Coppin Centre

Performance Report

45 Moubray Street   
MELBOURNE VIC 3004  
Phone number: 03 9452 2250

**Commission ID:** 3376

**Provider name:** Royal Freemasons Ltd

**Assessment Contact - Site date:** 8 December 2021

**Date of Performance Report:** 11 January 2022

# Performance report prepared by

J Liau, 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)(g) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(d) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | 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.

# 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 one requirement under this standard and found it Compliant.

As not all requirements were assessed, an overall rating for the standard is not provided.

### Assessment of Standard 3 Requirements

### 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.*

Overall, consumers indicated satisfaction with the actions taken by the service to minimise infection-related risks, including COVID-19. Consumers and representatives described satisfaction with the actions the service has taken in meeting consumers’ clinical care and personal care during the COVID-19 outbreak at the service in November 2021.

The Assessment Team found the service has an infection prevention and control program and an outbreak management plan to support the service in practicing transmission-based precautions and preparing for a possible infection outbreak. The service has an antimicrobial stewardship policy that guides staff in the appropriate use of antibiotics.

# 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 requirement under this standard and found it Compliant.

As not all requirements were assessed, an overall rating for the standard is not provided.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

Overall, consumers considered that they get quality care and services from staff who are knowledgeable, trained and capable. Consumers and representatives expressed confidence in the level of knowledge and training of staff. They described how staff know what they are doing to prevent the spread of infection and how staff managed the COVID-19 outbreak at the service in November 2021.

The Assessment Team found the service’s recruitment and selection processes ensure the workforce is competent and staff have the qualifications and knowledge to effectively perform their roles. Staff complete mandatory education and accompanying competencies annually with additional training when needs are identified, for example the enhanced training on infection prevention and control, personal protective equipment (PPE) donning and doffing and hand hygiene competencies during the COVID-19 period.

# STANDARD 8 Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Assessment Team assessed one requirement under this standard and found it Compliant.

As not all requirements were assessed, an overall rating for the standard is not provided.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

The Assessment Team found the service’s risk management framework ensures high impact and high prevalence risks are identified, reported, escalated and reviewed by management at service level and by the organisation’s senior management including the board.

The service has a range of policies and procedures available to guide staff practice, provides staff education and monitors the performance of the workforce. Interview with staff confirmed they had been educated about the policies and were able to provide examples of their relevance to their work.

# 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.