Windsor Park Aged Care

Performance Report

110 Star Street
CARLISLE WA 6101
Phone number: 08 9472 9488

**Commission ID:** 7844

**Provider name:** Fresh Fields Aged Care Pty Ltd

**Assessment Contact - Site date:** 30 August 2022

**Date of Performance Report:** 5 October 2022

# Performance report prepared by

Janine Renna, 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 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(b) | Non-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 - 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 provider did not respond to the Assessment Contact - Site report; and
* the performance report dated 29 September 2021 for the Site Audit undertaken from 26 July 2021 to 28 July 2021.

# STANDARD 3 Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Assessment Team assessed Requirement (3)(a) in Standard 3 Personal care and clinical care at the Assessment Contact. As no other Requirements in this Standard were assessed at the Assessment Contact, an overall rating of the Standard has not been provided.

Requirement (3)(a) was found non-compliant following a Site Audit conducted from 26 July 2021 to 28 July 2021, as the service was not able to demonstrate each consumer received safe and effective care that was best practice, tailored to their needs and optimised their health and well-being. The Assessment Team provided evidence of actions taken by the service in response to the non-compliance and has recommended the service meets this Requirement.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find the service compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care. I have provided reasons for my finding under the specific Requirement below.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

This Requirement was found non-compliant following a Site Audit undertaken from 26 July 2021 to 28 July 2021, as the service was unable to demonstrate each consumer received best practice and tailored care that optimised their health and well-being, specifically in relation to restrictive practices.

The Assessment Team’s report for the Assessment Contact conducted on 30 August 2022 described actions taken by the service in response to the non-compliance, which include, but are not limited to:

* staff education and training; and
* review of consumers subject to restrictive practices.

The Assessment Team’s report also includes the following information and evidence collected through interviews and documentation, which are relevant to my finding in relation to this Requirement:

* All consumers interviewed were satisfied with the personal care and clinical care they receive.
* Documentation showed consumers’ care and services are regularly reviewed by a Medical officer and relevant specialists.
* For sampled consumers, documentation showed best practice and tailored care in relation to falls prevention, post falls management, behaviours and wounds. Where appropriate, specialist input was sought to ensure appropriate care is being delivered.

Based on the information summarised above, I find the service compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care.

# STANDARD 5 NON-COMPLIANTOrganisation’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 assessed Requirement (3)(b) in Standard 5 Organisation’s service environment at the Assessment Contact. No other Requirements in this Standard were assessed at the Assessment Contact.

Requirement (3)(b) was found non-compliant following a Site Audit conducted from 26 July 2021 to 28 July 2021, as the service was not able to demonstrate the service environment was comfortable, well maintained and enabled all consumers to move freely both indoors and outdoors. The Assessment Team provided evidence of actions taken by the service in response to the non-compliance and has recommended the service does not meet this Requirement.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find the service non-compliant with Requirement (3)(b) in Standard 5 Organisation’s service environment. I have provided reasons for my finding under the specific Requirement below.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(b) Non-compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

This Requirement was found non-compliant following a Site Audit undertaken from 26 July 2021 to 28 July 2021, as the service was unable to demonstrate the service environment was comfortable or well maintained, and did not enable all consumers to move freely both indoors and outdoors.

The Assessment Team’s report for the Assessment Contact conducted on 30 August 2022 described actions taken by the service in response to the non-compliance, which include, but are not limited to:

* undertaking upgrades to walls to reduce noise;
* installation of ramps and paths to enable access to an external sensory garden; and
* revised care conference form to include consumer feedback relating to their personal living space.

The Assessment Team’s report also includes the following information and evidence collected through interviews, observation and documentation, which are relevant to my finding in relation to this Requirement:

* Water damage was evident in various areas of the environment, which resulted in areas of rotted and rusted guttering, broken and rotten eaves, mould, warped ceilings, and peeling paint. Management said they were aware of the water damage and had difficulty engaging a tradesperson to address the issue.
* Several communal toilets were observed to be soiled and malodour. Three consumers expressed dissatisfaction with the cleanliness of the communal toilets.
* The maintenance book did not include a request to address exposed wiring in one area of the service environment and staff could not remember how long the exposed wires had been visible.
* Two consumers expressed dissatisfaction that a missing toilet seat in a communal toilet had not been replaced, as the toilet is not comfortable to use and had been missing for a couple of weeks. A maintenance request for the missing toilet seat was lodged six days prior to the Assessment Contact but had not been actioned.
* Two consumers who reside in two different areas of the service said there is no hot water available for showers. One consumer said, and one staff member confirmed, on one occasion, staff had to get buckets of hot water to ensure showers are not icy cold. Complaints data for February 2022 showed a complaint from one of the two consumers regarding water temperature, however, no action had been taken. The maintenance log did not include a request to address the hot water issue.
* A bed pan sanitiser was observed leaking onto the floor whilst in operation.
* Rooms of three consumers were observed to be unclean, all with unmade beds and one with urine on the floor.
* Walls were observed to have scrapes and scratches, shared bathroom joinery and trims appeared rusted, rotted and wood chipped, vinyl floor coverings were lifted, and some carpets were stained.
* Following feedback from the Assessment Team, some actions were taken by the service to address identified deficiencies.

In coming to my finding, I have considered the Assessment Team’s findings and information in the Assessment Team’s report, which demonstrates at the time of the Assessment Contact, the service environment was not safe, clean, well maintained and comfortable.

I acknowledge that during the Assessment Contact, immediate action was taken by the service to address some issues identified by the Assessment Team. However, I have considered that deficits in relation to exposed wiring, cleanliness and general maintenance were not self-identified by the service, and action was only taken due to feedback from the Assessment Team. I have also considered maintenance requests were not consistently lodged when issues were identified or in response to a complaint, and those that had been documented were not actioned in a timely manner. This has resulted in consumers using a toilet with a missing seat and being showered with water of not an appropriate and comfortable temperature.

Based on the information summarised above, I find the service non-compliant with Requirement (3)(b) in Standard 5 Organisation’s service environment.

# 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.

**Standard 5 Requirement (3)(b)**

* Implement effective processes to ensure maintenance requests are lodged and actioned in a timely manner.
* Ensure staff are aware of the processes for logging and actioning maintenance requests.
* Monitor staff compliance with the service’s processes for logging and actioning maintenance requests.