Gregory Lodge

Performance Report

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**Commission ID:** 4516

**Provider name:** Royal Freemasons Ltd

**Assessment Contact - Desk date:** 2 December 2021

**Date of Performance Report:** 22 December 2021

# Performance report prepared by

S 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** |  |
| Requirement 3(3)(b) | 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 22 December 2021

# 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 of this Quality Standard and provided evidence to demonstrate the service meets Requirement 3(3)(b).

The service demonstrated that high impact or high prevalence risks associated with swallowing problems are effectively managed for consumers with this condition.

An overall rating for this Quality Standard is not given as only one of the seven specific requirements has been assessed.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(b) Compliant

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

The Assessment Team found the service had implemented improvements to address deficits identified at the previous visit relating to the management of consumers with swallowing problems.

Representatives provided positive feedback about the management of consumers with swallowing problems, providing examples of how staff provide care in relation to dietary requirements, supervision and assistance at meal times.

Staff have completed relevant education and training. Staff demonstrated understanding of the dietary requirements of the consumers in their care. Staff described how consumers at risk of aspiration or swallowing difficulties are identified and the systems and processes that are in place for managing these risks

Consumer care documentation demonstrated consumer risks, dietary requirements and individualised strategies are recorded. Dignity of risk forms are completed and risks explained to consumers and representatives to support consumer choice. Care documentation demonstrated that consumers are reviewed by allied health professionals, including speech pathology and dietitians, aligning with feedback provided by representatives.

The service demonstrated it has policies and procedures in place to guide staff practice, including guidance on dignity of risk procedures, managing nutritional and hydration risks and managing and responding to choking risks.

In making my decision I have considered the Assessment Team report and the response from the approved provider. I am satisfied the approved provider has demonstrated effective management of high impact or high prevalence risks for each consumer. Based on the evidence provided I consider that the approved provider has demonstrated compliance with this requirement. I therefore find this Requirement Compliant.

# 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.