Wahroonga

Performance Report

1 Wahroonga Street
BILOELA QLD 4715
Phone number: 07 4992 8300

**Commission ID:** 5206

**Provider name:** Lutheran Church of Australia - Queensland District

**Assessment Contact - Desk date:** 20 April 2022

**Date of Performance Report:** 25 May 2022

# Performance report prepared by

Kimberley Reed, 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 5 Organisation’s service environment** |  |
| Requirement 5(3)(b) | 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 - Desk; the Assessment Contact - Desk report was informed by a desk assessment, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Assessment Contact - Desk report received 18 May 2022.
* other information and intelligence held by the Commission in relation to the service.

# 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 summary statement or compliance rating is not provided.

## Assessment of Standard 5 Requirements

### 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.*

Consumer representatives provided feedback they were satisfied with the safety and comfort of the service environment. Actions have been taken to address the Non-compliance identified in this Requirement at the Site audit conducted 01 to 03 February 2022. While the recommendation following the Assessment contact – desk was the service remained Non-compliant in this Requirement as rectification actions had not been completed, I have come to a different decision. The Approved provider submitted a written response to the Assessment contact – desk which supported the service has taken reasonable actions to return to Compliance.

The Plan for continuous improvement submitted as part of the Approved provider’s response evidences work completed and work planned to complete rectification work in the service’s environment. Action has been completed to ensure there is regular review and oversight of the reactive maintenance log. Documents to support this were provided in the response and evidenced timely actions taken for any maintenance issues identified. The Hotel Services Coordinator monitors, reviews, closes out or escalates maintenance issues. Regular meetings are occurring between the Hotel Services Coordinator and the Service Manager.

In relation to the water features that were present in garden of the memory support unit, these ponds have been drained and converted to garden beds at ground level. Consumers were consulted regarding their choice of flowers for the garden beds as evidenced in the April 2022 consumer meeting minutes. Flowers have been planted as per the seasons. A seat was also constructed using bricks left over from the destruction of the ponds.

To address the overgrown gardens and uneven surfaces in the memory support unit the service employed a gardener who was also a Qualified landscaper to complete the garden works. Dirt was laid as an interim measure until pavers and crusher dust were installed. This area is inspected weekly and dirt adjusted if required. A schedule of work was developed to ensure all areas of the gardens are inspected regularly.

Work has been completed to repair the nook in the kitchen where water was leaking onto kitchen equipment and food preparation area. Equipment has been checked and has been found to be undamaged by the water. The repainting of the laundry ceiling was included in the roof repair and minor painting work is expected to be completed by 30 May 2022.

Training was provided to staff in relation to identifying and reporting hazards and risks. Feedback from staff was positive regarding their understanding of the training provided. Further staff training will be provided to ensure 100% of staff have completed the training, this is expected to be completed by 30 June 2022.

Based on the information contained above it is my decision this Requirement is now Compliant.

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Other relevant matters

The service is co-located with another residential aged care facility managed by the same Approved provider. Consumers from both residential aged care facilities reside in the Memory support unit, therefore, improvement actions are relevant to both residential aged care facilities. Key staff also work across both residential aged care facilities.