Performance

Report

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| Name of service: | Performance report date: |
| Woodlands Aged Care and NDIS Services | 12 July 2022 |
| Commission ID: | Activity type: |
| 5264 | Assessment contact |
| Approved provider: | Activity date: |
| Mellreach Pty Ltd | 22 June 2022 |

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 Woodlands Aged Care and NDIS Services (**the service**) has been considered by Kimberley Reed, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 Report, the Assessment Contact 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 08 July 2022
* 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 applicable as not all requirements have been assessed |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **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

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.

* Areas used for smoking must meet legislative requirements.

# 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. | Compliant |

## Findings

The Assessment Team did not assess all Requirements in Standard 4, therefore a summary or compliance rating is not provided.

Meals provided were varied and of suitable quality and quantity to meet consumer preferences and nutritional requirements. Consumers expressed satisfaction with the meal service and recent improvements to the meal service including the quality, quantity and various meal options available.

Care planning documentation reflected consumers’ particular dietary needs or preferences. Care staff checked with consumers if they enjoyed their meal or if they would prefer more of the same meal or another option if they have not eaten their first choice. Care staff were aware of the assistance level required by consumers to complete their meals.

The service made various improvements and changes to its meal options and services including employing two cooks as opposed to one chef previously. Staff actively encouraged feedback from consumers through direct conversation, feedback forms, meetings and internal surveys and audits. Catering staff walk the floor during meal services and ask for direct feedback from consumers about their meals and seek suggestions and preferences for other meal options.

For consumers’ birthdays they can ask for anything they would like to eat, and the service provide it as a celebration of their special day. Cultural celebration days include a specific meal in accordance with the culture being celebrated.

Lunch service was observed, and consumers appeared to be enjoying their meals and the kitchen and dining areas were observed to be clean and tidy with staff observing general food safety protocols. The meal options were described and written on white boards in the dining areas and staff were observed to be aiding consumers and seeking feedback on the food being served.

The service implemented actions to address deficiencies identified at the Site Audit conducted on 6 December 2021 to 9 December 2021. These improvement actions included the removal of the Chef and promotion of two long serving cooks to the shared position of kitchen managers. An increase in staff cooking hours by 57 hours per fortnight to improve planning and preparation of meals and special celebrations has occurred. Monthly food satisfaction surveys of consumers by the Diversional Therapist and staff to improve changes in menu and processes has been implemented. A review of compliments and complaints from July 2021 to June 2022 indicated an increased level of satisfaction with the food services and options being offered.

Monthly survey results were used by lifestyle staff to prepare fortnightly cooking sessions with consumers. A list of special food days has been completed by lifestyle staff with consumer input for the kitchen to follow including Greek, Italian, and fast food options such as pizza and fried chicken.

Weight loss for consumers was tracked by clinical management software, which identified a reduction in both significant and consecutive weight losses since the change in kitchen management. The Facility Manger monitored the ordering of catering supplies for all fresh and dry goods. Audit results were reviewed monthly by the Facility Manager. Online education sessions from Nutrition Professionals Australia have been purchased. Completed sessions are planned to be provided to all kitchen staff initially and then to care staff as a part of the training calendar.

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

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

## Findings

The Assessment Team did not assess all Requirements in Standard 5, therefore a summary or Compliance rating is not provided.

The service’s furniture, fittings and equipment appeared safe, clean, well maintained and suitable for the use of consumers. Chairs, dining room furniture, beds, outdoor seating equipment, tables and consumer rooms were observed to be clean and fit for purpose. Consumers and representatives indicated consumers felt safe when staff were using equipment and said staff keep the internal and external environment clean and tidy. Call bells and mobility aids were within reach of consumers and operational, equipment used to assist consumer mobility was clean, in working order and appeared well maintained.

Cleaning staff were observed to be cleaning high touch point areas and cleaning floors and wiping down tables and chairs during the Site Assessment. Catering staff were observed to be cleaning and wiping down dining room tables following the lunch meal service and resetting the table for the dinner service.

The onsite laundry was out of service due to a recent fire attended and extinguished by the fire department. All laundry services were currently contracted to external services. One business launders linen and towels and another contractor cares for consumers’ personal clothing and items. Laundry staff use an interim area of the service to organise returned laundry which appeared to be clean and tidy and well managed. Communal furniture was observed to be clean and fit for consumer and visitor use.

Care staff cleaned shared equipment after use and between consumers with antibacterial wipes and hot water. Cleaning staff were located between the service’s three floors and clean all rooms and high touch areas at least once every day or as required. The service employed specialised cleaners to clean specific equipment and areas including drains, wardrobe tracks, cupboards and drawers and full room details are completed approximately once every eight weeks. Multiple lounge chairs, dining room chairs, dining tables and coffee tables have recently been replaced.

The cleaning supervisor completed weekly audits to ensure staff were cleaning effectively and monthly swabs were taken randomly throughout the service and tested to ensure and prevent harmful bacteria growing or building up throughout the service. A maintenance log was kept at the reception area where staff can log maintenance requests which was attended to daily by the maintenance officer. All staff including cleaning and care completed regular infection control and hand hygiene training. The call bell system was observed to be operating and no issues with delays were reported by consumers or staff.

The service implemented actions to address deficiencies identified at the Site Audit conducted on 6 December 2021 to 9 December 2021. These improvement actions included a furniture audit was completed and multiple chairs, lounge chairs, tables and side tables identified to require repair or replacement have been removed from the service and either replaced with new items or an order for replacement has been completed. The service purchased 20 new physio approved lounge chairs and the chairs were due to arrive by 30 June 2022. A consumer audit completed in May 2022 indicated 80% of consumers agreed the equipment was safe and well maintained and 60% agreed the equipment met their needs. A new electronic complaints system was provided to all care and registered staff to immediately report any complaints or concerns with equipment from consumers. Four consumer rooms have received extensive upgrades and refurbishment, including additional ensuites. An extra four hours per day was added to the cleaning roster to allow for extra cleaning of high touch areas.

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

**Standard 8**

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| Organisational governance | |  |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |

## Findings

The Assessment Team did not assess all Requirements in Standard 8, therefore a summary is not provided.

The service had deficiencies in relation to regulatory compliance in line with legislative requirements which was impacting on consumer safety at the service. Specifically, the service was not adhering to legislative requirements in relation to smoking. The smoking area for consumers was located alongside the main communal area of the service and a consumer was observed to be smoking on their balcony.

Management advised consumers were permitted to smoke cigarettes on their balconies as the service had a legal exemption which permitted this activity. Documentation was not provided to the Assessment Team to support the exemption, and it was not provided in the Approved provider’s response to the Assessment contact report. The Approved provider’s response identified two alternate smoking areas that could be used at the service and rectification actions had commenced to ensure accessibility issues were addressed. Photographs were provided to demonstrate actions taken to provide access to the outdoor smoking area.

All consumers who choose to smoke cigarettes were risk assessed and had a smoking plan in place. Sixteen of 57 consumers who reside at the service prefer to smoke. Smoking risk assessments identified consumers’ ability to hold and light cigarettes safely and identified the designated smoking area as the point to smoke cigarettes. The legislative obligation for the service to provide a safe living environment for consumers and a safe work environment for staff was discussed with Management. The Approved provider acknowledged the legislative requirement regarding smoking areas in its written response.

A consumer was observed smoking on their balcony during the Audit without firefighting equipment in close proximity to them. The consumer confirmed they smoked on their balcony every day. Multiple cigarette butts in a tin were observed on the balcony and ash on a table and single chair. There was no firefighting equipment on the balcony or in the consumer’s room. The balcony was shared with the adjacent room. The Approved provider has stated in its response the consumer has been assessed as capable of managing their preference to continue to smoke, the Approved provider has not addressed the issue of the consumer smoking in an area other than the designated smoking area.

There were no identified incidents with regard to smoking through care documents, incident reports or discussions with staff. The Approved provider has noted in its response additional fire safety equipment has been purchased including fire extinguishers and fire blankets.

I acknowledge the actions taken by the Approved provider to rectify deficits relating to a safe area for consumers who prefer to smoke and it is my decision these actions are sufficient to address concerns in regulatory compliance and this Requirement is Compliant.

The service was able to demonstrate effective organisation wide governance systems are in place, apart from regulatory compliance in relation to fire safety, and these systems are implemented at a service level.

The service implemented actions to address deficiencies identified at the Site Audit conducted on 6 December 2021 to 9 December 2021. These improvement actions are specific to feedback and complaints and include the implementation of an electronic clinical management system used to manage feedback, compliments and complaints at the service. The system provided wide access for staff to document issues as they arise and for identified staff to action and follow through with the complainant until review of the process was complete. All staff had access to the electronic system to ensure timely notice of issues to management for actioning. The electronic system captures verbal and written feedback inputted by staff at the service. Complaints are risk rated as low, medium, high or urgent to assist with actioning.

* Action taken in response to complaints is recorded. Action is timely and appropriate.
* Feedback, compliments and complaints are categorised under various key words on the ECMS to assist with efficiently locating information.
* Key documentation relating to the feedback, compliments and complaints is stored on the ECMS, such as referrals to MO, appointments and emails to/from representatives/family.
* Feedback, compliments and complaints have been actioned by staff and improvements to the service are listed on the PCI.

Based on the information recorded above it is my decision this Requirement is now 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-2)