Performance

Report

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| Name of service: | Performance report date: |
| Wesley Taylor | 8 June 2022 |
| Commission ID: | Activity type: |
| Service Racs id 0121 | Site audit |
| Approved provider: | Activity date: |
| Wesley Community Services Limited | 3 - 6 May 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 Wesley Taylor (**the service**) has been considered by G Cherry, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit conducted 3 - 6 May 2022; the Site Audit 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 team’s report received 2 June 2022
* Performance Report dated 22 December 2021
* Non-Compliance Notice dated 28 January 2022
* Intelligence held by the Commission in relation to the service

# Assessment summary

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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 1

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| Consumer dignity and choice | | Compliant |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | 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. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | 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. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected, and personal information is kept confidential. | Compliant |

## Findings

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

Most sampled consumers considered they are treated with dignity and respect, can maintain identity, make informed choices about their care and services, and live the life they choose. Consumers consider their culture and diversity is valued, they are treated with respect and gave examples of each.

Consumers said they feel at home, visitors are welcomed, staff are kind, friendly and encourage/support them to participate in activities of choice both within and external to the service.

They said staff discuss risks associated with their choices and gave examples of how they are supported to participate in a safe manner. Consumers and representatives said they are kept informed of changes to care and services and receive information to enable consumers to make decisions.

The Assessment Team observed staff affording consumers privacy, including when cares are being delivered, respectfully interacting with consumers, referring to them by preferred names and complying with consumer choice. Care staff described consumers personal life history, culture and how these aspects are considered when providing care and services. Staff demonstrated knowledge of consumers’ backgrounds and preferences that influence the day-to-day delivery of care.

Documentation review and observations of noticeboards provide information relating to the promotion of a culture of inclusion, respect and supporting consumers to exercise choice and independence.

Respectful language is used throughout sampled care documentation and included information relating to consumer’s life history; preferred names, cultural choices/spiritual preferences, leisure, lifestyle activities and guidance regarding those of importance. Password protection safeguards consumer’s personal information which is kept in locked offices.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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 |
| Requirement 2(3)(b) | 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. | Compliant |
| Requirement 2(3)(c) | 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. | Compliant |
| Requirement 2(3)(d) | 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. | Compliant |
| Requirement 2(3)(e) | 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. | Compliant |

## Findings

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

Sampled consumers consider they are involved in initial and ongoing planning of their care and services, including end of life choices. Consumers and representatives said staff involve them in the assessment and planning of care through conversations and meetings, upon entry and when incidents occur and/or consumers’ needs change. They said staff explain care needs/outcomes and risks relating to individual choices and discuss end of life wishes. Consumers gave examples on other care providers involvement in meeting their needs.

Most consumers and representatives said they are included and informed in the outcomes of assessment and care and services planning, they generally have access to care plan documentation and medical officers, specialists and other health professionals are included in this process.

Most staff said they have access to consumer’s care documentation, understand consumer’s needs and changes in consumer’s condition is discussed at handover and clinical staff provide further information if required. Clinical and care staff described the assessment, care and services planning and review processes and how staff involve consumers and others. Clinical indicators are generally analysed. Care documentation identified integrated and coordinated assessment and planning involving other organisations, individuals and providers of other care and services, including medical officers, allied health professionals and specialists in wound, diabetes and dementia care. Documentation guide staff practice in undertaking assessment, care planning and ongoing reassessment processes to ensure a holistic approach to care.

Staff demonstrated knowledge of their responsibilities and gave examples of positive consumer outcomes. The Assessment Team reviewed assessment, care and services planning documentation, including some advanced care plans/end of life plans and identified reviews are generally completed, with input from consumers and others of their choosing. Management advised an additional registered nurse is currently employed to conduct a review of all consumers’ assessment and care planning documentation to ensure currency.

The Site Audit Report detailed some documentation deficiencies noted by the Assessment Team; management rectified the anomalies at the time of notification. Care and services plans contain information relative to risks relating to consumer’s health and wellbeing. While documentation reflects consumer discussion, involvement and acknowledgement of risks, the Assessment Team noted limited risk mitigation strategies were detailed.

# Standard 3

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| Personal care and clinical care | | Compliant |
| Requirement 3(3)(a) | 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved. | Compliant |
| 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 |
| Requirement 3(3)(e) | 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | 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. | Compliant |

## Findings

The Quality Standard is assessed as compliant as seven of the seven specific requirements have been assessed as compliant.

Overall, sampled consumers consider they get quality care and services when they need, from staff who are knowledgeable and capable. The service demonstrated consumer care was safe, clinical staff manage consumer’s specific clinical needs, appropriate action is taken to deterioration in consumer’s health and regular medical reviews occur in response to changing needs. Representatives said they are contacted when a change in consumer’s health occurs and clinical staff, specialists and medical officers implement appropriate clinical care needs. Consumers said staff know their clinical care needs and expressed satisfaction with care provided.

Consumers’ needs, goals and preferences when nearing end of life are recorded to ensure comfort and dignity is maintained and staff demonstrate knowledge of consumer’s individual wishes.

Staff described clinical, emotional, spiritual care needs for individual consumers and gave examples of organisational supports to guide them in delivering individualised, tailored care specific to consumer’s needs. They demonstrated knowledge of how to recognise and respond to changes in consumers’ cognitive/physical function or capacity and documentation review detailed response in a timely manner.

Documentation review demonstrated the service identifies high-impact/high-prevalence risk through the assessment process and document individualised actions to manage risks. Clinical and care staff demonstrate knowledge of sampled consumer’s personal and clinical care needs and management strategies relating to falls management, skin integrity, wound care, pain, medication and behavioural management needs. Clinical staff demonstrated an understanding of individual and organisational risks. Staff are trained in the process for reporting incidents and the escalation process, including knowledge of the Serious Incident Response Scheme. Risks are reported to ensure effective management and implement improvements. Clinical and care staff are aware of desired outcomes for consumer’s need and gave examples of improved consumer outcomes.

Information about consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. Consumers are referred to specialists and allied health services who have input into appropriate management strategies. Management advised an additional registered nurse is currently employed to conduct a review of all consumers’ assessment and care planning documentation to ensure currency.

The minimisation of infection related risks is achieved through a documented infection control process, including an Outbreak Management Plan; education and training for staff, access to an Infection Prevention Control Lead and monitoring of practices to promote appropriate antibiotic prescribing and use.

Policies and procedures guide staff in the provision of care relating to these requirements.

# Standard 4

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| Services and supports for daily living | | Compliant |
| Requirement 4(3)(a) | 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. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | 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. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

## Findings

The Quality Standard is assessed as compliant as seven of the seven specific requirements have been assessed as compliant.

Consumers consider they get the services and supports to daily living that are important for their health/well-being and enable them to choose things they want. The service has a range of methods for ensuring consumers provide input into the services and supports they choose which are important to their needs, goals and preferences.

Consumers and representatives expressed positive feedback in relation to staff supporting consumers to keep in touch with those of importance; they are supported to attend activities of choice within and external to the service; spiritual, emotional and psychological needs are supported; there is a variety and sufficiency of foods they like and staff have an awareness of their dietary preferences and needs. Consumers are satisfied with the cleanliness of well-maintained equipment. Consumers said staff supported them through several mechanisms to communicate with family/friends during the recent restrictions imposed due to Covid-19 pandemic.

Staff interviewed demonstrated knowledge of consumer’s individual preferences/needs and described services and supports to assist independence. Staff gave examples of supporting consumers to participate in leisure and lifestyle activities within and external to the service and described services and supports to promote emotional, spiritual and psychological wellbeing. Most consumers have equipment within their room to enable independence in light meal preparation if they choose.

There are processes to seek consumer feedback and input into the lifestyle program and meal preferences. The lifestyle program caters via a variety of methods to include consumers in activities of choice and demonstrated implementation of activities resulting from consumer feedback. Management and staff described emotional, spiritual and psychological supports available for consumers, including access to community service groups, attendance at spiritual services and spending individual time with those who require emotional support and/or prefer not to participate in communal activities.

The Assessment Team observed consumers moving throughout the service engaging in activities and meal service. The Assessment Team observed the environment including furniture/fittings to be clean, well-maintained and suitable for consumer use.

Care planning documentation detailed information relevant to consumer’s needs including life history, spiritual, emotional and psychological needs and preferences, family and social connections. Care planning documentation detailed dietary preferences and needs. Policies and procedures guide staff in relation to this Quality Standard.

# Standard 5

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| Organisation’s service environment | | Compliant |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

## Findings

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

Sampled consumers consider they belong and feel safe and comfortable within the service environment. Consumers gave a range of feedback including they feel safe and at home, visitors are welcomed, there are several areas available to interact with others. They advised of satisfaction with equipment and environmental cleaning. Consumers said they can freely move throughout the internal/external areas, can exit the environment, acknowledging the monitoring processes and current pandemic testing requirements upon re-entry.

Staff described the process for ensuring equipment is cleaned and maintained and reporting of hazard and/or breakage. The environment maximises support for consumer’s independence via signage, seating areas, lighting and room identification to assist wayfinding. Consumers have access to outdoor areas and were observed to be utilising communal areas. Personal pendants support consumers to alert staff when needing assistance.

There is a preventative and responsive maintenance program, cleaning program and a system to ensure appropriate stocks of goods and equipment. Management advised planned renovations (delayed by Covid-19 pandemic issues) are re-scheduled to commence. The Site Audit report prepared by the Assessment Team noted currency of fire evacuation plans displayed near the foyer area however some outdated fire evacuation signs throughout the service. In their response the Approved Provider evidenced communication to staff to raise awareness, however noting no changes had occurred to the building or evacuation points.

**Standard 6**

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| Feedback and complaints | | Compliant |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

## Findings

The Quality Standard is assessed as compliant as four of the four specific requirements have been assessed as compliant.

Overall, consumers consider they are encouraged and supported to give feedback/make complaints, and appropriate action is taken. Consumers said they use a variety of methods including attendance at meetings and communicating with management to raise issues. Management advised they seek feedback via consumer meetings, feedback and complaints forms and face to face feedback.

Consumers provided a range of feedback and gave examples of response/resolution which led to improved care and services.

Staff gave examples of how to manage feedback when approached by consumers/representatives with concerns about care or services. The service demonstrated actions taken in response to complaints and provided examples of feedback resulting in improvements plus demonstrated an awareness of open disclosure processes.

Most are analysed for trends and outcomes utilised to improve quality of care and services. The Site Audit report prepared by the Assessment Team noted issues raised at consumer meetings had not been recorded in the services complaints/feedback register and therefore demonstration of timely resolution was not evident. In their response the Approved Provider evidenced updated documentation and communication/responsiveness to consumers relating to issues raised.

Information is displayed throughout the service and in documentation provided to consumers regarding language/translation services, advocacy services and external modes of complaints management. Policy and procedures guide the management and documentation of feedback and complaints.

**Standard 7**

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| Human resources | | Compliant |
| Requirement 7(3)(a) | 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. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

## Findings

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

Sampled consumers consider they receive quality care and services in a timely manner from management and staff who are knowledgeable, capable and caring. Consumers/representatives said there were adequate clinical, care and service staff to meet their needs and said staff could effectively perform their duties. Consumers said they were mostly satisfied with the response of care staff to requests for assistance however some expressed concerns depending on the time of day. Most consumers expressed satisfaction with staff availability to assist with personal cares when needed, and the provision of clinical care.

The Assessment Team observed staff interactions with consumers to be kind, caring, patient and respectful of each consumer’s identify, culture and diversity. Staff said they are provided with equipment and supports to carry out the duties of their role and receive ongoing support, training, supervision and feedback to enable them to perform their responsibilities. Staff consider adequate staffing and time is allocated to meet consumers’ care and service needs when rostered staff are available and sufficient training is provided for them to feel confident in performing their duties. Registered and care staff advised of training relating to regulatory requirements, incident reporting, escalation processes when they have concerns, antimicrobial stewardship and open disclosure. Staff described the performance review process.

Management noted a new organisational roster system currently being trialled with the aim of adding efficiencies and re-allocation of unplanned leave and a current recruitment drive for additional staff. They advised of systems to ensure the service’s workforce have relevant qualifications, competencies and knowledge to effectively perform their roles and advised of additional training sessions when gaps in knowledge/skills are identified.

Documentation review demonstrated workforce planning enables allocation of staff numbers/skill mix to manage and deliver safe and quality care and services. Staff are mostly trained, equipped and supported to deliver care and services to meet consumers’ needs, preferences and the Quality Standards. The Assessment Team reviewed documentation demonstrating training provided relating to the Quality Standards however noted current monitoring documentation did not evidence staff attendance at mandatory training sessions and or currency of staff performance discussions. In their response, the approved provider cited performance review delays were due to change in management team/managing pandemic related issues, noting recent timing of reviews plus implementation of an alternative method of monitoring training attendance.

**Standard 8**

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| Organisational governance | | Compliant |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | 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. | Compliant |
| Requirement 8(3)(d) | 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. | Compliant |
| 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

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

Sampled consumers and representatives consider the organisation is well run and they can partner in improving care and services. They expressed satisfaction the service is well managed, and they provide feedback to management. The service demonstrated management and Board members are engaged and support consumers to be involved in the development, delivery and evaluation of care and services via a variety of methods. The service demonstrated examples of consumer and representative engagement in decisions relating to care and services and the implementation of continuous improvement; documentation review demonstrated consumers contribute to improvement activities.

Management explained the organisation more broadly promotes a safe culture and inclusiveness which is reflected in its purpose, strategy, policies, procedure, systems and support processes. There is a plan for continuous improvement (PCI) that identifies improvement opportunities via consumer feedback, complaints, audits, staff suggestions, review of high impact high prevalence risks, clinical indicators and

incidents. Established financial reporting mechanisms exist. A workforce governance framework ensures sufficiency of staff who are qualified/skilled to provide safe, respectful, quality care and services. The clinical governance framework includes the management of antimicrobial stewardship, minimising use of restrictive practices and open disclosure. Management demonstrated the service is actively working with consumers, representatives and medication officers to reduce restrictive practices, including medications. Staff demonstrate knowledge of the systems in place, regulatory requirements, feedback and complaints processes, clinical and risk management systems and the process for escalating issues of concern. The Assessment Team observed documentation in relation to clinical governance and risk management.

The organisation demonstrated governance systems relating to continuous improvement, finance, workforce, feedback and complaints, regulatory compliance and an escalation and reporting pathway. Board member involvement in the management of the service was evident and the Board monitors Quality Standards via several reporting methods. However, the Assessment Team and management noted due to a vacancy in the Facility Manager’s role some reporting to the Board had not occurred in 2022.

While the Site Audit Report detailed evidence bought forward by the Assessment Team in requirement 8(3)(c) relating to deficits in some information management processes, for example not all policies had been updated in relation to recent regulatory changes, staff feedback regarding limited access to electronic information systems, inaccurate staff training/education records and lack of monthly reports provided to the Board. In their response, the approved provider advised alternative formats of providing information to the Board, staff access to the electronic information system is role specific, alternative methods of ensuring current consumer information is communicated to appropriate staff and updating of policy information. I have given weight to consumers satisfaction with care and services, minimal impact on consumer care due to inaccuracies in documentation and staff feedback relating to access to consumer’s care documentation and knowledge of consumers’ needs. I find requirement 8(3)(c) is compliant.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)