Performance

Report

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| Name: | Baptistcare Gracewood |
| Commission ID: | 7166 |
| Address: | 20 Roebuck Drive, SALTER POINT, Western Australia, 6152 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 2 May 2024 |
| Performance report date: | 29 May 2024 |
| Service included in this assessment: | Provider: 1595 BaptistCare NSW & ACT  Service: 4694 Baptistcare Gracewood |

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 Baptistcare Gracewood (**the service**) has been prepared by Therese Wilson, 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 21 May 2024.

# Assessment summary

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| Standard 5 Organisation’s service environment | Not Compliant |

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.

**Requirement 5(3)(c) –** ensure the environment if is safe clean well maintain and comfortable for consumers including have carpets that are clean and free from odours, enough staff to ensure cleanliness is maintained and a hazard free environment for consumers safety.

# Standard 5

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| 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. | Not Compliant |

Findings

As this Requirement has been found non-compliant the overall rating for this Quality Standard as non-compliant.

The service was found to be non-compliant in this requirement following an assessment contact on 27 July 2023, where the secure memory support unit (MSU) was found to have stained, malodourous carpet that was fraying and a tripping hazard, the ceiling was found to have gaps exposing plumbing and cabling, the walls were noted to be marked with peeling paint and the consumer memory boxes required repair. The service undertook actions to rectify the deficits including completing repairs to the ceiling, consumer rooms were personalised with names on each room and the furniture was matching and in good condition.

The assessment team recommends this requirement to be not met due to the carpet remaining stained, malodorous and fraying, the walls were marked and in need of repair and staff shortages did not allowing cleaning to take place resulting in only bins being emptied and public areas being cleaned on some occasions. Consumers and representatives confirmed there was a lack of cleaning staff and stated at times things did not get cleaned and despite carpet cleaning taking place, consumers and representatives confirmed they are still malodorous and stained.

The service provided a response on the 21 May 2024 where they acknowledged the feedback provided by the assessment team and welcomed the opportunity to highlight their plans for improvement. The information included, but was not limited to, a plan for continuous improvement, carpet cleaning invoices, maintenance programs, meeting minutes and training schedules.

The service also acknowledged they have had difficulties with staffing levels for cleaning due to a variety of factors. The provider asserts they expect to return to full staffing levels by June 2024 and have devised a plan to ensure the levels are effectively monitored through a new staffing model which will also be monitored by the care and governance committee.

The carpet replacement is due to commence at the beginning of the new financial year, with the MSU being completed by the end of September 2024 and the rest of the service by December 2024. To address the fraying of the carpet, the provider asserts training has been provided to staff and a hazard is now recorded in the hazard system. The fraying will be monitored to ensure the safety of consumers. The walls have undergone repair and have been repainted where required.

I have considered both the assessment teams report and the providers response and I agree with the assessment team. Whilst the service has made improvements and has plans in place to ensure the environment is safe, clean and well maintained, not all actions have been undertaken as yet. The continuous improvement plan provides a timeline to when all issues will be resolved including the replacement of the carpets. However, this has not been completed as yet and despite the current cleaning regime representatives and consumers confirmed there is still a malodour present. Whilst procedures have been put into place to ensure the safety of consumers with the fraying carpet, to alleviate the hazard it will require the carpet to be replaced. I acknowledge the actions undertaken by the service in relation to walls, including the repairs and ensuring regular inspection and touch up painting is completed when required. I also acknowledge the actions taken in relation to staff and cleaning schedules but these will take time to ensure they are effective and embedded into everyday practice.

It is for these reasons I find Requirement 5(3)(b) non-compliant.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)