Gymea Bay Aged Care

Performance Report

128 Coonong Road
GYMEA BAY NSW 2227
Phone number: 02 9524 4954

**Commission ID:** 2249

**Provider name:** Apex Software Pty Limited

**Assessment Contact - Site date:** 28 January 2021 to 29 January 2021

**Date of Performance Report:** 22 March 2021

# 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

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** |  **Non-compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(f) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(f) | Non-compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | 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
* the provider’s response to the Assessment Contact - Site report received 26 February 2021.

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

**Consumer outcome**

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Most sampled consumers consider that they feel like partners in the ongoing assessment and planning of their care and services.

For example:

The service has done significant work in developing a system of assessment and planning care and services in partnership with the consumer and or their representative. Consideration of risk to the consumer’s health and well-being is used to inform delivery of safe effective care and services.

Whilst consumers are involved in assessment and planning and are consulted about the outcomes of assessment, consumers are not made aware of how they can obtain a copy of their care and services plan if they want to.

The service has procedures to guide staff in reviewing care and services, which includes regular annual reassessment and monthly review of nutritional status however when circumstances change or when incidents occur review does not always occur in relation to bowel management, oral and dental health and pain management.

The Quality Standard is assessed as Non-compliant as two requirements have been assessed as Non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-Compliant for the Quality Standard.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

The Assessment Team found that whilst the service has done significant work in developing a system of assessment and planning care and services in partnership with the consumer and or their representative, consideration of risk to the consumers health and well-being is not always used to inform delivery of safe effective care and services. The Assessment Team identified two consumers who were smokers. One consumer did not have a completed smoking risk assessment and had not developed a self-determination and risk care plan in relation to his smoking activities. The other consumer had completed a smoking risk assessment in July 2020 which identified him at high risk of injury. It was discussed with him that he is to wear a smoking apron however the outcome of this discussion was not recorded and had not been added to his self-determination and risk care plan.

The response from the approved provider contained information demonstrating that one of the consumers cited in the Assessment Team’s report did not require a smoking risk assessment. Documentation supplied by the approved provider dated 25 January 2021 for this consumer records ‘no special monitoring required for smoking, conduct reassessment annually and prn’.

In relation to the second consumer the approved provider provided the risk assessment completed 24 May 2020. This contained an entry dated 7 July 2020 demonstrating that the consumer refused to wear a smoking apron. The service had risk rated this information on the risk assessment form as a moderate risk. This information was available to the team during the assessment contact. I note information in the Assessment Team’s report confirms that there have been no issues regarding the safety of this consumer whilst smoking. I am therefore content that, for this consumer, the risks associated with smoking have been adequately assessed and the risk management plan in place appears to be effective.

I find this requirement is compliant as the provider is able to demonstrate that assessment and planning, including consideration of risks to the consumer’s health and well-being, inform the delivery of safe and effective care and services.

### Requirement 2(3)(d) Non-compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

The Assessment Team found the service has a system in place to seek consumer input into assessment and care planning. However, most consumers, or their representatives, have been involved in discussions about their care and have signed the care plan to indicate they have been consulted and approve of the care plan. Most consumers and representatives interviewed said they have not been offered a copy of, or access to their care plan.

The approved provider refuted the finding of the Assessment Team. The approved provider included two memo’s sent to Registered Nurses dated 5 October 2020 and 7 October 2020 which demonstrated their current process is to talk through care plans with consumers and/or their representatives to ensure they understand it whilst clarifying any issues prior to printing it and asking the consumer sign it. In their response the approved provider did not provide any evidence about how consumers can access a copy of their care plan if they wish to.

Whilst I agree that consumers are involved in assessment and planning, are consulted about the outcomes of assessment and indicate their agreement with their documented care and services plan by signing it I see no evidence that consumers are made aware of how they can obtain a copy of their plan if they want to. The standards require that a documented care and services plan is readily available to the consumer.

I find this requirement is non-compliant as the provider is unable to demonstrate that the outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, where care and services are provided should they want it.

### Requirement 2(3)(e) Non-compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

The Assessment Team found the service has procedures to guide staff in reviewing care and services which includes regular annual reassessment and monthly review of nutritional status, however, when circumstances change or when incidents occur review does not always occur. The assessment team found evidence of this in relation to bowel management, oral and dental health, pain management, skin care and behaviours of concern.

The approved provider refuted the findings of the Assessment Team. The approved provider stated quality assessor are ‘under the misapprehension that care plans are used to inform daily care and the only possible vehicle for direct temporary modifications to care’.

In relation to the care provided for a consumer with constipation, the approved provider stated that constipation has been an issue for this consumer since this consumer’s admission in April 2020 and was not, therefore, a recent issue. The approved provider stated this was being monitored and managed successfully with aperients without the need to perform assessments for ‘minor physiological variations’ such as this. The consumer’s care plan was reviewed 27 December 2020 has no bowel pattern or history of constipation documented. Furthermore, there is no evidence of assessment and review to ensure the interventions being utilised by the service to treat this condition are as effectively as possible.

The Assessment Team’s report described the care provided to a consumer with a broken tooth which, according to progress notes submitted by the approved provider, occurred before Christmas 2020. The progress notes detail that the consumer’s first available appointment with a dentist was 29 January 2021. The progress notes show multiple entries regarding pain relief required by the consumer to manage pain from this broken tooth. On the 13 Jan 2021 there is an entry by an RN noting a change in medication to manage pain and an instruction ‘monitor for pain’ is recorded. No further information has been submitted by the approved provider to demonstrate how the consumer’s pain was being regularly and consistently monitored and how interventions implemented were being assessed for their effectiveness. Whilst progress notes show entries noting pain and interventions offered there is no evidence that a review has been conducted to ensure these were effective. Progress notes show phone communication with the GP on 13 January 2021 regarding altering the consumer’s medication to better manage her pain. No review by the GP was sought despite a progress notes entry on 15 January 2021 noting the consumer was suffering significant pain. The service’s clinical care assessment schedule states reassessment should be done anytime there is a change in a consumer’s condition, regardless of the due date of future assessments. In relation to pain, a verbal pain inventory can be completed for consumers who are able to respond appropriately and pain monitoring in the form of a chart needs to be completed for seven days. There is no evidence that this occurred for this consumer.

Both examples show that these consumers had health issues that were present for a number of weeks, if not months, which required nursing interventions. This requirement expects that the care and services provided to consumers is regularly reviewed for effectiveness, particularly when needs change and that care and services plans are up to date and meet the consumer’s current needs, goals and preferences.

I find this requirement is non-compliant as the provider is unable to demonstrate that care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

# 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Overall sampled consumers considered that they receive personal care and clinical care that is safe and right for them.

For example:

Consumers/representatives on their behalf interviewed confirmed that they get the care they need.

Consumers/representatives on their behalf interviewed confirmed that they have access to a doctor or other health professional when they need it.

The service has a range of policies and procedures to guide staff practice and staff comply with these to ensure safe and effective personal care in relation to behaviour management. Physical and chemical restraint is understood. High impact and high prevalence risks associated with the care of each consumer are effectively managed.

Consumer’s needs, goals and preferences regarding end of life care are recognised and respected, care is provided to maximise their comfort and dignity, consumers are offered opportunity to express and record their advance care wishes. Consumers have been able to access referral to other organisations.

The Assessment Team did not assess all requirements and therefore an overall rating for the Quality Standard 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.*

The Assessment Team found, for consumers sampled, clinical care provided is not best practice, is not tailored to their needs and does not optimise consumers' health and wellbeing in relation to pain and behaviour management. Physical and chemical restraint is not fully understood, and documentation is not always in place to support its use.

The Assessment Team described the care provided to a consumer living with dementiawho has been involved in a number of incidents of assault involving other consumers and staff. Care notes show episodes of verbal and physical aggression and disruptive behaviour that impacts on other consumers. The Assessment Team found her behaviors were not fully assessed and strategies were not always developed to minimise the risk of reoccurrence, contributing factors to escalating behaviours were not investigated and measures to prevent behavioural incidents were not developed and implemented.

The approved provider refuted the findings of the Assessment Team and provided information that was available at the time of the assessment contact detailing care provided. The approved provider provided both care plans and progress notes demonstrating that the consumer was assessed by DSA in September 2020 and strategies suggested by DSA including use of earphones and use of a toy dog where trailed with limited or no success. DSA suggested pain assessment and a 7 day pain assessment was conducted in October 2020 with the consumer showing no signs of pain. The consumer seemed to respond to music (a suggestion made by DSA) and there is evidence this strategy was utilised along with other strategies detailed in the consumer’s care plan. In November 2020 the service introduced the consumer to the Community Visitors Scheme to alleviate the consumer’s isolation. When her behaviours began to escalate in November 2020 she was referred to the medical officer who prescribed antibiotics after an MSU was taken and referral was made for a geriatrician’s opinion. The geriatrician’s assessment took place on 5 January 2021 and staff were informed of the geriatrician’s recommendations for managing the consumer’s behaviour.

The Assessment Team found that a consumer’s pain was not reviewed by the medical officer and her pain not assessed or monitored after she broke a tooth. The care of this consumer has been discussed in Requirement 2(3)(e). In relation to this consumer, the Assessment Team found the care manager gave the direction to withhold this consumer’s regular medication, Panadol Osteo used to treat Osteoarthritis, as the consumer required a faster acting analgesia, Panadol to manage dental pain. The Assessment Team found there was no written direction for this or evidence that this was discussed with the consumer’s medical officer. This resulted in staff not following the service’s policy and procedure in relation to the safe administration of medication.

In their response the approved provider responded by producing progress notes showing that the medical officer had been consulted 13 January 2021 (whilst they were on leave), and had approved Panadol to be given prn with Panadol Osteo pro temp. Progress notes record staff were advised to monitor the paracetamol dose in terms of mg/kg/day and there was evidence in progress notes this was occurring.

The Assessment Team were concerned that it was not clear from wound care documentation whether a consumer had MRSA in a wound to her leg (now healed) or in an existing skin lesion on her left cheek. The approved provider was able to produce wound management charts for both wounds which demonstrated that MRSA was present in the lesion on left cheek and not the leg wound and precautions were being taken

The Assessment Team found that a consumer was being chemically restrained with the psychotropic medication, Quetiapine, as given a prn dose to manage his behaviour. The approved provider was however, able to demonstrate that this medication was being prescribed to treat a long standing mental health condition and was not being used as a chemical restraint.

Lastly, the Assessment Team identified a consumer was being cared for in a low bed when experiencing a period of anxiety and queried whether the use of the low bed been evaluated in relation to potential physical restraint. Whilst the approved provider did not provide documented evidence, the approved provider contended that the use of the low bed had been used for several months to manage falls as documented in the nursing and physiotherapy notes.

I have considered the information in both the Assessment Team’s report and the response by the Approved Provider. I find this requirement is compliant as the approved provider is able to demonstrate each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that: is best practice; and is tailored to their needs; and optimises their health and well-being.

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

Issues in relation to medication management, behaviour management and restraint have been addressed in Requirement 3(3)(a).

In relation to behaviour management the Assessment Team found that high risk behaviours involving physical and verbal assaults were not fully assessed, triggers not identified and strategies not in place to manage the behaviour. In relation to medication management the Assessment Team found that medication was not managed safely when a medication order was changed. Lastly the Assessment team found that restraint was not well understood. I have reviewed the Assessment Team’s report and the approved provider’s response and I am satisfied the approved provider can demonstrate effective management of these issues.

The Assessment Team noted that five consumers had suffered skin tears in October and November 2020 as a result of injuries caused when they come into contact with equipment they were using. Risk assessments were requested for equipment in use but were not provided. The approved provider, in their response, stated that the consumers were using equipment usually found in a residential service there was no evidence that the equipment was to blame for the injuries. I accept this.

I have considered the information in both the Assessment Team’s report and the response by the Approved Provider. I find this requirement is compliant as the approved provider is able to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer.

### Requirement 3(3)(c) Compliant

*The* *needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

The Assessment Team found consumer’s needs goals and preferences regarding end of life care are recognised and respected, care is provided to maximise their comfort and dignity, consumers are offered opportunity to express and record their advance care wishes.

I have considered the information in both the Assessment Team’s report and the response by the Approved Provider. I find this requirement is compliant as the approved provider is able to demonstrate the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

The Assessment Team found consumers have access to other organisations and services for those who need it.

I find this requirement is compliant as the approved provider is able to demonstrate timely and appropriate referrals to individuals, other organisations and providers of other care and services.

# STANDARD 4 NON-COMPLIANTServices and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

Consumers largely remain dissatisfied with the food service which does not meet the needs and preferences of all consumers.

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements have been assessed as Non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-Compliant for the Quality Standard.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(f) Non-compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

The Assessment Team found the results of a consumer survey undertaken about food in December 2020 were still be being analysed by management, however, raw date suggested consumer dissatisfaction with food provided. The new menu commenced in October 2020 offered limited options and was repetitive with same or similar meals regularly served (noted by both the Assessment Team and dietician review). There was no option for special dietary requirement for the evening meal. Food storage practices do not ensure infection control is maintained or that food is kept fresh. Feedback from consumers was varied about their satisfaction with the food service and most consumers provided some negative feedback to the Assessment Team. Resident meeting minutes for 26 November 2020 noted nine consumers who provided negative feedback about the food service including wanting greater choice in meals and more taste and flavour.

The approved provider responded by disputing some of the findings of the Assessment Team. The Assessment team found a number of consumers had lost weight. The approved provider stated that this was incorrect for two of consumers cited in Assessment Team’s report who had gained weight however further evidence was not provided to support this claim. The approved provider stated that appropriate meal consistencies are always available (but did not provide further evidence to support this claim) and disputed that the kitchen hand had limited understanding of consumer’s needs stating dietary preferences are posted up in numerous places in kitchen which was visible to the Assessment Team when on site. The approved provider responded to the issue of napkins being used to serve fruit explaining that the dishwasher was being repaired that day resulting in a limited supply of crockery. The approved provider played down the significance of stored food not being labelled or properly sealed and boxes of food stored on floor. The approved provider corrected the statement in the Assessment team’s report about the kitchen being accessed through the laundry. The approved provider provided an analysis of the meal survey completed in December 2020 which showed 20% of consumers are not happy with meal choices, 25% of consumers state meal temperature could be hotter, and 24% not happy with drinks offered with meals. The provider stated that the issue regarding drinks served been already addressed and an action plan was supplied to address remaining findings.

I have considered the information in the Assessment Team’s report and the response by the Approved Provider. I acknowledge the efforts by the Approved Provider to address issues to date including the introduction of a new menu on 26 October 2020 and changes made to drinks served at meal times but note there continues to be a level of dissatisfaction amongst consumers as demonstrated by feedback recorded in Resident meeting minutes in November 2020 and the food survey undertaken in December 2020.

I find this requirement is non-compliant as the approved provider is unable to demonstrate where meals are provided, they are varied and of suitable quality and quantity.

# STANDARD 5 NON-COMPLIANTOrganisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

Most sampled consumers consider that they feel they belong in the service, and feel safe and comfortable in the service environment.

For example:

* Consumers are pleased with the recent improvements to the living environment and the space in their bedrooms.

Improvements have been made however there are ongoing issues relating to maintenance of the service environment to ensure that is safe and comfortable for consumers and they are able to move freely indoors and out.

The Quality Standard is assessed as Non-compliant as one of the three specific requirements have been assessed as Non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-Compliant for the Quality Standard.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

The Assessment Team found there have been improvements made to the services’ living environment. Improvements include reorganisation of some living spaces and bedrooms, painting, some refurbishment of bathrooms and new furniture and furnishings has improved the living environment. While the service building is old and the layout not specific to support dementia design principles improvements have been made to support consumer interaction and function. Some beds have been removed to reduce crowding in consumer bedrooms. New furniture has made the service more homelike and welcoming. Consumers and representatives were pleased with recent improvements.

I find this requirement is compliant as the approved provider is able to demonstrate the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.

### Requirement 5(3)(b) Non-compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

The Assessment Team found consumer concerns had not been addressed with regard to being able to move freely indoors and outdoors due to the heaviness of the front door. The Assessment Team observed that consumers are not easily able to access the door system. A consumer in a wheelchair was observed wanting to enter the service and was unable to independently do so. Two consumers had complained about the front door as they are unable to easily access the front of the service where the smoking area and outdoor seating is. A consumer said the door has knocked a frail consumer over twice as this consumer is too slow for the door.

A consumer complained to the Assessment team about the lack of blinds in the upstairs lounge making it difficult to cope with the sun and a complaint had been received 18 December 2020 from five consumers about the TV location and the reflected light making it difficult to watch TV. The Assessment Team found there were no planned activities to deal with either issue in the service’s improvement plan.

Furthermore, the Assessment Team found the smoking area is not a safe or comfortable place to be as it lacks a fire blanket, weather cover and cigarette bin. Smokers were seen sitting with non-smokers in other parts of the service to smoke. A courtyard was observed to be covered in a large pool of water with brown slimy moss. Floor surfaces were uneven upstairs due to bubbling in the lino. Not all rooms had buzzers and there were issues due to cleanliness in the lower ground area. Training records for the cleaners could not be produced and there is no additional cleaning of touch surfaces. Several maintenance issues were outstanding relating to a broken toilet seat and two holes in the ceiling in the pan room. The Assessment Team noted that the rodent stations were not secured/tethered in the garden. Lastly, the Assessment team found no planned maintenance system prior to October 2020.

The approved provider responded stating that the Assessment Team were referring to an older version of their improvement plan and that changes to the front door and the purchasing of blinds were items in the service’s current improvement plan. The approved provider supplied a copy of their current plan and changes to the front door were added on 20 October 2020 with planned completion date 1 March 2021. The purchasing of blinds was added 11 December 2020 with planned completion date 1 March 2021.

With regard to the smoking area, the approved provider stated that a consumer had moved the bin in the smoking area and this was not the fault of staff. They added it was the consumer’s choice to sit elsewhere and not in the smoking area, possibly because it was raining. The approved provider stated that a courtyard was covered in moss as it has been raining for two weeks.

The approved provider disputed that the flooring downstairs was filthy and stated that the bubbles in the lino flooring have now been fixed. The approved provider stated that the buzzers in Rooms 8b and 6 were missing as these were decommissioned beds and the holes in the ceiling were due to ongoing plumbing work. The approved provider stated that they now have a planned maintenance system (documentation supplied) with a fully functioning and effective maintenance schedule in place. Rodent stations have been secured (photographs supplied). The approved provider stated that the cleaners on site were undergoing induction and had the Assessment team requested the training information they required this would have been produced on the day. It is noted however that this information was not included in the approved provider’s response to the report and neither was information about additional high touch cleaning.

I have considered the evidence in the Assessment Team’s report and the approved provider’s response. I note that the Approved Provider plans to take action to address the front door issue but this has not yet been actioned. As such, the front door provides a hazard for elderly frail consumers and currently prevents a number of consumers moving feely both indoors and out to access to the community and the outdoor seating and smoking area. I note also that the Approved Provider plans to purchase blinds for the upstairs lounge but as thus has not been actioned as yet consumers are unable to use that room and watch TV due to the glare.

The approved provider submitted their response to the Assessment team’s report but this does not include their plans to keep the courtyard area safe and moss free. I also note that the approved provider’s response does not include actions planned to address the safety and comfort of the smoking area. Neither was information provided about the training provided to the cleaning staff and whether high touch cleaning is being conducted.

I find this requirement is non-compliant as the approved provider is unable to demonstrate the service environment is safe, clean, well maintained and comfortable; and enables consumers to move freely, both indoors and outdoors.

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

The Assessment Team found whilst some improvements have been made to equipment availability and maintenance some issues remain. The call bell system is outdated and not always reliably available to all consumers. Risk assessments were not completed on the new furniture and equipment and mobility equipment was aged and in limited supply.

The approved provider disputed the findings of the Assessment Team’s stating that much of the team’s observations had been copied from the previous report and were therefore not current. The Approved Provider disputed that there is limited mobility equipment and stated that new air mattresses were purchased in October 2020 and 12 low line beds in December 2020. The approved provider submitted their improvement plan showing these items had been completed. The approved provider stated that the Assessment team did not ask for risk assessments completed for new equipment, and had they asked these would have been produced, but I note no further evidence was provided in their response. The approved provider also disputed that consumers do not have access to call bells.

I note that the home has recently purchased new furniture and decorated walls with new pictures as well as refurbished bathrooms resulting in improvements to the service’s living environment which consumers were pleased with. Some beds have been removed to reduce crowding in consumer bedrooms. The new furniture has made the service more homelike and welcoming and consumers and representatives were pleased with recent improvements. The Assessment team found equipment gets cleaned regularly.

I have considered the Assessment Teams report and the response by the approved provider. I find there is insufficient evidence to support that consumers do not have access to suitable equipment and note that improvements made to the service living environment has been well received by consumers.

I find this requirement is compliant as the approved provider is able to demonstrate furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

# 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.

### Requirement 2(3)(d)

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is* *readily available to the consumer, and where care and services are provided.*

* Ensure that care and services plans are readily available to the consumer where care and services are provided.

### Requirement 2(3)(e)

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

* Ensure care and services provided to consumers are regularly reviewed for effectiveness, particularly when needs change, and that care and service plans are up to date and meet the consumer’s current needs, goals and preferences.

### Requirement 4(3)(f)

*Where meals are provided, they are varied and of suitable quality and quantity.*

* Continue to work with consumers to address their feedback to ensure where meals are provided, they are varied and of suitable quality and quantity.

### Requirement 5(3)(b)

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*
* Ensure that the service environment is safe, well maintained and comfortable and enables consumers to move freely indoors and out.