Gregory Lodge

Performance Report

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**Commission ID:** 4516

**Provider name:** Royal Freemasons Ltd

**Assessment Contact - Desk date:** 11 September 2020 to 1 October 2020

**Date of Performance Report:** 5 November 2020

# Publication of report

This Performance Report **may 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 |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(d) | Non-compliant |

# Detailed assessment

This performance report details the Commission’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 review of documents and interviews with staff.
* the provider’s response to the Assessment Contact - Desk report received 27 October 2020.

# 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

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements have 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 that the service did not adequately demonstrate effective management of high impact or high prevalence risks associated with the care of sampled consumers during the recent COVID- 19 outbreak. Processes to minimise the use of chemical restraint are not consistently used. Medication incidents are not consistently recorded. The service was unable to demonstrate consistent processes in place for effective monitoring of food and fluid intake for consumers assessed as being at nutritional risk.

* One consumer, identified as having dementia, tested positive for COVID-19 and has since recovered. On three occasions progress notes report the consumer to have been given a psychotropic medication for agitation and wandering. There was no evidence to support non-pharmacological strategies had been tried and were unsuccessful prior to administering the psychotropic medication.
* A medication incident was discussed in the progress notes where it was noted that a dislodged Norspan patch was found in a consumer’s bed. The incident was escalated to the registered nurse and the consumer was assessed and reported as stable and not in pain. A new patch was applied however, this was not recorded in the medication incident register.
* One consumer, who was identified having swallowing difficulties and malnutrition, tested positive for COVID-19 and experienced a 2-kilogram weight loss. The Assessment Team noted random monitoring of the consumer’s nutritional intake through progress notes and was unable to determine whether the dietitian’s recommendations were being implemented.

The response submitted by the provider disagrees with the Assessment Team’s finding of not met in relation to this requirement. The response notes that the administration of the ‘as required’ psychotropic medication for the behavioural symptoms of dementia was undertaken by a surge workforce staff member from interstate, assisting during the COVID -19 outbreak. The response notes that the staff member had received orientation to the service and information about the policies and procedures in place to support care. The response discusses education opportunities available for all staff in relation to dementia and changed behaviour and also notes the organisation is planning further staff education in this area commencing in December 2020. The response notes the recently implemented electronic medication charting now provides capability to routine review the use of ’as required’ medications to ensure staff are adhering to policy guidelines.

The response indicates that the registered nurse involved was not aware of the requirement to record the issue with the Norspan patch as a medication incident and that education on incident reporting requirements for all registered nurses is planned.

The response provides documentation indicating that the consumer identified has having weight loss, did have a record of food and fluid intake completed. However, there was no evidence of any analysis of this information or actions taken in relation to poor nutritional intake.

Having considered all the information in relation to this matter, on balance I find the requirement is Non-compliant as the approved provider was unable to demonstrate effective management of high impact or high prevalence risks related to the use of chemical restraint, medication management and weight loss for all consumers.

# STANDARD 8 NON-COMPLIANT 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 Quality Standard is assessed as Non-compliant as one of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 8 Requirements*.*

### Requirement 8(3)(d) Non-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.*

The Assessment Team identified effective risk management practices were not consistently in place, as the service did not address concerns raised by external specialists to improve infection control processes in a timely manner during the COVID -19 outbreak, not all medication incidents are identified or reported by staff, and risk management processes for consumers on social leave are not effective.

* The COVID-19 safe plan highlights the strategies determined by the service to prevent the introduction and minimise the risk of spread of the infection. However, the consistent issues continued to be raised by external infection control specialists during attendance to the service on four occasions in July and August 2020 including the lack of availability of nitrile gloves and inadequate clinical waste disposal within the service.
* Information provided by the service and external infection control specialists, during the progress of the outbreak, identified personal protective equipment application breaches by staff, issues with cohorting of consumers and waste disposal.
* The Assessment Team identified medication incidents are not consistently reported on the mediation incident register. Refer to Standard 3 Requirement (3) (b).
* The Assessment Team found that while discussions were held with family members regarding COVID -19 related and other risks associated with two consumers who went on social leave during the outbreak, these were not adequately documented.

The response submitted by the approved provider included examples of a number of data collection and reporting processes to manage clinical and operational risk. The response notes that the issue of inappropriate glove supply has been mitigated through the removal of vinyl gloves from the purchasing process. The response also notes additional rubbish bins are now on site. The response does not address poor staff practice in relation to the use of personal protective equipment during the COVID-19 outbreak.

The response indicates that additional education has been planned for all registered nurses in relation to medication incident reporting.

The response also notes that the organisation has commenced to review and strengthen the current risk assessment procedure that supports consumers take leave from the service.

Having considered all information available, on balance I find this requirement is Non-compliant as the approved provider was unable to demonstrate effective risk management systems in relation to infection control, medication management and risk mitigation for consumers taking social leave.

# 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.

* Ensure processes are in place to minims the use of chemical restraint including the use of non – pharmacological strategies prior to the administration of ‘as required’ medication.
* Ensure all staff have and understanding of the requirements to report and record medication incidents.
* Ensure effective processes for monitoring food and fluid intake for consumers who require this intervention are in place.
* Ensure effective risk management processes are in place to:
  + mitigate infection related risks,
  + ensure all medication incidents are recorded and responded to, and
  + strengthen risk management processes for consumers who take social leave.