Centennial Lodge

Performance Report

13 Lewis Road
WANTIRNA SOUTH VIC 3152
Phone number: 03 9210 9600

**Commission ID:** 4167

**Provider name:** Royal Freemasons Ltd

**Assessment Contact - Desk date:** 3 September 2021 to 15 September 2021

**Date of Performance Report:** 15 October 2021

# Performance report prepared by

Sarah-Jane Byers, 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** | **Non-compliant** |
| Requirement 3(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 - 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 6 October 2021
* Directions Notice issued to the Provider 6 April 2021

# STANDARD 3 NON-COMPLIANTPersonal 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

While the Assessment Team identified some improvement, the service did not demonstrate that actions undertaken have fully addressed the deficits previously identified at the last visit.

The service did not demonstrate effective management of high impact or high prevalence risks, in particular the management of falls, pain and hydration.

The Quality Standard is assessed as Non-compliant as one specific requirement has been assessed as Non-compliant.

### Assessment of Standard 3 Requirements

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

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The Assessment Team found the service did not demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. While the service demonstrated some improvements have been implemented since the last visit, the Assessment Team identified deficits in the management of falls, pain and hydration.

The approved provider’s response included clarification and actions taken since the assessment contact:

* completed and ongoing delivery of staff education and training on pain management, falls management and hydration and fluid restriction management
* relevant consumer care plans have been reviewed and updated
* additional evaluation of restricted fluid charting by registered nurses
* procedures for pain management, falls management and hydration and nutrition have been reviewed and updated.

In making my decision I have considered the Assessment Team report and the information in the response from the provider. While I acknowledge the actions taken by the provider to address these deficits, these steps have not been fully implemented and evaluated. I consider at the time of the assessment contact the approved provider did not demonstrate compliance with the Requirement. I am not satisfied there is effective management of risk associated with the care of each consumer and find this Requirement Non-Compliant.

# 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 3b**

* Implement processes to ensure the assessment, monitoring and evaluation of consumers pain is effective and aligned with their care plans.
* Demonstrate strategies to manage consumer falls are reviewed and consider consumers current assessed needs.
* Ensure the services falls procedure is adhered to for every consumer.
* Ensure fluid balance charting and actions taken when fluid intake is above restriction or low is evaluated and care plans contain enough information to guide staff practice.
* Ensure staff have the skills and knowledge to manage high impact and high prevalent risks relevant to consumers living at the service such as the management of falls, pain, and hydration.