Performance

Report

**1800 951 822**

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| **Name of service:** | Wesley House |
| **Service address:** | 324 Military Road SEMAPHORE PARK SA 5019 |
| **Commission ID:** | 6072 |
| **Approved provider:** | UnitingSA Ltd |
| **Activity type:** | Assessment Contact - Site |
| **Activity date:** | 18 April 2023 |
| **Performance report date:** | 23 May 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 Wesley House (**the service**) has been prepared by M Dubovinsky, 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 staff, consumers/representatives and others.
* the Performance Report dated 13 January 2023 for the Assessment Contact undertaken on 29 November 2022.

The provider did not submit a response to the Assessment Contact.

**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)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |

**Findings**

Requirement (3)(a) was found Non-compliant following an Assessment Contact undertaken on 29 November 2022, where the service was unable to demonstrate assessment and planning processes were effective in developing behaviour support plans for consumers with changed behaviours and use of restrictive practices to manage behaviours, falls and wounds. The Assessment Team’s report provided evidence of actions taken to address deficits identified, including, but not limited to:

* Staff were provided resources on behaviour support plans. Staff sampled confirmed being provided the relevant resources.
* Documentation showed weekly aged care quality safety meetings have been implemented. Management stated the purpose of the meetings is to discuss outcomes of audits and consumers’ specialised care needs.
* Two consumers identified in the Assessment Team’s report for the Assessment Contact undertaken on 29 November 2022 had relevant assessment and planning completed in relation to changed behaviours, with relevant Behaviour Support Plans developed, and relevant assessment and planning in relation to falls management.

During the Assessment Contact conducted on 18 April 2023 the service was able to demonstrate assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services for three consumers in relation to falls, changed behaviours and risks associated with a medical condition. The following evidence was considered relevant to my finding:

* Three staff confirmed how consumers and representatives are involved in the assessment process.
* Documentation showed for three sampled consumers relevant assessment and planning in relation to falls, changed behaviours and risk associated with a medical condition.
* Three consumers and one representative confirmed being involved in the assessment process.
* Evidence was considered in the Assessment Team’s report documented in Standard 3 Personal and clinical care Requirement (3)(b) which showed wounds were being effectively assessed for five consumer files sampled.

Based on the information summarised above, I find the service Compliant with Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers.

**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**

Requirement (3)(b) was found non-compliant following an Assessment Contact undertaken on 29 November 2022 where the service was unable to demonstrate it effectively manages high impact or high prevalence risks with consumers’ care in relation to restrictive practices, specifically chemical restraint, wound care management and monitoring consumers’ blood pressure. The Assessment Team’s report provided evidence of actions taken to address deficits identified, including, but not limited to:

* Introduced a 60 second check for care staff to complete a skin assessment during the provision of activities of daily living. Two staff confirmed this process.
* Commenced weekly high-risk meeting. Meeting minutes showed staff are being provided relevant information.
* Education to care and clinical staff on documentation, incident management and wound management. Staff confirmed being provided the education.
* Implemented a wound care audit.
* Reviewed behaviour support plans and evaluations to ensure personalised behaviour management strategies are documented.

During the Assessment Contact conducted on 18 April 2023 the service was able to demonstrate effective management of high-impact or high-prevalence risks associated with the care of each consumer. This included for five consumers sampled in relation to restrictive practices, wound care, falls, and pressure injury care. The following evidence was considered relevant to my finding:

* Three consumers and/or representatives interviewed confirmed risks associated with wounds including pressure injuries and falls were being effectively managed.
* Five staff confirmed how they managed consumers’ high-impact and high-prevalence risks associated with falls, restrictive practices, pressure injuries and wound care.
* Documentation viewed for five consumers showed wounds are being monitored and are healing. Two staff confirmed wounds are monitored and reviewed based on a set schedule.
* Staff were able to describe how they manage consumers’ changed behaviours consistent with consumers’ Behaviour Support Plans.
* Documentation viewed showed staff monitored two consumers’ vital signs following a fall.

Based on the information summarised above, I find the service Compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

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)