Wesley House Aged Care Facility

Performance Report

324 Military Road   
SEMAPHORE PARK SA 5019  
Phone number: 08 8449 7066

**Commission ID:** 6072

**Provider name:** UnitingSA Ltd

**Site Audit date:** 16 March 2022 to 18 March 2022

**Date of Performance Report:** 2 June 2022

# Performance report prepared by

Therese Wilson, 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 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Non-compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | 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 Site Audit; the Site Audit report was informed by site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others; and
* the Approved Provider’s response to the Site Audit report received 12 April 2022.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Consumers interviewed confirmed they are treated with dignity and respect, make informed choices about care they receive and live the life they choose. They are supported to maintain their own identity, and staff know what is meaningful and important to them with their rights and expectations recognised and supported. Consumers confirmed they are supported to exercise choice and independence regarding their own care and the way services are delivered, including who should be involved in their care and decision making. They are supported to maintain relationships and privacy and confidentiality is maintained.

The service has systems to identify consumers’ individual needs, including consumers’ cultural and spiritual preferences. The service consults with consumers, and their representatives they wish to be involved in decision making, recording all information in a care and services plan. The service is supported by the wider organisation’s policies and procedures to support consumers in continuing to live the life they choose, and where risks are involved, the service identifies and supports consumers to mitigate the risk.

Observations of interactions and staff practice showed staff treating consumers with kindness and respect whilst maintaining their dignity and privacy while providing care and services. Consumer information was observed to be discussed and stored in a confidential manner. Consumers are provided information in a variety of ways, such as newsletters, activity calendar, consumer handbook, emails from management and other pamphlets disseminated throughout the service.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Assessment Team recommended requirement (3)(a) in this Standard as not met. The Assessment Team found the service was unable to demonstrate assessment and planning processes, including risks to consumers’ health and well-being, consistently informs the delivery of safe and effective care and services.

Based on the Assessment Team’s report and the Approved Provider’s response I agree with the Assessment Team that requirement (3)(a) is Non-compliant. I have provided my reasoning in the specific requirement below.

All other requirements in the Standard were found to be met. Consumers confirmed they feel like partners in the ongoing assessment and planning of their care with representatives confirming they are informed about incidents and they are provided updates on the outcomes of assessment and care planning.

Staff could describe the care planning and assessment processes and how they involve consumers and their representatives in these processes and others that are involved in consumers’ care, such as Medical Officers and other specialists. Staff could detail how they approach end of life and advance care planning and ensure this information is contained within care planning documentation.

The service has policies and procedures to guide assessment and care planning processes and monitors compliance with assessment and planning processes. This includes assessment when incidents or changes occur and referrals to other providers where necessary.

The Quality Standard is assessed as Non-compliant as one of the five specific requirements has been assessed as Non-compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-compliant

*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.*

The Assessment Team found that assessment and planning documents did not contain enough information in guiding staff for diabetes management, impairment to skin integrity has not been identified and assessed appropriately and restrictive practices information lacked guidance for staff. They also found for one consumer, pain was not assessed as per the service’s policy and a depression assessment was not undertaken for another consumer.

The service has a policy in relation to diabetic care management which requires them to include diabetic management within the consumer’s care plan to guide staff with the care of diabetic consumers but with the two consumers sampled this has not occurred. Whilst there is information in other areas to guide staff, it is not consolidated information in one area.

Whilst staff could confirm they know to look in the medication chart to guide care on diabetes management, the policies do not support the information being kept there. In the event a staff member was not aware to look at the medication chart it could lead to compromised outcomes for consumer care.

It is acknowledged in the service’s response they have given an undertaking for continuous improvement and had begun a full review of all insulin dependent diabetic consumers to ensure diabetes management is documented in support plans. The service has also given an undertaking for additional training for clinical staff in the documentation to support diabetes management.

In relation to skin integrity that had not been identified and assessed appropriately, it was noted with one consumer that whilst skin assessments had been undertaken the pressure injuries had not been effectively assessed to ensure the delivery of safe and effective care and services. There was also confusion in the assessment of the wounds, including at what stage the wounds were and whether they were open or closed. While wound care had been attended to, one wound was not assessed at all. It was acknowledged during the Site Audit that during the assessment process wounds were not identified at Stage 1 which lead to them progressing further. In their response, the service gave an undertaking to train care staff in the identification of pressure injuries and clinical staff in the assessment of the wounds.

The issues raised by the Assessment Team in relation to restrictive practice have not had an impact on my view of this outcome. Behaviour support plan interventions and restrictive practice authorisations are more aligned with Standard 3 Requirement (3)(b) Standard 8 Requirement (3)(e). As such I have considered the information in my findings for those requirements.

In relation to the pain management of one consumer, the Assessment Team stated that a pain assessment was not completed within the 28 day time frame as per the service’s policy. It is noted in the Assessment Team’s evidence the consumer is receiving pain relief, staff are aware of the consumer’s pain and the consumer themselves stated there isn’t anything further the service could do to assist with their pain. In their response, the service has provided progress notes to show that pain was being managed and a pain assessment has been completed.

The Assessment Team found that one consumer had not had a depression assessment undertaken as per the service’s policies. They found that whilst there were multiple entries in progress notes of the consumer being depressed, all staff were aware of the consumer’s depression. In the service response they have now completed the assessment.

In coming to my view, I have considered all of the relevant information in this requirement and I agree with the Assessment Team that this requirement is Non-complaint. I consider that if the service’s policies and procedures state that something needs to be done it should be completed in accordance with the directions. If there are other circumstances why an assessment does not need to be completed, it should be clear in the policy. In relation to diabetes, care could be compromised if staff refer to the policy to find out where to locate the information and it could lead to adverse outcomes for consumers not having the information available where it is stated it should be.

For the reasons detailed above, I find UnitingSA Ltd, in relation to Wesley Aged Care Facility, Non-compliant with Standard 2 requirement (3)(a).

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

### Requirement 2(3)(e) Compliant

*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.*

# STANDARD 3 NON-COMPLIANT Personal 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

The Assessment Team recommended requirement (3)(b) in this Standard as not met. The Assessment Team found the service did not demonstrate effective management of high impact or high prevalence risks for each consumer, specifically in relation to pressure injuries.

Based on the Assessment Team’s report and the he Approved Provider’s response, I agree with the Assessment Team that requirement (3)(b) is Non-complaint and I have provided my reasoning in the specific requirement below.

Consumers confirmed they received safe and effective personal and clinical care that is safe and right for them. Consumers and representatives also confirmed the service had taken appropriate and prompt action with deterioration in health and referral to Medical Officers and other specialist services are completed when required and in a timely manner.

Staff interviewed could describe consumers’ care needs and outline actions taken in response to changes in consumers’ health and well-being. Staff described processes used to communicate consumers’ care needs, including information sharing with relevant health specialists and others involved in the care of consumers

Consumer clinical files confirmed incidents and changes, including falls, weight loss, wounds, behaviours and infections are recorded, monitored and investigated to ensure appropriate actions are implemented to manage.

Incidents and trends related to high impact or high prevalence risks are captured in monthly reports and are discussed, analysed and responded to by the senior clinical and executive team.

Clinical staff interviewed demonstrated knowledge and understanding of antimicrobial stewardship principles and could describe practical strategies used to minimise the spread of infection. Staff were knowledgeable of where and how to access personal protective equipment supplies and confirmed the service has a COVID-19 outbreak management plan. Staff confirmed they have received the relevant training in relation to infection control.

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements has been assessed as Non-compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) 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.*

### Requirement 3(3)(b) Non-compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The Assessment Team found that despite the service being aware of the risk of pressure injury for two consumers, they have not taken effective strategies to mitigate the risk and failed to identify that the pressure injuries had progressed to Stage 2 in a timely manner. Wound information was not being recorded correctly with unclear descriptions and photographs unclear or not being taken. It was the family of one consumer who alerted the service to pressure injuries that had not been identified by the service. The other consumer’s pressure injury was not identified until Stage 2 despite the consumer being assessed as a very high risk of pressure injury and was only receiving ‘casual’ repositioning when personal care was being attended to.

In their response, the service committed to continuous improvement in skin assessments and wound care which includes education and training for staff in relation to identification of pressure injuries and escalation of risk. They will also be sourcing a wound care application or a mobile device that could be taken to the point of care.

In coming to my view, I have considered all of the relevant information in this requirement and I agree with the Assessment Team that this requirement is Non-complaint. Two consumers have been adversely impacted due to the deficits found, however, I do note the service has committed to continuous improvement.

For the reasons detailed above, I find UnitingSA Ltd, in relation to Wesley Aged Care Facility, Non-compliant with Standard 3 requirement (3)(b).

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

### Requirement 3(3)(d) Compliant

*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.*

### Requirement 3(3)(e) Compliant

*Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) 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.*

# STANDARD 4 NON-COMPLIANT Services and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

The Assessment Team recommended requirement (3)(f) in this Standard as not met. The Assessment Team found the service did not demonstrate consumers are provided with meals which are varied and of a suitable quality.

Based on the Assessment Team’s report and the Approved Provider’s response, I agree with the Assessment Team that requirement (3)(f) is Non-complaint. I have provided my reasoning in the specific requirement below.

Consumers and their representatives interviewed confirmed consumers receive the services and supports for daily living which are important to their health and well- being and enable them to do the things they want. Consumers interviewed confirmed staff encourage their independence, support them emotionally when they need it and always make their friends and families feel welcome. Consumers confirmed they attend a variety of activities within and outside the service.

The service has an effective system to identify and provide social activities and engagement to consumers at the service which are appropriate and in line with consumer preferences. The service has a policy to guide staff in the provision of effective services and supports to assist consumers with well-being and quality of life. Consumers are referred to external service providers when required, including for spiritual and social support.

Consumers’ care planning documentation reviewed showed consumers’ needs, preferences and goals, including what is important to them, was documented and communicated to staff and informs them how services and supports are to be provided. Staff interviewed described what is important to consumers, their needs and preferences. Staff provided examples of how they assist and support consumers to do the things they like and participate in the community, as well as provide emotional and psychological support when required.

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements has been assessed as Non-compliant.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Non-compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

The Assessment Team found that 10 of 12 consumers interviewed were not always satisfied with the meals provided. Most indicated their food was not served hot or at a temperature suitable for them. Whilst consumers said they can get their meal heated in a microwave if they request, they also indicated that the food did not always taste very good. Feedback included consumers who usually eat sandwiches because they are usually ok, another who eats out at lunch time and brings back food for dinner, another who is not getting boiled eggs as recommended by the Dietitian and general comments that often the food just does not taste good. Also, previous surveys indicate there have been continuing issues similar to the issues presented during the Site Audit but the service has not been able to introduce measures to address the issues.

In their response, the service stated they have commenced a food focus group which all actions will be followed up by a new hotel services team. The service has identified areas for improvement, such as a new supplier to ensure quality meat is provided. The service stated they are anticipating improvements with the temperature and variety of the foods through the food focus group.

In coming to my view, I have considered all of the relevant information in this requirement and I agree with the Assessment Team that this requirement is Non-complaint. Survey results from 2021 showed the service was aware of the issues with food, including it being served cold and the issues with the flavours and tastes yet they have not been able to improve enough to ensure consumers are satisfied with the temperature, quality and quantity of the food.

For the reasons detailed above, I find UnitingSA Ltd, in relation to Wesley Aged Care Facility, Non-compliant with Standard 4 requirement (3)(f).

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

Consumers confirmed the service environment is warm welcoming, homely and calm. There is adequate lighting, sufficient space to mobilise and pictures, signs and posters were at a comfortable eye level. The service environment is monitored through scheduled maintenance, cleaning, audits, surveys, and consumer feedback. Results demonstrate the service supports consumers to access the living environment and promote their independence.

The service has systems to ensure the environment is clean and well maintained. The service has scheduled and reactive maintenance and cleaning programs, including the use of external contractors to perform equipment and safety servicing and monitoring.

Staff interviewed confirmed processes for reporting and requesting maintenance and cleaning. Observations of the environment and equipment showed the service environment is clean and well maintained.

Observations confirmed the furniture, fittings and equipment were clean, well maintained and appeared safe and suitable for consumers.

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Complaint.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 NON-COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The Assessment Team recommended requirement (3)(d) in this Standard as not met. The Assessment Team found the service was unable to demonstrate feedback and complaints are reviewed and used to improve the quality of care and services.

Based on the Assessment Team’s report and the Approved Provider’s response I agree with the Assessment Team that requirement (3)(d) is Non-compliant. I have provided my reasoning in the specific requirement below.

Consumers and their representatives interviewed confirmed they are encouraged and supported and feel safe to give feedback and make complaints and appropriate action is taken. They also confirmed they have access to a variety of processes to provide feedback and raise complaints and they have access to advocates and other methods to raise and resolve issues.

Staff interviewed confirmed they know the complaints and feedback system and could explain how they act as advocates to assist consumers to provide feedback and make complaints.

The service has an open disclosure and complaints and feedback policy relating to complaints. The service actions all of its complaints and feedback in line with the policies and procedures, however, it does not always use the complaints and feedback system to improve the care and services for consumers.

The Quality Standard is assessed as Non-compliant as one of the four specific requirements has been assessed as Non-compliant.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Non-compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

The service was unable to demonstrate all feedback and complaints are reviewed and used to improve the quality of care and services. The Assessment Team found that whilst all complaints are captured, monitored and outcomes recorded, this does not always translate to better care and services for consumers, especially in relation to food. The Assessment Team identified that for at least six months there were many complaints about food, but the service did not respond appropriately to ensure the quality of the food improved.

In their response, the Approved Provider advised they are committed to ensuring that consumer feedback and complaints are used to improve the overall care and services for consumers, including meals. Currently they have said they are working with consumers to make improvements and expect more to be made soon, including food being served at a better temperature and a new menu. They will continue to monitor and evaluate all concerns, including food, until all have a suitable resolution for the consumer.

In coming to my view, I have considered all of the relevant information in this requirement and I agree with the Assessment Team that this requirement is Non-compliant. Despite complaints being made, the service has still not ensured that changes have been made to improve the quality and care of services. Whilst the service has committed to making the changes they have not been made as yet.

For the reasons detailed above, I find UnitingSA Ltd, in relation to Wesley Aged Care Facility, Non-compliant with Standard 6 requirement (3)(d).

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

Consumers and their representatives interviewed confirmed there are enough staff to meet consumers’ needs and staff are kind, caring and respectful of them. Consumers and their representatives confirmed staff are skilled and knowledgeable and know what they are doing and deliver care and services which supports the consumers’ choices and preferences and they are trained and capable in their roles.

The service has a planned approach to rostering and allocating numbers and skill mix of staff, including using feedback and consumers’ changing needs to review rosters on an ongoing basis.

The service has systems to recruit and train staff who are qualified and experienced to perform their roles. The service monitors staff performance, police clearances, professional registrations, visas and licences from entering the workforce and regularly to ensure up-to-date information is recorded. The service has a staff training program, including monitoring the competency of staff relevant to their roles. The service completes regular and as required staff performance reviews.

Staff interviewed confirmed training and performance reviews occur regularly and they are provided information to direct them in performing their roles. Staff interviewed confirmed they are busy at times and this did not impact the delivery of care to consumers. Observations of staff practice showed staff were kind and caring in their interactions with consumers and provided care in line with induvial consumer needs.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

Consumers and their representatives interviewed confirmed they feel the service is well run and they feel partnered in developing consumers’ care and services. Consumers and their representatives confirmed being supported to be involved in development and feedback about the service through meetings and care reviews and the majority confirmed where feedback and complaints were raised they were actioned to improve services, except around food.

The service is supported by the wider organisation’s governance systems and the oversight of a Board who is accountable for the delivery of quality care and services. There is an organisational governance committee to oversee governance systems, including risks management and clinical governance. The committees report to the Board and, where required, system improvements are implemented and supported.

The service demonstrated they effectively implement the organisation’s governance systems, including information management, continuous improvement, feedback and complaints, financial governance, workforce governance and regulatory compliance, including meeting reporting requirements.

The service has effective risk management systems to identify and respond to high impact risks associated with the care of consumers. Incidents are reported and managed through the incident management system and risk registers maintained to ensure ongoing monitoring. The service provides training and has processes for staff to identify and respond to elder abuse and monitoring of incidents results in appropriate action, including reporting of serious incidents.

The clinical governance framework is effectively implemented at the service and policies and procedures are available to support the minimisation of restraint, antimicrobial stewardship and the use of open disclosure when things go wrong. Staff and management are aware of the policies and have access to the relevant guidelines.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

### Requirement 8(3)(d) Compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

### Requirement 8(3)(e) Compliant

*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;*

# 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.

* **In relation to Standard 2 requirement (3)(a):**
  + Ensure that the assessment and planning information available to guide staff in diabetes management contains the information for optimal consumer outcomes and is in the place as outlined in the policy for staff to be able to access it.
  + Ensure the assessment is consistent and planning for skin integrity ensures there is guidance for staff for optimal consumer outcomes.
* **In relation to Standard 3 requirement (3)(b):**
  + Effective management of high impact or high prevalence risks associated management of pressure injuries and wound care.
* **In relation to Standard 4 requirement (3)(f):**
  + Meals provided are varied and of suitable quality and quantity, and consumer feedback is considered in meal planning and temperature of meals.
* **In relation to Standard 6 requirement (3)(d):**
  + Complaints and feedback are trended, analysed and used to improve care and services, especially in relation to food.