Performance

Report

**1800 951 822**

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| Name: | Uniting Wesley Gardens Belrose |
| Commission ID: | 2629 |
| Address: | 2B Morgan Road, BELROSE, New South Wales, 2085 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 12 March 2024 |
| Performance report date: | 11 April 2024 |
| Service included in this assessment: | Provider: 1352 The Uniting Church in Australia Property Trust (NSW)  Service: 990 Uniting Wesley Gardens Belrose |

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 Therese Solomon, 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 the assessment team’s report received 28 March 2024.

# Assessment summary

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| Standard 5 Organisation’s service environment | 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

Consumers and/or representatives stated the service is clean and well maintained. Consumers living in the non-secure wings of the service confirmed they can move freely about the service, both indoors and outdoors. The Assessment Team observed the service to be clean, comfortable, and well maintained.

Cleaning at the service is contracted to an external provider. Clear duty statements set out the cleaning requirements. The cleaning is conducted according to a schedule and is overseen by a supervisor on site and an area supervisor who visits the service every two weeks to conduct cleaning audits. Management and staff at the service also monitor the cleaning and said that any cleaning issues identified are addressed immediately.

The service has a maintenance program for reactive and preventative maintenance. Staff explained they log maintenance requests in the electronic maintenance system, these are then prioritised and allocated to the maintenance officers. Consumers and/or representatives confirmed the service is well maintained and repairs are done in a timely manner.

The Assessment Team observed a defective fire panel in the Luke Centre, the secure memory support unit, and this was significantly increasing the risk of harm to all consumers, staff, and visitors. The Approved Provider responded and clarified that the new fire panel was installed on 21 March 2024 with all fire doors fully operating as designed and reprogrammed for the new fire panel.

The Assessment Team identified areas for improvement related to maintaining a clean outdoor area, monitoring of the programming of an automated door to ensure free movement for consumers, risk for consumers related to seclusion, reduced access to outdoor areas due to ongoing renovation work, increased risk to consumers due to ongoing renovation work.

The approved Provider responded with additional documentation and a comprehensive plan for continuous improvement with actions implemented to address the non-compliance, including but not limited to a review of cleaning tasks required and staff responsible, implementation of a weekly maintenance schedule focusing on environmental cleaning, implementation of environmental audits completed by registered nursed during their shift, providing staff education related to restrictive practices, follow up case conferences with identified consumers to address risks related to seclusion and ongoing renovations, complete risk assessments for identified consumers, and delivery of an information session on restrictive practices to consumers and representatives residing in secure units ay the service.

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