Performance

Report

**1800 951 822**

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| Name: | St Andrew’s Village Byron Bay |
| Commission ID: | 9616 |
| Address: | 29-33 Marvell Street, BYRON BAY, New South Wales, 2481 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 15 May 2024 to 16 May 2024 |
| Performance report date: | 12 June 2024 |
| Service included in this assessment: | Provider: 930 St Andrew's Village Ballina Limited  Service: 28952 St Andrew's Village Byron Bay |

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 St Andrew’s Village Byron Bay (**the service**) has been prepared by Kimberley 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 (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 an email requesting information dated 20 May 2024
* the Assessment Team’s report for the Assessment contact (performance assessment) 20 February 2024
* the Performance report dated 15 March 2024
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 4 Services and supports for daily living | Not Compliant |
| **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.

* Meals are to be of suitable quality
* The service environment must be safe, clean and comfortable for consumers.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not Compliant |

Findings

The service was found to be non-compliant in this Requirement following an Assessment contact conducted on 20 February 2024. Consumers provided negative feedback regarding the quality, variety and temperature of meals, meal temperatures were not taken to ensure the safety of meals and staff had a lack of food safety knowledge. While the service implemented actions to address the non-compliance including the engagement of a contracted catering service to cook meals onsite, the oversight of a catering manager, menus provided to consumers, the establishment of a food focus group, taste testing of meals by management and food safety training for staff, consumers remain dissatisfied with meal temperatures.

Six of eleven consumers interviewed expressed dissatisfaction with meal temperatures, stating meals were not always hot enough. Consumers provided feedback hot meals were served cold or lukewarm, meal temperatures were dependant on which staff served the meals, meals required reheating in their rooms and meals were unenjoyable.

Following feedback onsite, it was determined meal temperatures were taken when hot food was placed in the bain-marie prior to transportation to the communal dining room, however no food temperatures were taken prior to meal service. Management committed to several improvement actions onsite to address the temperature of meals including first and last meal served will be checked for therapeutic temperatures, meals will be delivered one at a time to consumers’ rooms, the use of thermal plates and plate covers will be used effectively, and ongoing feedback would be obtained from consumers in relation to meal temperatures.

While I acknowledge the actions taken by the Approved provider to address consumer satisfaction with meals, I am not convinced these actions have been effective or consumers have been sufficiently engaged to provide feedback relating to meal temperatures. It is my decision this Requirement remains non-compliant, as meals are not of a suitable quality.

# 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**

Consumers were not satisfied with the cleanliness of the service including their bedrooms. The service was observed to be unclean, unsafe and not maintained. Hazards were observed in the environment and had not been identified by the Approved provider. Consumers were exposed to dangers in their living environment.

The service was undergoing extensive renovations in all 4 cottages. One cottage was decommissioned at the time of the Assessment contact for construction purposes. The construction site was not secure, doors were noted to be unlocked and a bollard to deter consumers from entering the area was not in place. There were no tradespeople in the area at the time of the observation. Observations in other cottages included building tools with sharp blades accessible to consumers and building equipment and construction material stored in areas posing a trip hazard to consumers.

The Approved provider was requested and responded to concerns raised by the Assessment Team via email on 20 May 2024. In relation to the security of the building site, the Approved provider has stated building works have been actively completed in cottages where consumers were not residing. Where work has been needed in cottages where consumers reside, consumers (with consent) have been moved to a separate cottage. Actions taken to address concerns raised regarding the safety of consumers during construction have included:

* initial orientation of all contractors as they came onsite and toolbox training for remaining contractors as a reminder of consumer safety
* a safety audit was completed of the entire service 20 May 2024
* the maintenance team and the coordinating manager of the refurbishment will meet weekly to ensure suitable clinical input is given to the planning to ensure ongoing consumer safety
* kitchenette replacement projects will be appropriately barricaded for safe work
* site safety has been added to the regular consumer and representative meeting agenda.

While the Approved provider committed to the above actions, there was no evidence provided in the response to corroborate these actions had taken place or had been effective in ensuring consumer safety.

The Assessment Team observed signage relating to a Red-bellied black snake present at the service. Doors to the cottages were noted to be open The Approved provider in its response acknowledged the presence of the snake residing out the front of the service, away from consumer areas, and stated another snake was observed on the bushland side of cottage 2 during the Assessment contact.

The Approved provider was requested and responded to concerns raised by the Assessment Team via email on 20 May 2024. In relation to the presence of the snake, the Approved provider documented the following actions:

* engaged a snake catcher who was unable to catch the snake and advised the service were best to leave it there
* signage with the snake catcher’s telephone number are now on display around the service
* snake bite kits are onsite as a precaution
* signage was placed on the building where the snake is residing
* placed snake repellent onsite which works by ultrasound and vibrations as a deterrent for snakes
* education relating to snakes was delivered to consumers and staff 16 May 2024
* snake safety has been added to the regular consumer and representative meeting agenda.

The Approved provide noted in its response that Red-bellied blacks snakes are not deemed aggressive and are productive in keeping other snakes away. This information does not influence my reasoning that consumers deserve to live in an environment devoid of snakes. While the Approved provider committed to the above actions, there was no documented evidence provided in the response to ensure these actions had taken place or evaluated for effectiveness.

Chemicals were observed to unsecured in two communal laundries, accessible to consumers. Following feedback onsite the chemicals were removed and stored in an external building. The Approved provider in its response acknowledged the presence of the chemicals in open cupboards of the laundries was not safe. Lockable doors have been sourced and will be installed and tested. The chemicals will remain in the locked storage area until installation is completed.

Contractors were observed to leave the site during the Assessment contact, following their inability to demonstrate they had completed police check clearances. The Approved provider in its response acknowledged there were 4 contractors onsite during the Assessment contact where the service had failed to collect the appropriate safety documents. These contractors were asked to leave site until their police clearances were obtained. Draft templates of a contractor onboarding checklist and handbook were submitted as part of the Approved provider’s response. It is noted the checklist and handbook contain information relating to police clearances, however, I am unable to determine when the checklist and handbook will be approved and operational. Confirmation of seven different contacting companies and their police clearances were submitted as part of the Approved provider’s response. I am unable to determine if this is the finite number of contractors that will be attending the service during refurbishment.

Two consumers provided feedback they were not satisfied with the cleaning of their rooms. They stated they could not recall when the floors to their rooms had been swept or mopped. The consumers’ rooms were observed to be unclean. Communal areas of the service were also observed to have dirty floors, bench tops, overflowing bins and carpets which were not vacuumed. The Approved provider in its response identified one consumer room with cleanliness concerns. The Approved provider stated they had engaged with the consumer’s family to remove some items and a risk assessment has been completed in relation to the consumer’s hoarding behaviours. The Approved provider stated an assessment of the service had identified additional cleaning staff hours were required and an increase in cleaning hours has been approved. The Cleaning supervisor and General services manager will be spending time at the service to ensure cleaning staff receive additional training and supervision. Communications have been sent to clinical staff to be observant and report areas that require cleaning, and to be proactive in wiping down areas as required.

While I acknowledge the actions the Approved provider has taken or plans to take to address the cleanliness of the service, I am unable to determine from information provided the effectiveness or sustainability of these actions.

While I am cognisant the service is undergoing refurbishment, and some additional cleaning would be required during this time, however, monitoring processes failed to identify deficiencies in the safety and cleanliness of the service environment. Consumers are entitled to a safe, comfortable and clean living environment including during times of change at the service. Therefore, it is my decision this Requirement is non-compliant.

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)