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 11 April 2024 |
| Performance report date: | 10 May 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 Assessment contact (performance assessment) – site 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 29 April 2024.
* other information and intelligence held by the Commission.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not Compliant |
| **Standard 4** Services and supports for daily living | 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

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.

* The service is to ensure pressure area care and wound care management is completed as prescribed, in line with the service’s wound management policy and inclusive of documented wound photographs and wound measurements.

# 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. | Not Compliant |

Findings

Whilst consumers and representatives expressed satisfaction in the care consumers received, the assessment team report brought forward deficiencies related to care delivery not being safe and effective or best practice in relation to wound management, in particular.

Care planning documentation for consumers demonstrated effective assessment, management and evaluation of falls management and pain management. Falls were identified, recorded and managed in line with the service’s falls management policy and falls management interventions were demonstrated.

The service was able to demonstrate consumers experiencing pain receive regular pain assessments, and pain charting and are referred to medical officers and allied health providers for review as required.

Clinical staff described wound management processes including the commencement of wound management plans when wounds are identified and that size, frequency, and dressing type are documented with photographs taken weekly to monitor the progress of the wound healing. Staff were able to describe individual consumers' care needs and how to access consumer information to support the provision of care and services.

However, pressure area care and wound care management is not completed as prescribed and the services’ processes are not consistently adhered to, with wound management plan information for some consumers identified to be recorded inconsistently and not in line with the service’s wound management policy or pain management policy. For example, for one named consumer with chronic wounds, the wound management plan documented the type and frequency of dressing and wound photographs however did not include a measurement tool or record wound measurements. The documented frequency of wound care was inconsistent with the documented dates of wound care provided.

The Approved Provider, in its response, acknowledged the identified deficiencies and provided a plan for continuous improvements detailing commenced and planned, targeted measures to remediate these deficits.

The response advised that the service has commenced a wound care review and wound care training commenced for registered staff. Wound care measurement tools have been provided and guidance given to staff in the management of and documentation of wound care inclusive of pain assessments associated with wound care.

In coming to my decision of compliance with this requirement, I have considered the information included in the Assessment Team report under this and other requirements alongside the Approved Provider’s response. Whilst I am satisfied that the service has planned initiatives in progress, these actions will take time to be fully embedded and evaluated for effectiveness, therefore, it is my decision that this requirement is not compliant.

# Standard 4

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| Services and supports for daily living | |  |
| 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 |

Findings

Consumers and representatives advised consumers were supported to take part in community activities within and outside the service and to keep in touch with people who are important to them and do the things of interest to them.

Consumer services and supports were consistent with consumers' preferences, and staff knew consumers’ individual preferences and the organisations involved in consumer care. Staff described how they support consumers to participate in activities of interest to them and provided specific examples of consumers who undertake individual activities outside the service.

Care planning documentation for consumers provided adequate information to support safe and effective care in alignment with consumers' preferred services and supports for daily living.

In coming to my decision of compliance with this Standard, I have considered the information included in the Assessment Team report under this and other requirements alongside the Approved Provider’s response. Therefore, it is my decision that 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)