Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Anglicare SQ Abri Home for the Aged |
| Service address: | Bauer St/ Heath St SOUTHPORT QLD 4215 |
| Commission ID: | 5117 |
| Approved provider: | The Corporation of the Synod of the Diocese of Brisbane |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 4 January 2023 |
| Performance report date: | 19 January 2023 |

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 Anglicare SQ Abri Home for the Aged (**the service**) has been prepared by K. 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 - Desk; the Assessment Contact - Desk report was informed by a review of documents and interviews with staff.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 5** Organisation’s service environment | **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 1

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | |  |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |

Findings

The service was found to be non-compliant in Requirement 1(3)(d) following a site audit conducted on 24-26 May 2022. Risks to consumers who chose to smoke had not been addressed and mitigation strategies had not been implemented to reduce the risks to the consumers.

Actions taken by the Approved provider to address the Non-compliance have included smoking risk assessments and mobility assessments were completed and information relating to the smoking habits of consumers recorded. Consumers were no longer permitted to smoke on balcony areas and this was discussed with the consumers and their representatives. Smoking regimes were in place for consumers who chose to smoke including the number of cigarettes, the time allocated for smoking and the level of assistance required.

Smoking aprons were offered to consumers who chose to smoke. Staff at times applied aprons prior to cigarettes being provided. Call bell pendants were provided to consumers who chose to smoke.

Care planning documentation has been reviewed and updated for consumers who chose to smoke to include smoking information and risk assessment findings. Risk assessments were reviewed as part of the care plan review process every three months.

For one consumer a change of room allowed for ease of access to the designated smoking area, this initiative has mitigated the risk of the consumer smoking in non-designated areas.

Education was provided to consumers relating to alternative egress routes in the event of a fire or emergency. Consumer rooms were audited to ensure access was in place for emergency situations. A Fire Safety Officer was appointed to support the Workplace Health and Safety Officer in relation to fire and safety.

Based on the information recorded above, it is my decision this Requirement is now Compliant as the risk to consumers and others has been mitigated by the above actions.

# Standard 5

|  |  |  |
| --- | --- | --- |
| Organisation’s service environment | |  |
| 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. | Compliant |

Findings

The service was found to be non-compliant in Requirement 5(3)(b) following a site audit conducted on 24-26 May 2022. It was identified some consumers were unable to access an alternate route of egress due to beds placed against on other doors in their room. Laundry service were noted to be ineffective.

Actions taken by the Approved provider to address the Non-compliance have included an audit of consumer rooms to identify and hazard or safety concerns. Consumer meetings were reviewed and safety, fire and access around the service was added as an agenda item. A Fire Safety Advisor was allocated to the service.

Two fire drills were conducted in 2022 for all staff. An external audit was completed by Queensland Fire services and minor deficits were rectified. A Workplace Health and Safety Officer was appointed, and a committee established supported by the Fire Safety Officer.

A utility room was converted to allow ease of access for consumers to navigate through the service.

Laundry services were outsourced for all flat linen, deliveries were occurring three times per week. Commercial laundry equipment was purchased to ensure consumers’ personal laundry was processed in a timely manner.

Based on the information recorded above, it is my decision this Requirement is now Compliant as the living environment is safe, clean and well maintained.

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)