Royal Freemasons Bacchus Marsh

Performance Report

58 Grey Street
DARLEY VIC 3340
Phone number: 03 5366 6600

**Commission ID:** 4575

**Provider name:** Royal Freemasons Ltd

**Assessment Contact - Site date:** 18 March 2021

**Date of Performance Report:** 11 May 2021

# 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

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Non-compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | 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 - 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 on 1 April 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

An overall rating for this Quality Standard is not provided.

### Assessment of Standard 3 Requirements

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

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

Overall, interviewed consumers were generally satisfied they receive safe and effective care. However, some consumers expressed concern their personal care needs and preferences are not being met. Consumer care files evidence personal and clinical care interventions that are safe, effective and tailored to the specific needs of each consumer. Input from medical practitioners and allied health professionals is incorporated into documentation. Consumers who require chemical and physical restraint are effectively assessed, monitored and reviewed according to regulatory requirements.

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

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

A sample review of files for consumers with high impact or high prevalence risks, indicates care is effective. Documentation reviewed demonstrated consumers are reviewed by medical practitioners and allied health providers following incidents. Staff are aware of the risks associated with individual consumer care, and monitoring processes are in place.

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

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

A sample review of consumer files and staff interviews indicate staff recognise and respond in a timely manner to consumer changes or deterioration in mental health, cognitive or physical function.

# STANDARD 7 NON-COMPLIANTHuman 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 Quality Standard is assessed as non-compliant as one of the five specific requirements have been assessed as non-compliant.

## 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.*

Most consumers stated there was insufficient staff to provide timely personal care and provided information that personal care needs and preferences are not consistently met.

A review of call bell response reports and related documentation for January 2021 and February 2021 showed the majority of call bell response times were in excess of eight minutes. A clinical staff member explained the majority of digital cordless phones in the service are not working. The handsets are used by staff to inform them when call bells and sensor mats are activated.

The approved provider’s response states that prior to the site audit, extensive recruitment activity had occurred from January 2021 to March 2021, 19 new staff were recruited, including 10 personal care assistants. The approved provider’s response stated that the issue with digital cordless phones has been escalated internally.

I have considered the approved provider’s response, and I am satisfied that the service had undertaken additional recruitment to address staff shortages. On balance, I find requirement 7(3)(a) is compliant.

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

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

Most consumers and representatives provided feedback that staff are well-trained and know what they are doing.

A review of training registers indicates most personnel have not completed training in Standard 1 of the Aged Care Quality Standards and no staff have completed training on the remaining seven standards. However, other mandatory training requirements have been completed, including training on infection control practices, application of personal protective equipment, manual handling and occupational health and safety.

The approved provider’s response states that 80 per cent of staff have now completed training on Standard 1, and education in Standard 2 commenced in March-April 2021. Education has been scheduled for the remainder of the year, with a focus on one standard per month. The approved provider has also advised that in a new model to be implemented by November 2021, orientation regarding the Aged Care Quality Standards will be mandatory and completed by all staff.

While the Assessment Team identified some deficits in staff training, given compliance with requirements 3(3)(a), 3(3)(b) and 3(3)(d), on balance, I find requirement 7(3)(d) is compliant.

### Requirement 7(3)(e) Non-compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

The service does not undertake regular assessment, monitoring and review of staff performance. Clinical staff said they had not participated in any periodical performance reviews while employed at the service. Management advised the service does not have a formal staff performance framework.

Consumers identified deficits in a number of areas of personal care. The service has not monitored the performance of individual staff to ensure the personal care needs of consumers are consistently met.

The approved provider’s response states the organisation does not undertake annual reviews of staff performance, and is reviewing this position. Staff performance is currently managed and reviewed when incidents occur. From May 2021, the service will commence annual staff appraisals.

While I note management at the service is taking remedial action, these actions have been newly implemented at the time the response was submitted and remain ongoing.

Taking the above into consideration, I find requirement 7(3)(e) is non-compliant.

# 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

An overall rating for this Quality 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.*

The organisation has a risk management framework and policies describing how the service responds to high impact or high prevalence risks associated with the care of consumers, and how abuse and neglect of consumers is identified and responded to. Staff described what these policies meant for their work in a practical way.

High impact and high prevalence risks are captured via incident reports, clinical registers, audits and progress note documentation. The organisation has a monthly process to trend and analyse clinical risk.

The Assessment Team reviewed a sample of compulsory reporting records which demonstrated compulsory reporting requirements are met, and that investigations occur.

The organisation supports consumers in making informed, independent decisions that enable them to live the best life that they can.

# 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 digital cordless telephones throughout the service are functional.
* Ensure that staff are trained to provide individualised care to consumers, and identify any other staff training needs as required.
* Ensure staff performance is regularly assessed, monitored and reviewed.