Blue Care Arundel Woodlands Lodge Aged Care Facility

Performance Report

29 Melbourne Road   
ARUNDEL QLD 4214  
Phone number: 07 5509 9200

**Commission ID:** 5226

**Provider name:** The Uniting Church in Australia Property Trust (Q.)

**Assessment Contact - Site date:** 18 November 2020

**Date of Performance Report:** 10 December 2020

# Publication of report

This Performance Report **may 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 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |

# Detailed assessment

This performance report details the Commission’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 Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# STANDARD 3 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 did not assess all Requirements under this Standard; therefore, a compliance rating or summary is not provided.

### 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.*

Consumers and representatives interviewed by the Assessment Team consumers get the care they need.

Consumer files reviewed by the Assessment Team, including care plans, assessments, progress notes, medication charts and other monitoring records reflected individualised care that is safe, effective and tailored to the specific needs and preferences of the consumer. Care plans reflect care that is supported by best practice.

Registered and care staff interviewed could describe sampled consumers’ individual needs, preferences, their clinical or personal care needs and how these were being managed or monitored (in line with their care plans). Care staff confirmed they have access to information about the care required by each consumer and that they receive any updates during handover. Care staff described where they have concerns in relation to a consumer’s personal care they would report it to registered staff or management and also document within progress notes and discuss at handover any changes to a consumer’s care needs, preferences or a deterioration identified.

Management described clinical indicators and other documentation and cares are monitored by registered staff to ensure care provided in safe and effective. Clinical management advised consumers’ clinical incident data is collected, trended and analysed on a monthly basis. The Assessment Team identified the organisation have written materials about best practice care delivery such as flowcharts for skin integrity and pain and policies and procedures which are accessible to staff via the organisation’s intranet.

Following an Assessment Contact in July 2020 management advised, and documentation supported the service has undertaken a number of strategies to support the minimisation of restraint such as education with staff (including allied health), consumers and representatives, review of all restraint within the service by the Medical officer and developed tools to support staff in restraint management processes. The service advised the Assessment Team, and records support that restraints in place for the sampled consumers have been reviewed by a Medical officer, risks have been discussed with consumers and or their representative and authorisations have been signed.

It is my decision that consumers receive safe and effective personal care and clinical care, including the use of restraints. Therefore, it is my decision this Requirement in Compliant.

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.