Bolton Clarke Rowes Bay

Performance Report

9 Havana Street
ROWES BAY QLD 4810
Phone number: 07 4750 3700

**Commission ID:** 5286

**Provider name:** RSL Care RDNS Limited

**Assessment Contact - Desk date:** 26 July 2022

**Date of Performance Report:** 12 August 2022

# Performance report prepared by

Kimberley Reed, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will 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

|  |  |
| --- | --- |
| **Standard 5 Organisation’s service environment** |  |
| Requirement 5(3)(b) | Compliant |

# Detailed assessment

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 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 - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff
* other information and intelligence held by the Commission in relation to the service.

# STANDARD 5 Organisation’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

The Assessment Team did not assess all Requirements in this Standard; therefore, a compliance rating or summary is not provided.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(b) Compliant

*The service environment:*

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

The service completed actions to rectify deficits in the service environment identified at the Site audit completed 06 December 2021 to 09 December 2021. Actions taken demonstrated the service environment was safe, clean, well maintained and comfortable and consumers could move freely both indoors and outdoors.

Previously locked external doors were restricting consumers’ freedom of movement, actions taken to remedy this situation included the automatic doors in the sunroom were placed on a timer, so they will open easily during daylight hours. The sensors were cleaned to ensure they were in sound working order. Consumers advised in the service’s January 2022 newsletter that they could freely use the external areas of Lower Bay. While the doors may be closed, they were not locked, and consumers could exit through the doors at any time. Staff duty lists were updated to ensure that staff, including agency staff were aware of ensuring automatic doors are set to open automatically daily. The Leisure and Lifestyle coordinator checked this area daily to ensure that the doors are set to automatic opening and that the area was clean.

The doors to all outdoor areas continued to be operational and checked by personal Copies of work orders confirmed the completion for the assessment, cleaning and resetting of the door time opening function. The invoice provided by contractor confirmed works undertaken and confirmed work was completed. The organisational duty list for care staff described the time they were required to check doors to the outside area were unlocked to ensure accessibility by consumers, staff and visitors.

In relation to the cigarette remnants in gardens and the cleanliness of the smoking area, actions taken to address this issue included cigarette remnants have been cleaned from garden beds with the provision of more appropriate ashtrays to decrease the smell of cigarettes. Staff received communication regarding appropriate cleaning of the designated smoking area and their responsibility to do so.

Management advised that regular inspection of the garden area by the Residential Manager had shown no instances of cigarette remnants since the upgrading of the designated smoking areas. Monthly spot checks by management are continuing and new fit for purpose ash trays have been installed. Staff received an email from management communicating the state of the garden bed as reported by the Assessment Team and actions to be taken by the service, including coordinating a designated smoking area and the changing of ash trays. The plan for continuous improvement evidenced the completion of work relating to smoking areas. Photographic evidence demonstrated the fit for purpose ashtrays provided.

Previously the smoking area did not meet legislative requirements, the smoking area identified in the Site audit report had signage placed stating ‘This is a smoke free zone’ to show that it was not the nominated area and seating and ashtrays were moved so it cannot be used as a smoking area. The service conducted a further review of the nominated outdoor smoking place and subsequently, actions have been implemented to further ensure that smokers only use the side of the gazebo outside of the five-meter boundary of the nominated outdoor smoking place. In addition to the seating already being more than five metres from the building, seven-foot-high fencing has been erected to prevent any person who is smoking from inadvertently moving into the area that is not nominated by the Approved provider as an outdoor smoking place.

Consumers and staff now smoke in the designated smoking area which is located more than five metres from the building. Consumers were advised at time of entry when orientated to the site where all amenities were including the location of the designated smoking area where relevant. Notification was provided to staff by way of inclusion in an ‘all staff’ email and consumers were advised in the January 2022 monthly newsletter. No smoking signage had been installed throughout the service.

Several photographs confirmed the actions taken to provide a designated outdoor smoking area including no smoking signs throughout the service. A photograph corroborated the designated smoking area for consumers and staff was more than five metres from the building. The plan for continuous improvement dated December 2021 provided evidence of the completion of the designated smoking area. The service’s complaints and feedback log for April, May, June 2022 provided no incidents relevant to complaints about consumers or staff smoking or the smell of cigarette smoke within the service.

In relation to an unlocked storeroom door that was identified at the Site audit, actions taken to address this deficit included a reminder for staff to lock chemical storerooms. Ongoing monitoring of chemical storerooms was conducted by the Work health and safety representative. Management advised mandatory online training included the safe storage of chemicals and references the chemical storeroom as being required to be locked. Staff were advised via email of the requirement to keep the storeroom locked.

The kitchenette was observed to be not clean at the Site audit, in response the kitchenette was cleaned, and ongoing auditing of the cleanliness was conducted by hotel services staff. The most recent audit in May 2022 demonstrated 93% compliance. Improvement actions were determined by the leadership team and followed up for completion by the Manger and Hotel Services team.

Management advised that a biannual environment audit was undertaken by the Infection prevention control lead. The latest environmental audit was undertaken in May 2022 and achieved a 93% compliance. The cleaning of the kitchenette was the responsibility of housekeeping staff and management has ensured this is included within the housekeeping staff daily duties.

The cleanliness of the balcony areas and lift was noted to be poor at the Site audit, in response the balcony and lift was cleaned. This area was monitored for cleanliness by the Leisure and Lifestyle Co-ordinator. Ongoing auditing was conducted by hotel services staff. The most recent audit in May 2022 demonstrated 93% compliance. The lift was cleaned. Ongoing auditing is conducted by hotel services staff.

Based on the information summarised above, it is my decision this Requirement is now Compliant.

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.