Performance

Report

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| Name: | Woodlands Aged Care and NDIS Services |
| Commission ID: | 5264 |
| Address: | 34 Free Street, NEWMARKET, Queensland, 4051 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 8 February 2024 |
| Performance report date: | 7 March 2024 |
| Service included in this assessment: | Provider: 914 Mellreach Pty Ltd  Service: 3621 Woodlands Aged Care and NDIS Services |

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 Woodlands Aged Care and NDIS Services (**the service**) has been prepared by Bruce Bassett, 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 23 February 2024.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not Applicable |

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 previously found to be non-compliant in this requirement following an assessment contact conducted on 25 August 2023. The deficiencies identified related to the following;

* Monitoring of consumers after experiencing an unwitnessed fall with head strike with post fall monitoring being inconsistent with the organisational policy.
* Wound care documentation where wound care charting was not consistent with the organisational policy.
* Consumers subject to chemical and physical restrictive practices did not always have a documented informed consent whilst consumers subject to chemical restrictive practice did not always have a diagnosis or indication recorded to inform staff when to administer a chemical restraint. Environmental restraint consent forms were outdated.

The service has taken actions to address the previous non-compliance, including;

* Implementing a paper-based monitoring system for the monitoring of consumers who experience an unwitnessed fall or fall with a head strike. The service is in consultation with the provider of their Electronic Care Management System (ECMS) to establish an appropriate method of electronic monitoring.
* Monitoring of post fall documentation is completed by the clinical nurse. The service’s ECMS has notifications on the front screen for clear visibility for clinical staff.
* Wound training for clinical staff was completed on 27 October 2023 in addition to the updated wound management policy being provided to all clinical staff.
* The service sought guidance from Aged and Community Care Providers Associate (ACCPA) who has advised to utilise an interim consent whilst the service applies to QCAT for consent for three named consumers for whom the service was not able to obtain consent for their restrictive practices as there was no representative available.
* The service has engaged with an external physiotherapist who is meeting with the service on 15 February 2024 and will work with the service to conduct physical assessments of referred consumers. This is in addition to a physiotherapist working on site five days per week providing consumers with pain management and mobility therapy.

A review of consumers who experienced a fall in the last six weeks, demonstrated neurological observations were completed as per the service’s policy. The consumers were also reviewed by the physiotherapist and the medical officer.

Care documentation for consumers with wounds were reviewed and the wound management plans provided clear and detailed instructions for registered staff. Consumers’ wound care was completed and documented as per the plans and included measurements, photographs and weekly review.

Care documentation for consumers subject to restrictive practices demonstrated risk assessments, authorisations, behaviour support plans and consent are in place as required.

The service has a number of consumers who are under the care of the public guardian. The service has put interim measures in place regarding consent for these consumers as they pursue alternate arrangements through Queensland Civil and Administrative Tribunal (QCAT).

Clinical management described the processes for monitoring consumers’ restrictive practice documentation to ensure it is reviewed every three months and this was evidenced in reviewed care documentation.

In their response to the Assessment Team report, the approved provider advised they have undertaken additional review of Behaviour Support Plans for consumers who are also recipients of NDIS services to ensure they are in compliance with both aged care and NDIS requirements.

The Assessment Team observed consumers smoking outside of the designated smoking area such as the balconies on their rooms. In response to this feedback, management advised the following actions will be taken;

* + Complete a full audit of consumers who smoke and ensure risks have been identified and mitigation strategies in place.
  + Consider relocation of smokers to the same wing of the facility.
  + Allocate oversight and monitoring of smokers to the lead shift role.
  + Consumers to be brought to designated smoking area and supervised.
  + Medical officer to review consumers who smoke and offer smoking cessation aids and provide education.

The provider response to this issue advised the audit had been completed with risk mitigation strategies developed for all consumers. The lead shift role has assumed responsibility for ensuring consumers are escorted to and from the designated smoking area and are appropriately monitored. Consumers who smoke have been offered cessation aids and education to encourage them to reduce or stop smoking.

Overall, the service has demonstrated improved processes for managing wounds, falls and restrictive practices. Interviews with staff and consumers and a review of consumers’ care documentation demonstrated the service’s oversight and monitoring processes are working to ensure safe and effective clinical care.

Following consideration of the above information, I have decided that Requirement 3(3)(a) 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)