Mandalay Retreat

Performance Report

Crn Bay and Wellington Streets
CLEVELAND QLD 4163
Phone number: 07 3286 6879

**Commission ID:** 5350

**Provider name:** Senjah Pty. Ltd.

**Assessment Contact - Site date:** 13 April 2022

**Date of Performance Report: 16 May 2022**

# Performance report prepared by

Tara Wurf, 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 1 Consumer dignity and choice** |  |
| Requirement 1(3)(a) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** |  |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | 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 - 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 approved provider did not provide a response to the Assessment Contact - Site report.
* The performance report dated 24 September 2021 following the site audit conducted 6 to 9 July 2021.

# STANDARD 1 Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

The Assessment Team did not assess all requirements and therefore a standard summary and overall compliance rating for the Quality Standard is not provided.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

Consumers described feeling respected and said staff make them feel valued as individuals. They provided examples of how staff practices, such as care delivery, is in accordance with their preferences, and respects their culture, identity and diversity.

Staff consistently spoke about consumers in a respectful manner and demonstrated understanding of their personal circumstances and how they prefer to be treated. Care staff were familiar with consumers’ backgrounds and gave examples of how that influences the care they provide on a day-to-day basis. Management advised church services are conducted in various religious denominations to meet the preferences of consumers.

Staff could describe what treating consumers with dignity and respect means in practice and said they would raise concerns with senior registered staff and management if they thought a consumer’s dignity was not being respected.

The Assessment Team observed staff greeting consumers and visitors with familiarity and interacting with consumers in a dignified, friendly and respectful manner.

Care planning documents reflected what is important to the consumer and provided information to guide staff in delivering care tailored to consumers’ preferences.

The service has organisational policies including a ‘code of conduct’ available to guide staff practice that outlines the rights of consumers to be treated with respect and their religious and cultural identity valued. Consumers/representatives are provided with information upon entry to the service that details of the service’s commitment to meeting consumers’ cultural, language and ethnic needs and The Charter of Aged Care Rights, which is also displayed in communal areas.

Staff have been provided with education regarding consumer dignity and choice.

Actions have been taken to improve the performance of the service in this requirement in response to deficiencies identified during the Site Audit conducted 6 to 9 July 2021. Improvements included:

* Processes to seek consumer feedback, including:
	+ ‘touch point’ informal verbal feedback sessions which commenced in August 2021 to understand consumer satisfaction. Information from these sessions is considered at management meetings and provided to the Board.
	+ A consumer satisfaction survey in October 2021 found consumers were generally satisfied at the service, and areas for improvement from consumer feedback/surveys are included to the service’s plan for continuous improvement.
* A self-directed education package in privacy and dignity that staff completed in July 2021 and December 2021.

Based on the information above, it is my decision this requirement is now compliant.

# 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

The Assessment Team did not assess all requirements and therefore a standard summary and overall compliance rating for the Quality Standard is not provided.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(g) Compliant

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

The organisation has policies and procedures related to infection control and antibiotic management. Infections are monitored and reported, including via clinical indicator data. Resources are available to guide staff with the management of a potential COVID-19 outbreak. The service has a vaccination program available.

Consumers and representatives expressed satisfaction with the service’s management of the COVID-19 outbreak that occurred in March-April 2022.

Staff described how they minimise the need for the use of antibiotics and ensure antibiotics are used appropriately. Staff also described how infection-related risks are minimised at the service, including through hand hygiene practices, use of personal protective equipment, and COVID-related practices such as monitoring consumers for symptoms and screening staff and visitors. The service’s Infection Prevention Control Lead described their role, including to educate staff.

Infection control is a standing agenda item on staff meetings, and COVID-19 and associated restrictions are discussed at consumer meetings. Staff have received education on various topics, including personal protective equipment, infection control principles, and management of a potential COVID-19 outbreak.

The Assessment Team observed signage throughout the service related to the prevention of COVID-19, and hand washing stations, hand sanitiser and disinfectant wipes available for use throughout the service.

Actions have been taken to improve the performance of the service in this requirement in response to deficiencies identified during the Site Audit conducted 6 to 9 July 2021. Improvements included:

* Providing staff education on various topics such as, infection control, outbreak management, antimicrobial stewardship, urinary tract infections and alternative strategies to antibiotics.
* Completing an audit on consumers who require the assistance of a mechanical lifting device. All consumers requiring assistance from the mechanical lifting device now have a dedicated set of slings that are relevant for their assessed assistance needs. The Assessment Team also observed staff using mechanical lifting device slings that were designated for the consumer and in a clean condition.

Based on the information above, it is my decision this requirement is now compliant.

# 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 and therefore a standard summary and overall compliance rating for the Quality Standard is not provided.

## Assessment of Standard 5

### 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.*

Consumers said they could navigate around the service with ease. They could access outdoor areas when they wish and are encouraged to spend time in the gardens. Consumers were satisfied the service is clean and well maintained. Consumers said they can report issues to maintenance and issues are rectified in a timely manner.

The Assessment Team observed:

* Consumers with access to their call bells when in their rooms. Management and staff responded in a timely manner to consumer calls for assistance.
* Consumers and visitors moving freely and independently throughout the service and outdoor areas.
* Corridors were uncluttered and equipment such as mechanical lifting devices and wheelchairs have appropriate storage areas. While several items were inappropriately stored in an indoor cinema area, these were removed during the Assessment Contact visit.
* Carpeted areas throughout the service were observed to be clean and free from food debris or spills.
* The outdoor areas were well maintained and clean, and pathways were free from over hanging plants or bushes.
* Fire evacuation diagrams and illuminated emergency exit signage were displayed and fire-fighting equipment was readily available. The Assessment Team were advised, and documentation evidenced, there were no outstanding fire defects at the time of the Assessment Contact.

The service’s designated smoking area for consumers and staff is now located toward the rear of the service. The Assessment Team observed appropriate signage to be in place, and firefighting equipment and butt receptacles available. Staff were observed to be using this area. A consumer who occasionally smokes advised the Assessment Team that staff escort them to the designated smoking area.

During the Site Audit conducted 6 to 9 July 2021, the service had two designated smoking areas and the Assessment Team found one of these areas did not have an ashtray available and several cigarette butts had been extinguished inside bricks stacked along the wall of the smoking area.

During the Assessment Contact visit, the Assessment Team identified the second smoking area in the front carpark was still in use and had smoking signage at the entrance of the area, fire equipment and signage, and a ceramic round receptacle overflowing with used cigarette butts. The surrounding garden area was littered with cigarette butts and cigarette butts were observed in holes of a wall of stacked bricks. The Facility Manager acknowledged the area was dirty and unsafe and advised that whilst the area was now used only by the visitors, it would be immediately and permanently closed. The Assessment Team observed the area to be dismantled and the gate to the area shut at the completion of the Assessment Contact visit.

Staff across all areas of the service could explain the process of reporting maintenance requests or when hazards or risks to staff and consumers are identified. Preventative maintenance was completed as scheduled and reactive maintenance requests were attended to in a timely manner. Maintenance is discussed across various meetings held at the service.

Cleaning staff advised they follow a schedule for cleaning and explained how staff report any areas that require specific cleaning, including carpet cleaning. They have the equipment required to perform their roles.

Actions have been taken to improve the performance of the service in this requirement in response to deficiencies identified during the Site Audit conducted 6 to 9 July 2021. Improvements included:

* Extensive carpet cleaning has been performed by an external carpet cleaning contractor according to a regular schedule.
* A deep clean of all ceiling fans, vents and areas raised previously has been undertaken and are referenced and scheduled on cleaning schedules.
* Cleaning staff advised they are conducting carpet cleaning in consumer rooms and smaller areas on a regular weekly basis.
* Balconies and balcony cleaning were on the preventative maintenance schedule. Balconies have been cleaned, decluttered and were free from rubbish and unwanted items. Balconies were appropriately furnished, and some consumers had personalised the area outside their room.
* Doors and walls in the MSU have been painted.
* Colour coded mops, cloths and buckets have been implemented across the service.

I note that at the time of the Assessment Contact visit, the service had two smoking areas in use; a designated smoking area and an additional smoking area at the front of the service primarily used by visitors. The additional smoking areas was observed to be unclean and unsafe. Deficiencies with this smoking area had been identified during the previous Site Audit conducted in July 2021 and improvement actions had not been implemented or effective.

However, I acknowledge that on the day of the Assessment Contact, the service dismantled and permanently closed the additional smoking area. I am also satisfied that consumers and staff were aware of and accessed the service’s designated smoking area.

Based on the information above, it is my decision this requirement is now compliant.

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

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

Consumers expressed satisfaction with the cleanliness and maintenance of the furniture, fittings and equipment. One consumer said staff check their mobility aid and clean it when required.

The Assessment Team observed furniture, fittings and equipment to be clean, well-maintained and suitable for their intended purpose. Lounges in communal areas were observed to be clean and free from stains or odours. Dining room settings were observed to have appropriate lighting, were clean with appropriate furniture and fittings. The walls and consumer bedroom doors in the memory support unit have been painted adding to an enhanced homely feel to the area. Carpeted areas of the service were observed to be clean, well maintained, with very minimal staining in a couple of areas downstairs. Staff were observed wiping down shared equipment in between consumer use with sanitising wipes.

Staff across all areas of the service said they have enough equipment to undertake their roles and meet the needs of consumers. Management advised specialised equipment had been purchased for consumers, including pressure alternating mattresses, mechanical lifting device slings for all consumers that require the assistance of the mechanical lifter, and a new mechanical lifting device.

Staff advised when equipment is shared between consumers, staff wipe down all surfaces of the equipment with sanitiser wipes and then apply a sanitising spray to the equipment. Cleaning staff advised carpet cleaning is carried out once a week, or as required, and a contract carpet cleaner has been engaged by the service for the larger communal areas.

The call bell system is regularly tested and serviced by an external contractor. The preventative and reactive maintenance registers demonstrated evidence of regular and as required maintenance of the furniture, fittings and equipment had been completed in a timely manner. There were no outstanding issues at the time of the Assessment Contact visit.

Actions have been taken to improve the performance of the service in this requirement in response to deficiencies identified during the Site Audit conducted 6 to 9 July 2021. Improvements included:

* All cleaning trolleys at the service were observed to be fit for purpose with keys to provide a safe and securely locked chemical storage cabinet on each trolley.
* Shared equipment was observed to be clean, well maintained and mostly stored appropriately.
* Furniture that was previously identified as being soiled or damaged has been removed and replaced with appropriate replacements.

Based on the information above, it is my decision this requirement is now compliant.

# Areas for improvement

In relation to the four requirements assessed during the Assessment Contact conducted on 13 April 2022, 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 in relation to those requirements.

Areas have previously 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 the performance report dated 24 September 2021 in relation to the site audit conducted on 6 to 9 July 2021.

# Other relevant matters

Non-compliant requirements from the site audit conducted on 6 to 9 July 2021 that were not assessed at this visit and therefore not addressed in this performance report are:

* Requirement 2(3)(e)
* Requirement 3(3)(a)
* Requirement 3(3)(b)
* Requirement 6(3)(c)
* Requirement 6(3)(d)
* Requirement 7(3)(a)
* Requirement 7(3)(d)
* Requirement 8(3)(b)
* Requirement 8(3)(c)
* Requirement 8(3)(d)
* Requirement 8(3)(e)