



**Australian Government**  
**Australian Aged Care Quality Agency**

# **National Aboriginal and Torres Strait Islander Flexible Aged Care Program**

## **Final Quality Review Report**

|                       |                                      |
|-----------------------|--------------------------------------|
| <b>Provider name:</b> | Wami Kata Old Folks Home Inc         |
| <b>Service name:</b>  | Wami Kata Old Folks Home             |
| <b>Location:</b>      | Bartlett Parade PORT AUGUSTA 5700 SA |
| <b>ID:</b>            | 600043                               |

|                     |                                      |
|---------------------|--------------------------------------|
| <b>Approved by:</b> | Gill Jones<br>Manager Quality Review |
| <b>Date:</b>        | 3 September 2015                     |

## Final Quality Review Report

This is the Final quality review report for the quality review conducted at Wami Kata Old Folks Home. The report includes assessment against the Quality Standards. A copy of the report has been sent to the Department of Social Services.

The quality review included the following services:

Wami Kata Old Folks Home (6258) - Flexi Care

Bartlett Parade PORT AUGUSTA 5700 SA

## Summary of findings

The service meets nine out of nine expected outcomes of the Quality Standards.

| ASSESSMENT MATRIX |  |                                     |                          |                          |                          |  |
|-------------------|--|-------------------------------------|--------------------------|--------------------------|--------------------------|--|
| Expected Outcomes | Select the recommended rating:                   | Met                                 | Part Met                 | Not Met                  | Not Applicable           |  |
|                   | <b>Standard 1: Care Delivery and Information</b> |                                     |                          |                          |                          |  |
|                   | 1.1 Assessment                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
|                   | 1.2 Care Planning                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
|                   | 1.3 Review                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
|                   | 1.4 Clinical Care                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
|                   | 1.5 Information                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
|                   | <b>Standard 2: Management and Accountability</b> |                                     |                          |                          |                          |  |
|                   | 2.1 Governance                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
|                   | 2.2 Management Systems                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
|                   | 2.3 Risk Management                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
|                   | 2.4 Human Resources                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |

**Next activity arrangements:**

We plan to conduct your next quality review in 2017.

**Process undertaken and information considered:**

- History of the service
- Interim report dated 12 August 2015
- Plan for continuous improvement dated 2 September 2015

**Introduction**

This report documents the performance of the service against each of the expected outcomes of the National Aboriginal and Torres Strait Islander Flexible Aged Care Program Quality Standards based on the assessment conducted during the quality review.

Each service is required to undergo a quality review at least once every two years.

A quality review team appointed by the Quality Agency conducted the quality review on 6 August 2015.

|              |                  |
|--------------|------------------|
| Team leader: | Vicky May Franks |
| Team member: | Peter Kelpie     |

**Provider details**

|                        |                               |  |  |
|------------------------|-------------------------------|--|--|
| <b>Provider:</b>       | Wami Kata Old Folks Home Inc. |  |  |
| <b>Contact name:</b>   | Mandy Chapman                 |  |  |
| <b>Position title:</b> | Manager                       |  |  |

**Service details**

|  |  |                   |     |
|--|--|-------------------|-----|
| <b>Service name</b>                      | Wami Kata Old Folks Home (6258)  |                   |     |
| <b>Service address</b>                   | Bartlett Parade, PORT AUGUSTA 5700   |                   |     |
| <b>Phone number:</b>                     | 08 86411233  | <b>Facsimile:</b> | N/A |
| <b>E-mail address:</b>                   | <a href="mailto:managerwamikata@internode.on.net">managerwamikata@internode.on.net</a> |                   |     |
| <b>Services included in this review:</b> | <ul style="list-style-type: none"> <li>• Wami Kata Old Folks Home</li> </ul>           |                   |     |

## About the service

|                    |   |  |
|--------------------|---|--|
| <b>Residential</b> | Total number of allocated places (or beds):                     | 32   |
|                    | Total number of care recipients during visit:                   | 23 (21 residential) and 2 in community   |
|                    | Number of care recipients receiving high care during the visit: | 19   |
|                    | Special needs catered for:                                      | Aboriginal and Torres Strait Islander people and/or their non-indigenous partner.<br>Palliative care, people at risk of homelessness and people with a history of substance use. |

## Executive summary

Wami Kata Old Folks Home Inc. is a commonwealth funded Aboriginal & Torres Strait Islander Flexible Aged Care Provider. Founded in 1962 by Umeewarra Mission, Wami Kata has taken many forms over the years. Today however, it is an independent association that is not for profit, managed by a Board of Management.

Wami Kata provides 32 residential beds including respite care and five community aged care places.

Wami Kata has pleasant surroundings and spacious outdoor areas. Residential living is in outdoor huts that have air conditioning, call bell system, television and bathroom. The main building comprises of an administration area, nurses station, treatment room, kitchen, laundry, dining and television activity/sitting room. A veranda is adjacent with a secure fire enclosure. Wami Kata has a dedicated Lifestyle program coordinator that works Monday to Friday and has developed an activity program for elders.

The clinical team consists of a care manager, care coordinator and four (4) enrolled nurses are expected to commence in mid-August that work with both indigenous and non-indigenous care staff. The service has approximately thirty eight (38) staff with staff on site 24/7.

The service has video conferencing facilities to access rehabilitation services when needed and specialised medical and allied health care services are available on a weekly basis from Pika Wiya Health Service.

**Audit trail**

| <b>Interviews</b>        | <b>Number</b> | <b>Interviews</b>        | <b>Number</b> |
|--------------------------|---------------|--------------------------|---------------|
| Manager                  | 1             | Elders                   | 3             |
| Care Manager             | 1             | Registered nurse         | 1             |
| Care Coordinator/EN      | 1             | Kitchen manager          | 1             |
| Care worker              | 2             | Kitchen staff            | 1             |
| Lifestyle coordinator    | 1             |                          |               |
| <b>Sampled documents</b> | <b>Number</b> | <b>Sampled documents</b> | <b>Number</b> |
| Care recipient files     | 8             |                          |               |

**Other documents reviewed**

- Asbestos register
- Board meeting agenda and minutes (samples of)
- Business continuity plan
- Business Continuity plans
- Care plan review calendar
- Care recipient files – including medical notes, allied health notes, assessments, progress notes and care plans
- Complaints register
- Constitution
- Disaster management plan
- Evacuation plan
- Incident register
- Incident reports
- Management procedures -chest pain, asthma, snake bite, blood glucose management, epilepsy, falls management, hospital transfer
- Manager reports to the board
- Medical assessments
- Nurse registration details
- OH&S Committee training
- Police checks for staff and board members
- Policies and procedures
- Registered nurse communication book
- Service brochure
- Staff appraisal process and examples of appraisals for manager and staff (x 3)
- Staff position descriptions
- Staff roster samples
- Staff rosters
- Staff training records
- Staff training register
- Strategic plan 2015 - 2018
- Supplier statements
- Training module completed by board members – April 2015
- Training records
- Website
- Wound charts

## Observations

Observations by the team included;

- Activity room
- Art works
- Clinical treatment room
- Complaints and compliments box
- Craft room
- Dining room
- Elders information boards
- Evacuation plans
- Fire management equipment.
- Fire safety equipment and tagging system
- Individual huts
- Inonmy (software) information management system demonstration
- Kitchen area including – delivery site, pantry, freezer, cool room, preparation and cooking area, servery
- Large bin area
- Laundry area including storage and sorting area, equipment and colour coded laundry bags
- Locked key cabinet
- Medication trolley/ storage area
- Menu (cyclic menu)
- Outdoor meeting area and open fire (enclosed open fire pit)
- Physical environment and grounds (well maintained) including secure perimeter and electric gates
- Reception area
- Service entry/exit sites
- Smoking area (supervised and smoking aprons available)
- Staff notice board
- Templates (MOUs)
- Water tanks/generator

Interactions observed included;

- Elders being transported to town for socialisation
- Interactions between elders and personal care staff
- Meal provision including staff assisting elders
- Medication round observed by reviewer
- Staff supervising elders smoking

The **Statement of reasons** below details the findings of the quality review and may reference information provided to demonstrate the service's performance against each expected outcome within the Quality Standards. Performance against the expected outcomes within each Standard are rated as either:

- Met the expected outcome,

- Part met the expected outcome, or
- Not met the expected outcome.

If you have received 'Part met' or 'Not met' findings, the Statement of reasons will identify why the expected outcome was Part met or Not met. Use this information to revise your Plan for Continuous Improvement, to show how you will make improvements to meet all of the Quality Standards.

## Statement of reasons

### Standard 1: Care delivery and information

#### Principle:

Each service user has access to and receives quality aged care services that meets their needs and respects their dignity and individuality.

This is achieved through assessment, planning and regular review of each service user's needs, in consultation with them and their nominated representative/family member/people.

Each service user is fully informed about service choices and their rights and responsibilities as a service user.

This information is provided in a format appropriate to their needs and communicated in a way that is culturally acceptable to each service user.

### Expected outcome 1.1 – Assessment

The expected outcome requires that each service user is supported to actively participate in an assessment of their care needs. The assessment is conducted by appropriately experienced staff and considers: eligibility, priority of access, independence, physical, social, emotional and cultural care needs and clinical care needs, where applicable and with the agreement of the service user.

#### Reviewer findings

The review of completed assessments in the elder's files and interviews with staff verified that assessment processes are in place. The registered nurse and care coordinator explained how elders access the service through referrals from within the community, health services and from self-referral. Assessments include a twenty-one day assessment process that includes medical, nursing, activities of daily living, allied health, and lifestyle assessments. Quality reviewers also sighted specialist assessments completed by palliative care services and diabetic educators and aged care assessment documentation. The registered nurse highlighted how the facility liaises with family, medical services and the local hospital explaining that in many cases family and health services will contact the home requesting support especially palliative care.

**Met**

### Expected outcome 1.2 – Care planning

The expected outcome requires that each care user has a care plan that addresses their identified care needs and preferences. The care plan will be developed in partnership with the service user and /or his or her representative. This will include a cultural support plan which describes how assessed needs and service user preferences will be met in a culturally safe way. The care/cultural support plan includes strategies to maintain privacy and dignity, individual interests, customs and beliefs, independence and family connectedness, at the choice of the service user.

| <b>Expected outcome 1.2 – Care planning</b>  |            |
|--|------------|
| <b>Reviewer findings</b>   |            |
| <p>Care planning processes are in place that ensures elders have a care plan based on the initial assessment and reflects the physical, cultural and lifestyle needs of the elder. The care coordinator explained how an interim care plan is commenced during the assessment period and a more detailed plan is then developed once the assessment process is complete. A short form care plan is also kept in the elders units that highlight the care tasks to be completed by care workers.</p> <p>The lifestyle coordinator explained how each elder has an opportunity to contribute to his or her lifestyle plan and the registered nurse gave examples of elders having choices on when personal care is delivered. The review of rosters verified that sufficient care staff are allocated to shifts with management explaining the recent review of the skill mix of care staff with the appointment of four enrolled nurses.</p> <p>Care staff advised that they have access to care plans that outline each elders care needs with care and services to be provided.</p> |            |
|  | <b>Met</b> |

| <b>Expected outcome 1.3 – Review</b>  |            |
|---|------------|
| <p>The expected outcome requires that each service user is monitored to ensure: service delivery occurs as planned, their needs are regularly reassessed and the care plan is updated in consultation with the service user to reflect any change in needs and service user preferences.</p>  |            |
| <b>Reviewer findings</b>  |            |
| <p>Processes are in place to ensure the care provided to elders is reviewed and reassessed on a regular basis and formally every six months. The registered nurse and care coordinator explained how care plan reviews are timetabled and recorded. The care plan schedule was sighted which aligned with reviews completed.</p> <p>Progress notes sighted by quality reviewers verified that care is modified in response to changes in the elders' physical condition and when required an allied health review is completed. File entries and correspondence sighted in files also confirmed frequent medical reviews either by general practitioners or specialist medical services for example; diabetes educators and palliative care services.</p> |            |
|   | <b>Met</b> |

| <b>Expected outcome 1.4 – Clinical care</b>  |  |
|--|--|
| <p>The expected outcome requires that each service user's clinical care needs are met.</p>   |  |
| <b>Reviewer findings</b>   |  |
| <p>Processes are in place to ensure the clinical needs of elders are met. General practitioners from Pika Wiya health services frequently visit (at least weekly) to provide medical support and advice to the care team. A review of progress notes confirmed entries by visiting doctors and notes sighted in the registered nurse communication book highlighted requests</p> |  |

| <b>Expected outcome 1.4 – Clinical care</b>   |            |
|---|------------|
| <p>for elders to be seen by medical staff. The service has access to allied health services that include physiotherapy, podiatry and speech pathology.</p> <p>The registered nurse discussed that the home provides palliative care for elders and that liaison with specialist services, medical staff and family members to support palliative care occurs. The registered nurse and care coordinator gave examples of relatives staying with the elder during their final stages that have supported elder wishes and connected family at this time. The service has plans to further develop a unit specifically for palliative care that will ensure relatives have ease of access and more privacy.</p> <p>Medication management processes are in place and the clinical coordinator explained and quality reviewers sighted medication administration.</p> <p>Wound and skin integrity management provided ensures that issues are identified and treatments commenced promptly that has led to a very low incident of pressure injuries.</p> <p>The safety of elders during the night has been enhanced with the use of sensor mats installed in the units to alert staff when elders are more restless and/or are up. Care staff also advised that night rounds are conducted in pairs to support elder and staff safety. Security cameras are in situ (outside of unit) to ensure elders safety is monitored.</p> |            |
|   | <b>Met</b> |

| <b>Expected outcome 1.5 – Information</b>   |            |
|---|------------|
| <p>The expected outcome requires that each prospective service user is fully informed about service choices and their rights and responsibilities as a service user.</p>  |            |
| <b>Reviewer findings</b>  |            |
| <p>The service provider has systems in place to ensure each elder and/or their representative is fully informed of service choices and their rights and responsibilities. Service agreements are offered and outline fees and charges, security of tenure, rules, rights and responsibilities, property, information and security, cultural information including rights and respect around photographs, visitors and family connection and confidentiality. A copy of resident rights and responsibilities was sighted in the service.</p> <p>Information on activities, smoking safety and menus was also discussed with staff and/or sighted throughout the service.</p> <p>Advocacy was discussed including formal and informal advocates with formal advocacy in place for some elders regarding health and accommodation.</p> |            |
|   | <b>Met</b> |

**Standard 2: Management and accountability**

**Principle:**

The service provider has implemented systems and processes which ensure that the organisation is well managed and services are continually improvement.

The results in the delivery of culturally safe, quality services that are responsive to the needs of each service user, their representatives, staff and other stakeholders.

**Expected outcome 2.1 – Governance**

The expected outcome requires that the service provider has clear and effective governance processes in place.

**Reviewer findings**

The service provider has systems and processes in place to ensure the organisation is well managed and services continually improved. The CEO and elected board have developed a strategic plan to support the operations of Wami Kata. The organisation has an elected board who meet quarterly to support the chief executive officer (CEO), staff and service delivery. Board member roles and responsibilities are discussed with new members and roles outlined in the Constitution. Copies of meeting agendas and minutes of the previous two meetings were sighted.

**Met**

**Quality improvement actions**

Continue to develop and document board member roles and associated responsibilities in line with Wami Kata Constitution.

**Expected outcome 2.2 – Management systems**

The expected outcome requires that the service provider has clear and effective management systems and practices in place.

**Reviewer findings**

The service provider has developed and implemented effective management systems to ensure they understand and comply with relevant regulatory and legislative requirements, funding agreement and program guidelines.

The service provider has developed a strategic plan and multiple policies and procedures to support organisational management and practices. The service uses lonmy software to support the management of information for the organisation.

Management systems sighted and discussed included;

- Policies and procedures regarding financial accountability and management including delegations, development and management of budgets, financial accountability including financial reports to funding body. External auditors are appointed annually to complete annual financial statement.
- Policies and procedures have been developed around human resource management including staff selection, recruitment, retention, induction, staff training, work health and safety and police and professional checks for staff. Support is provided through Employsure an external contractor that can provide assistance with staff work place

### Expected outcome 2.2 – Management systems

issues and relevant work place legislation.

- Lonmy software also provides alerts around police checks and professional registrations for staff as required.

The service provider has a police check register in place that was up to date, however, this register did not reflect one (1) staff member having an expired police check. This was communicated to the staff member via an alert generated by lonmy. The staff member in question had applied for a police check on 29 July 2015 and as the staff member was essential, the CEO had requested the staff member complete a statutory declaration that was signed and dated. However, we were unable to determine if the police check for the staff member had expired, as we could not sight the original date of the previous police check that was entered in the staff members personnel file and/or put into lonmy to trigger an alert. The service provider holds copies of police checks for staff on file and has the capacity to upload sighted documented on lonmy, which is occurring but not completed for all staff.

- Information management for the organisation to include storage and access to confidential and sensitive information. The service has secure cabinets on site and the CEO advised back up of electronic information occurs and is stored in an outer unit on the complex. Information for potential service users was also sighted including service brochures and the organisations website.
- Policies and procedures in place to manage and escalate complaints processes as required. The CEO advised that processes are in place to support the complaints process including escalating complaints to the board. The service has a complaints box located in the reception area and the complaints register viewed had no open complaints from elders at the time of the review.
- Continuous improvements across the organisation include the development of a strategic plan and an improvement plan to identify issues and directions for the service. Improvement initiatives are identified via planning and reporting processes, and via staff and service user feedback. Improvements the service have already made included ;
  - The support of staff to study and obtain qualifications as enrolled nurses to support clinical governance and practice across the organisation and ensure each shift will have an enrolled nurse rostered. (to commence mid-August 2015).
  - The purchase of a syringe driver to support pain management during palliation process.
  - Changes from Webster packs to medication sachets delivered on site by pharmacist.
  - The installation of sensor mats in individual units for elders to support the monitoring process of elders during evenings.
  - The development of mini care plans located in each elders unit to support information and care delivery process.

On 2 September 2015 the service provider submitted their improvement plan which included action to upload all completed police checks onto their computer system by 21 September 2015. As the decision maker, I find this expected outcome met.

| <b>Expected outcome 2.2 – Management systems</b> |            |
|--|------------|
|  | <b>Met</b> |
| <b>Quality improvement actions</b>               |            |
| Suggested action:                                |            |
|  |            |

| <b>Expected outcome 2.3 – Risk management</b>   |
|---|
| The expected outcome requires that a risk management framework is in place to ensure the safety of service users, staff and other stakeholders, and that quality care services are delivered.   |
| Reviewer findings   |
| <p>The service provider has a formal risk management strategies in place overseen by the board, the CEO and senior management that include;</p> <ul style="list-style-type: none"> <li>• Monitoring of relevant legislation, regulatory requirements and program guidelines through membership of relevant organisations, information received through funding bodies and monitoring of key websites. Aged care reforms were discussed including consumer directed care. Currently two (2) elders receive care in the community that is overseen by the registered nurse and clinical coordinator with agreed care and services delivered based on consumer direct care model without financial statements offered to elders at this time. Care and services delivered included meals, other food and essential items and assistance with personal care.</li> <li>• Financial accountability to ensure they are financially viable which included development of budgets prepared for the board by the CEO, the submission of Financial Activity Statements (FARs) to the Department of Social Services and the appointment of an external auditor yearly.</li> <li>• The management of the physical environment which included the development of policies and procedures around maintaining grounds including water tanks and external generators (x2), storage of wood for open fire pit and management of fire pit (covered), installation on in ground fencing to reduce snake population, management of pests, assets management to maintain and upgrade units, perimeter and electronic gates to ensure secure entry and exit points and external camera coverage for all units and entry/exits monitored by staff. As previously noted, the service has also installed sensor mats in each unit to assist staff with elder safety and movement to support monitoring and response times by care staff.</li> <li>• The management of chemicals that are stored in laundry and kitchen areas with clear labelling of chemicals used.</li> <li>• The management of laundry services to include external linen services and internal management of elders clothing and incidentals washed, dried and ironed on site.</li> <li>• The management of the kitchen and food handling that included a food safety plan and external audit results (no issues raised), training of staff regarding food handling, monitoring of cool room and freezer temperatures, grease traps, pantry stock rotation and specified delivery points. The kitchen was spotless with temperature charts sighted, stock supplies and labelling of special diets.</li> </ul> |

| <b>Expected outcome 2.3 – Risk management</b>  |            |
|--|------------|
| <ul style="list-style-type: none"> <li>• The management of internal cleaning for each unit and common area that includes the activity room, dining room and reception area. (All areas appeared well maintained and cleaned).</li> <li>• The management of fire safety equipment including the purchase and tagging of fire safety equipment sighted throughout the service.</li> <li>• The service also has a dedicated OH &amp;S committee with policies, procedures and meeting minutes sighted.</li> </ul> |            |
|  | <b>Met</b> |

| <b>Expected outcome 2.4 – Human resources</b>   |  |
|---|--|
| <p>The expected outcome requires that effective staff recruitment and retention ensure that service user needs are met.</p>   |  |
| <b>Reviewer findings</b>  |  |
| <p>The service provider has developed systems and processes to ensure staff recruitment and retention to ensure elders care needs are met. The service provider has developed policies and procedures to assist with human resource functions and has an external provider (Employsure) to assist as required.</p> <p>Staffing at Wami Kata includes a range of care, nursing and generalist staff managed that is managed by the CEO. Discussion with nursing and care staff confirmed that they are aware of the roster process and discussion with the CEO indicated they have resources to support unplanned and planned leave taken to include access to internal and external staff</p> <p>A review of documentation and staff files indicated each job has a dedicated position description and that staff engage in training and an annual staff appraisal process. Care staff have access to the Aged care channel sighted in staff room for planned and self-directed learning opportunities. Non-aboriginal staff have undertaken cultural awareness training and the service has approximately 60% aboriginal staff employed across a range of positions.</p> <p>A copy of the previous roster sighted indicated that staff coverage is 24/7 with registered nurse coverage on site during the week and on call after hours. The service has enrolled nurse coverage on morning and afternoon weekend shifts and has supported several care staff to complete training as enrolled nurses with enrolled nurse coverage to expand across all shifts in mid-August. Care staff advised during night shift they attend together to undertake observations and attend call bell requests at each individual unit to ensure safety for elders and staff.</p> <p>Observations by the team during the review included care and nursing staff promptly responding to verbal requests for assistance by elders and staff assisting elders with transfers, eating, conducting activities and conversing with elders. It is noted that during the day elders will either come up to the main common areas and/or go into town with the</p> |  |

| <b>Expected outcome 2.4 – Human resources</b>             |            |
|---|------------|
| lifestyle coordinator to connect with friends and family. |            |
|   | <b>Met</b> |