response pathway in recognition of the deteriorating resident which outlines management of consumers with high blood pressure, post fall and uncontrolled pain, and a flowchart for management of unstable vital signs.
* Implemented a daily consumer report that is to be completed by the Registered nurse at the end of every shift and emailed to the Site manager to review to ensure consumers’ health and well-being is monitored and appropriate actions taken.

At the Assessment Contact undertaken 1 December 2022, the service was found to have policies relating to identification and management of clinical deterioration to guide staff practice. Care files sampled demonstrated a change of a consumer’s mental health, cognitive or physical function or condition capacity is recognised and responded to in a timely manner. Staff were knowledgeable of consumers and their care needs and described the escalation process for review by Medical officers or specialist services. Staff confirmed they have undertaken additional training relating to how to recognise deterioration and what actions they would take. Consumers and representatives sampled stated staff act in a timely manner if consumers are feeling unwell.

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

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Requirement (3)(e) was found non-compliant following a Site Audit conducted 20 April 2022 to 22 April 2022 where clinical governance relating to minimising use of restraint was not effective as consumers were either mechanically or chemically restrained without the appropriate consent forms as required by legislation. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, implemented numerous training sessions, including adding discussions of what restrictive practice is to the agenda at all registered staff meetings and toolbox sessions and provided mandatory training for all staff for restrictive practices.

At the Assessment Contact undertaken 1 December 2022, the organisation was found to have an effective clinical governance framework, supported by policies, procedures and frameworks, to guide staff practice, including in relation to antimicrobial stewardship, minimising the use of restraint and open disclosure. The framework provides guidance on the service’s governance structure, executive roles and responsibilities, leadership and culture, effective workforce management, monitoring and reporting and communications and relationships. The application of restraint is documented and reviewed to minimise its use through high risk registers/monthly clinical data reporting, Medical officer review and clinical governance meetings at an organisational level. There are systems for preventing, managing and controlling infections and antimicrobial resistance which is monitored and reported through clinical indicator data and analysed by the Infection control lead to identify areas for prevention. There are systems to support communication with consumers about incidents that have caused harm and the service practices open disclosure through investigation of incidents and engagement with the consumer and/or representative.

In relation to restrictive practices, an example of a progress note entry for informed consent clearly stated that the decision maker understood risks involved with implementation of a chemical and environment restraint, however, the notation did not identify what risks were discussed. In response, management stated additional training will be provided to staff to ensure all risks and outcomes are clearly captured in informed consent progress notes. I would encourage the service to further review their processes relating to informed consent and the way this information is captured, monitored and reviewed.

For the reasons detailed above, I find Requirement (3)(e) in Standard 8 Organisational governance 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)