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 - Site date:** 16 March 2022 to 17 March 2022

**Date of Performance Report:** 14 April 2022

# Performance report prepared by

David Lee, 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

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| --- | --- |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | 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’s response to the Assessment Contact - Site report received 11 April 2022.

# STANDARD 3 NON-COMPLIANT 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

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 improvements in falls, pain and hydration since the last assessment, the service did not demonstrate that actions undertaken have fully addressed the deficits in wound management.

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 does not demonstrate the effective management of high impact risks associated with the care of all consumers.

The Assessment Team’s evidence drew on fifteen sampled consumers as part of the assessment and found the service has implemented effective improvements to address the deficits identified in the previous assessment contact. Improvements include strengthening the management and monitoring of falls, pain and fluids. For example:

* Falls protocol is initiated by staff following a fall and includes assessment by a registered nurse, neurological observations, observing vital signs, pain charting and a review by a medical practitioner and physiotherapist. The review includes an assessment of current fall risk strategies, FRAT and mobility assessment.
* The service implements both non-pharmacological and pharmacological interventions when it is required for pain. Consumers requiring “as required” pain medication are assessed, monitored, and the medication effectiveness is recorded in clinical notes with evidence of medical practitioner involvement.
* All residents currently requiring fluid charting have been referred to their General Practitioner, for review of ongoing requirements to maintain Fluid Balance charting and a dietitian review.

However, the Assessment Team found the newly implemented systems and processes failed to assess and monitor a consumer’s wound who has high comorbidity risks, evidence of deterioration is evident in progress notes, with no additional orders from the locum medical practitioner to request closer assessment and monitoring of the consumer’s wound.

* The Assessment Team provided evidence of a consumer’s wound that developed and was not effectively monitored over a three day period. The Assessment Team found the consumer’s wound charting did not record evidence the wound was initially assessed or a management plan developed in line with the service’s protocol. Over a three-day period, the consumer’s care plan did not reflect the wound was monitored for increases in swelling or cellulitis. The wound’s rapid deterioration was identified by a wound consultant, who had been called by the service to assess a different wound on the same consumer. The consumer was subsequently transferred to the hospital for surgical intervention.
* The representative expressed dissatisfaction with how the service managed and communicated changes to the consumer’s wounds.

The Assessment Team acknowledged improvements have been made by the service in improving overall wound management.

The Approved Provider submitted information in response to the Assessment Team’s findings. The response outlines a root cause analysis was completed post-assessment to review the circumstance surrounding the consumer’s wound involving a document review, interviews with staff and consultation with an external wound consultant to identify key findings and service responses. The wound consultant review indicated the consumer’s comorbidities led to the acute deterioration of the consumer’s wound in a significantly short time frame of fewer than 24 hours, with staff adhering to the service’s wound management and incident and infection and notification procedures. The Approved Provider states in response to the analysis the wound consultant reviewed the wound and the staff actions. The service’s response included staff feedback on the correct classification of the consumer’s wound, wound management and infection reviewed which currently aligns with current standards, an independent procedure developed with a wound consultant and the Infection Prevention and Control Team to support, manage and monitor cellulitis.

I have considered all the information provided and find this requirement is Non-compliant. While acknowledging that the incident was an extraordinary case, I am not satisfied that the ongoing monitoring of the consumer’s wound, with particular reference to the consumer’s comorbidities, for cellulitis demonstrated the effective management of high impact risks associated with the care of all consumers. I note the Approved Provider has commenced actions to address issues relating to identifying, treating and managing cellulitis.

### Requirement 3(3)(g) Compliant

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

The Assessment Team found the service has processes to reduce infection related risks. The service has implemented robust screening processes, infection prevention and control education for staff including the correct use of personal protective equipment (PPE), and ongoing monitoring of staff practices including hand hygiene and PPE application. For example:

* The service screens staff and visitors in line with COVIDSafe guidelines.
* The service conducts rapid antigen testing for all staff every 72 hours and for visitors. A negative result is to be provided before entry to the service.
* Hand sanitiser stations are available throughout the service and are positioned at the entry to each communal area, corridors and on each floor of all three buildings.
* Policies and procedures guide staff in relation to required infection prevention, outbreak management, and antimicrobial stewardship practices.
* Pathology results and medical practitioner reviews occur before antimicrobial medication are prescribed.

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Assessment Team assessed one specific requirement under this Quality Standard and found it met.

The Assessment Team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

The Assessment Team found the service’s workforce is planned, with the number and mix of staff deployed, to enable the delivery of safe and quality care and services. The Assessment Team sampled eight consumers and six representatives, with the majority expressing sufficient staffing levels. Staff reported sufficient levels with unplanned absences mainly covered by replacement staff. Management described current staff planning and recruitment initiatives to support consumers’ current care needs.

# 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.

* Implement and evaluate the effectiveness of processes to ensure assessment, monitoring and evaluation of consumers’ wounds are effective and aligned with their care plans.
* Demonstrate strategies to manage wounds that review and consider consumers’ current assessment needs.
* Introduce internal processes to monitor the effectiveness of wound management processes including wound documentation.