Performance

Report

**1800 951 822**

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| Name: | Wheller Gardens - Cooper House |
| Commission ID: | 5173 |
| Address: | 930 Gympie Road, CHERMSIDE, Queensland, 4032 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 3 September 2024 |
| Performance report date: | 2 October 2024 |
| Service included in this assessment: | Provider: 314 The Uniting Church in Australia Property Trust (Q.)  Service: 3530 Wheller Gardens - Cooper House |

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 Wheller Gardens - Cooper House (**the service**) has been prepared by Jodie Earnshaw, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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 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 12 September 2024,
* other information known to the Commission.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 3

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| Personal care and clinical care | |  |
| 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 |

Findings

The service was found to be non-compliant in this requirement following an Assessment Contact conducted on 11 April 2024. Deficiencies related to pressure area care and wound care management not being completed as prescribed. Wound management information was inconsistently recorded and not in line with the service’s wound management policy or pain management policy.

The assessment contact conducted 3 September 2024 identified the service had taken targeted measures to address the previous non-compliance.

The service was able to demonstrate targeted improvements have been implemented to address previous non-compliance:

* Communication and education was provided to clinical staff outlining organisational expectations regarding the wound management documentation processes, use of wound photography protocol and required use of a wound measurement tool.
* The service conducted a review of service equipment for recording wound photographs, identifying the equipment was not sufficient for clinical use. The service sourced new electronic equipment and provided instructions for use to clinical staff.
* Educational resources in relation to wound care were provided to clinical staff and observed to be accessible and to guide clinical staff on the wound management processes and to provide information on wound care products.
* Clinical staff reviewed consumer wound management plans to ensure pain assessments are completed. A pain assessment has been added as a mandatory section to complete in the wound management plan when a new wound is identified.
* Clinical staff have oversight of wound care documentation and regularly monitors and reviews wound care.
* The organisation has provided updates to the service’s electronic care management system to ensure one central location to document all wound care related information.
* A wound care education working group has been established by the organisation to standardise wound care processes.
* Two clinical staff were appointed as wound champions for the service and will undertake relevant training to assist with the service’s continuous improvement in wound care.

Consumers receiving wound care said care provided to them is safe, effective and optimises their health and well-being, reporting their wound care and associated pain is managed well.

Staff demonstrated knowledge of consumer’s needs, goals and preferences and described how the service ensures care is tailored to the consumers’ needs. Care documentation demonstrated consumers’ care needs are documented in sufficient detail to guide staff in the delivery of personalised care and wound care provision.

Staff described the processes for wound care and pain management and advised pressure relief and wound care related equipment is available or can be sourced urgently. Occupational therapists review consumer’s skin integrity needs and make recommendations for equipment, such as consumers requiring pressure relieving equipment.

The service has policies and procedures relevant to this requirement, to guide staff practice in providing pressure area care and wound care management.

In coming to my decision of compliance with this requirement, I have considered the information included in the assessment team report and the response of the Approved Provider. Based on the information summarised above I am satisfied this requirement is compliant.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)