Performance

Report

**1800 951 822**

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| Name of service: | Pembroke Lodge |
| Service address: | 57-61 Pembroke Road MINTO NSW 2566 |
| Commission ID: | 0646 |
| Approved provider: | The Sisters of Our Lady of China Health Care Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 11 May 2023 |
| Performance report date: | 16 June 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 Pembroke Lodge (**the service**) has been prepared by J Durston, 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 - 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.

# Assessment summary

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| Standard 5 Organisation’s service environment | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | 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 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. | Compliant |

Findings

Following a Site Audit conducted 21-23 November 2022, the service was found to be non-compliant with Requirement 5(3)(b). The service was unable to demonstrate the service environment is kept clean, safe and well-maintained.

An Assessment Contact was conducted on 11 May 2023. The Assessment Team found the service had implemented improvements in response to the non-compliance raised in the 2022 Site Audit Report and found the service to be compliant with requirement 5(3)(b).

The Assessment Team identified improvements including, kitchenette floors were cleaned with an industrial electric scrubbing machine. The cleaning of the kitchenette floor was added to the schedule of the contracted cleaners and the use of industrial floor cleaning equipment was introduced in the cleaning roster. The kitchenette drains were cleaned using the recommended cleaning agent and treatment protocol, and the cleaning regime was added to the preventative maintenance schedule. Monthly preventive pest control has been introduced, fly nets are used to cover and protect fresh fruit from fruit fly infestation. All staff were educated on policy and procedure, and their roles and responsibilities regarding the maintenance of and reporting issues in the service environment. The service environment has been added to the agendas of all staff meetings and work health and safety committee meetings. A schedule was developed to conduct regular monitoring of the internal and external service environment of the Memory Support Unit (MSU) to encourage early identification of, and timely response to, any issues relating to the safety and cleanliness of the service environment.

The Assessment Team’s review of documentation, interviews with staff, consumers and representatives and observations showed the service environment is kept clean and safe and is well maintained. One consumer advised the service keeps the loungeroom spotless and the service does a really good job of maintaining the cleanliness of the bathroom they share wit another consumer. Staff were observed sanitising high touchpoint areas. The maintenance logbook showed most maintenance requests are actioned within 24 to 48 hours. Staff meeting minutes contained reminders from management to staff regarding their responsibilities to report to regularly monitor maintenance issues and check for left over food in rooms and kitchenettes to prevent insects.

Accordingly, I find the Requirements 5(3)(b) compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |

Findings

Following a Site Audit conducted 21-23 November 2022, the service was found to be non-compliant with Requirement 7(3)(a). The service was unable to demonstrate that it hadsufficient staffing level to provide safe and quality care and services.

An Assessment Contact was conducted on 11 May 2023. The Assessment Team found the service had implemented improvements in response to the non-compliance raised in the 2022 Site Audit Report and found the service to be compliant with requirement 7(3)(a).

The Assessment Team identified improvements including, additional shifts added to the night shift and weekends, and extended floater shifts were added to the dementia support unit (DSU) during the afternoon shift from Monday to Friday to support consumers identified to experience behaviours in the afternoons. There is regular consultation with staff, consumers and their representatives to obtain feedback to assist with rostering and allocation. New staff and agency staff are provided with support and buddied and mentored to provide safe and quality care to consumers. Staff allocation is reviewed daily to reflect staff skill to meet consumer needs, and the service has increased the number of staff with medication competency to administer medications across the organisation. Management analyse call bells weekly and require an explanation for response times exceeding the service maximum.

The Assessment Team reviewed the call bell report that showed that of the 4434 calls recorded, 98.7% of response times were under eight minutes and documentation showed there were no shifts unfilled in the 2 weeks before the Assessment Contact. Consumer feedback was positive regarding staff numbers. Sampled consumers said the staffing level has improved compared to last year, especially during the weekend and in areas that require more staff such as the dementia support unit; there are enough staff to care for consumers in the DSU in the afternoons; and there is more than enough staff at the service to assist with their personal and clinical care. Staff interviewed confirmed more staff have been employed and which has helped them to effectively manage the workload, and to provide safe and quality care to their consumers.

Accordingly, I find the Requirements 7(3)(a) compliant.

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