Performance

Report

**1800 951 822**

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| Name: | Wheller Gardens - Emmaus Village |
| Commission ID: | 5170 |
| Address: | 930 Gympie Road, CHERMSIDE, Queensland, 4032 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 1 October 2024 |
| Performance report date: | 22 October 2024 |
| Service included in this assessment: | Provider: 21043 Wesley Mission Queensland Limited  Service: 3527 Wheller Gardens - Emmaus Village |

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 - Emmaus Village (**the service**) has been prepared by Kimberley Reed, 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 04 October 2024
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all Requirements were assessed |
| **Standard 8** Organisational governance | Not applicable as not all Requirements were 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)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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 |

**Findings**

**Requirement 3(3)(b)**

Consumers and representatives were satisfied with the care consumers received, specifically in relation to wound and pain management, and other high impact and high prevalence risks including pressure area care and prevention. The service had policies and work instructions to guide staff in identifying and managing high impact and high prevalence risks associated with consumer care. Additionally, staff demonstrated they knew where to find specific care directives in the electronic care management system. Management and staff confirmed monthly clinical risk meetings and all-staff meetings were held to discuss management of high-risk consumers. Topics included falls management, wound and pain management, deterioration of the consumer, as well as other high impact or high prevalence risks.

One consumer representative described how staff were attentive of their loved one’s wound and had kept them up to date with the progress of the wound which had a fluctuating course of healing. Care documentation provided evidence of identification of decline in wound healing and the subsequent escalation to a specialist. The consumer representative said they were happy with the wound care and pain management provided. Care documentation for another consumer demonstrated wound healing over a period of two months. Staff stated, and documentation supported, the service had been working with specialists to develop strategies which supported consumers’ changing behaviours, including resistance to care.

Staff and consumer representatives confirmed staff reposition consumers who were at high risk of developing pressure injuries every two hours and conducted skin checks and moisturising massages when repositioning or providing cares. Specialised pressure relieving mattresses and equipment was observed to be in use for consumers at risk of developing pressure injuries. Care documentation included referrals and recommendations, and detailed wound care management that aligned with the treatment planning direction. Documented evidence of monitoring, dressing changes, measurements, and wound photography to track healing was present. The Clinical manager assessed registered staff as staff provided the wound care and conducted random audits when wound healing was slow.

The Facility manager confirmed the service had a high number of falls compared to the industry benchmark, however there was no evidence of falls related injuries requiring medical intervention. Documentation for two consumers who had a history of falls confirmed appropriate assessment, investigation of root cause, and falls management processes. To protect high risk consumers from falls and related injuries staff ensured a clutter free, well-lit environment, dry floors, proper shoes or non-slip socks, and regular monitoring. The service also used sensor mats and floor safety pads, low line beds, and regular medication reviews, as falls prevention strategies.

Consumers and staff stated, and review of care documentation confirmed monthly weight monitoring was undertaken. Staff encouraged nutritional intake to prevent weight loss and support wound healing. One consumer representative described how their loved one had a coughing episode while eating, as the consumer’s Parkinson’s disease became more advanced. The representative said a speech pathologist conducted a swallowing assessment and reduced the consumer’s diet to a soft, easy to chew diet. They said their loved one was assisted to eat their meals and monitored closely at mealtimes. Care documentation demonstrated an annual speech pathology review for this consumer.

Consumers and representatives stated, and medication administration reporting supported, consumers’ time sensitive medication was provided on time or within 30 minutes or investigated where it was not. Reasons for time sensitive medication administered outside therapeutic timeframes included the consumer wanting to sleep in or being away from the service for a longer period than anticipated, or late documentation of administration. Registered staff understood the importance of administrating time sensitive medications, and said they were rarely administered outside of the tolerance timeframe. The service had a 30-minute tolerance regarding the administration of time sensitive medication, and alerts from the medication administration system let registered staff know before hand when medications were becoming due. Late administration notifications were sent to the Clinical manager for follow up when medication was more than 30 minutes outside of the prescribed time. Management said all instances of late administration of time sensitive medication were investigated.

The service was a locked facility, and all mobile consumers (except one) were subject to environmental restraint. Documentation demonstrated behaviour support planning was in place to support changing behaviours and included nonpharmacological strategies. There were no other restrictive practices in place and all consumers had relevant diagnoses for psychotropic medications.

**Requirement 3(3)(d)**

Consumers were confident staff knew them and could identify changes to their condition and respond accordingly. Care documentation identified staff recognised, reported, and responded to changes in consumers’ condition in a timely manner. Registered staff advised actions taken included assessment of the consumer, discussion with the consumer and representative, referral to the medical officer or other allied health professionals, and transfer to hospital where necessary. Care staff appropriately escalated to registered staff where they had concerns about a consumer’s condition.

Care staff described how they checked on each consumer at the beginning of their shift. They said they escalated changes in consumers’ condition to registered staff and provided examples of when they would escalate, such as if the consumer was refusing food or unusually tired. Registered staff assessed deterioration in consumers and immediately implemented monitoring, charting, and relevant referrals and hospital transfers. Registered staff confirmed recent changes were made to the hospital transfer process, to include a skin assessment and photographs to evidence the consumer’s skin condition prior to transfer.

The service was trialling the use of a tool which had been developed by a third party to improve palliative outcomes for consumers. The tool assists in identifying, assessing, and monitoring consumer decline to ensure improved comfort during palliation through recommending end of life care pathways. The service’s training schedule included education for the use of the tool for all registered staff in October 2024. Clinical management and staff confirmed, the service had provided education for staff to identify consumer deterioration and the process for escalation.

Registered and care staff stated changes to consumers’ mental, physical, or cognitive wellbeing were discussed at handover and in daily management meetings. Messaging was observed via the electronic care management system with instructions regarding consumers requiring follow up in relation to changes in care needs. Care documentation for two consumers who had recently been transferred to hospital provided evidence of timely escalation, regular assessment and review using the service’s tool, and relevant referrals and consultation with the local hospital’s residential aged care referral team.

Based on the above information, it is my decision these Requirements are compliant.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

The service had a risk management system in place to identify and manage risks related to consumer care, this including handling of incidents, preventing abuse and neglect as well as other serious incident response scheme incidents, and maintaining care standards. The service had an incident reporting system which had a risk matrix to grade the risk and assist the service to identify when further strategies for mitigation were required as well as escalation of a reportable incident under the serious incident response scheme criteria.

The service had effective risk management systems to address high-impact and high-prevalence risks in consumer care. The Facility and Clinical managers conducted weekly review of progress notes and incidents, with monthly and quarterly reports generated to monitor and assess risk. Incidents and risk were discussed at staff, clinical and consumer advisory meetings. Care and registered staff confirmed they received training in identification and reporting of an incident as well as training in the serious incident response scheme and demonstrated their awareness of steps to escalate an incident if required.

Incidents were logged into the service’s incident management system and serious incident reports were created when necessary. The service’s incidents over the last six months evidenced the service identified and reported incidents as required and within legislative timeframes.

Consumers’ care documentation demonstrated the service undertook risk assessments with consumers as needed. The service evidenced they were utilising many avenues, including the support of family and friends of the consumers, allied health professionals and specialists, to feed into assessments to allow consumers to live the best life.

Based on the above information, it is my decision 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)