Performance

Report

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| Name of service: | Uniting Wesley Gardens Belrose |
| Service address: | 2B Morgan Road BELROSE NSW 2085 |
| Commission ID: | 2629 |
| Approved provider: | The Uniting Church in Australia Property Trust (NSW) |
| Activity type: | Assessment Contact - Site |
| Activity date: | 14 June 2023 |
| Performance report date: | 2 August 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 Uniting Wesley Gardens Belrose (**the service**) has been prepared by G Jones, 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
* the Approved Provider’s response to the Assessment Team’s report received 19 July 2023

# Assessment summary

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| Standard 5 Organisation’s service environment | Non-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)(b)

* Continue to implement the Continuous Improvement Plan in place to address hazards reduction and cleaning of the service environment. and
* Ensure that systems are in place to ensure a restrictive practice assessment is completed for all consumers before environmental restraint is applied. This includes assessment of each consumer, on an initial and ongoing basis, to establish their ability to use devices such as swipe cards and keys to freely move indoors and outdoors throughout the service without restriction.
* Ensure staff understand their responsibilities and are adequately trained in relation to implementing restrictive practices and managing risk within the service environment.

# 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. | Non-compliant |

Findings

The Quality Standard is assessed as non-compliant as one of the three specific requirements have been assessed as non-compliant.

Requirement 5(3)(b) was found to be non-compliant at a site audit 28 November 2022 to 2 December 2022. The service has undertaken some continuous improvement activities to address deficiencies identified in the previous site audit, however, these activities have not effectively addressed the identified deficiencies.

During this assessment consumers said they are satisfied with their care, the standard of cleaning in the service and maintenance requests are actioned quickly. Consumers living in the non-secure units also confirmed they are able to freely move about the service; both indoors and out. However, it was identified consumers living in secure units of the service are unable to move freely between indoors and outdoors and some are unable to enter their bedrooms without staff unlocking the door for them. Issues were identified in relation to the use of environmental restraint.

Outdoor areas in the secure units were observed to be dirty and poorly maintained and hazards were identified in a number of areas across the service.

The Approved Provider submitted a response outlining actions taken and continuing to be taken to address the issues identified. The Approved Provider also submitted a Plan for Continuous Improvement. I have reviewed both documents and note that some items have already been completed and work is ongoing with actions to address a number of items outstanding regarding cleaning and hazard reduction.

In relation to consumers not being able to access their bedrooms as their doors were locked, the Approved Provider has reviewed all consumers in the Luke Centre and have issued keys to ten consumers with the capacity to use a key to open their bedroom door. In relation to a consumer who complained they could not move freely, an assessment was conducted and consent obtained for environmental restraint from the consumer’s person responsible.

Whilst action is being taken to address the issues identified by the Assessment Team I am concerned that the Continuous Improvement Plan submitted seems to focus on rectifying mechanical issues associated with consumers not being able to move freely indoors and outdoors (e.g. faulty door locking devices and doors difficult to open) but does not adequately address the issues for consumers in the secure units regarding environmental restraint being implemented without adequate assessment and care planning.

In the Assessment Teams report it includes information from Management that the service has introduced a restrictive practice assessment which is to be completed for all consumers living in the secure units regarding the need for them to be environmentally restrained. Whilst I note the service now has a plan in place to assess all consumers living in the Luke Centre by 31 July 2023 regarding their capacity to use a key to access their bedroom it is concerning that decisions were taken to lock consumers bedroom doors without adequate assessment of the impact of this change on the consumer and consideration of the consumers ability to use a key. The Continuous Improvement Plan does not address this issue.

Equally it is concerning that staff have not raised issue with the faulty door in Banksia resulting in consumers not being able to freely access the outdoors area and once outside, with no way of re-entering the building without staff opening the door from the inside. The Assessment Team identified many hazards in the service environment which posed a threat to the health, safety and wellbeing of consumers that had not been identified by the service through their usual auditing programme. I note the Continuous Improvement Plan identifies the need to improve staff practices when identifying and reporting hazards and time will be required by the service.

Based on the information provided by the Assessment Team and the Approved Provider Requirement 5(3)(b) is found to be 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)