Royal Freemasons Benalla

Performance Report

107 Thomas Street   
BENALLA VIC 3672  
Phone number: 03 5764 8600

**Commission ID:** 4591

**Provider name:** Royal Freemasons Ltd

**Assessment Contact - Site date:** 7 January 2021

**Date of Performance Report:** 12 February 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

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(d) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(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 27 January 2021.

# STANDARD 2 Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

To understand the consumer’s experience and how the organisation understands and applies the requirement assessed within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents.

Consumers’ care plans are communicated to them and/or their representative verbally during care consultations and shown to the consumer and/or their representative at that time electronically or provided with a paper copy. In addition, management and nursing staff said they facilitate access at other times on request. Care staff have ready access to consumers’ care plans to facilitate service delivery. Documentation demonstrates plans of care are available to the consumer and others the consumer wishes to involve. Consumers interviewed are aware they can access their care plans and representatives confirmed care plan are available to them.

Requirement 2(3)(d) is assessed as Compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

# 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.

Overall consumers are satisfied they get personal and clinical care that is right and safe for the consumer. For example:

* Consumers and representatives interviewed said the consumer receives care that is appropriate and timely. Consumers provided examples of how the service had responded to individual needs and how interventions had led to a positive outcome for the consumer.
* Representatives confirmed that they are contacted by the service whenever there is a fall involving their family member, incidents occur or health needs alter.

Consumer files sampled demonstrate consumers receive safe and effective personal and clinical care that is tailored to their individual needs, is best practice and optimises their health and well-being. Policies and procedures guide staff practice in relation to restraint and reflects links to best practice information. Wound monitoring tools evidenced that consumers with high risk of skin breakdown or wounds were being actively managed and monitored by the service. Pain management policies include use of a best practice tools and charting occurs in response to episodes of discomfort and where pain medications are changed. Documentation sampled demonstrates directives of health care professionals are followed.

The service has identified potential high impact and or high prevalence clinical risk for their consumers such as falls, diabetes, pressure injuries and infections. Documentation reviewed contained assessments, reviews, referrals and care plans which reflected identification and management of high impact and high prevalent risks for consumers at the service and reflect consultation with the consumer or their representative.

Clinical staff described an assessment process for both permanent and respite admissions in line with the policy and procedure of the service. Clinical and care staff can describe strategies that they use to manage skin integrity, pain management and behaviour management including restraint minimisation strategies. Staff described risks for consumers’ associated with a range of clinical care requirements, risk of pressure area development, falls, aggressive behaviours and diabetes.

However, the service did not demonstrate effective processes to minimise infection related risks to the consumer.

The Quality Standard is assessed as Non-compliant as one of the seven specific, requirements, Requirement 3(3)(g), has been assessed as Non-compliant.

### 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.*

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

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

### Requirement 3(3)(g) Non-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 provided evidence the service was unable to demonstrate effective processes to minimise infection related risks to the consumer. This included:

* Observations of staff practices in relation to the use of personal protective equipment (PPE), such as face masks
* Monitoring of staff practice was not evident
* Observations there were no donning/doffing stations other than at front entrance
* Observations of no available PPE available at staff break out areas or rear entrance
* Disinfectant wipes and cleaning reminder signage not available at shared equipment
* Lack of density signage in a number of areas
* Inconsistent record keeping in relation to staff cleaning of high touch areas as described by management

The Assessment Team noted management were proactive to feedback on the day and action included:

* Setting up donning/doffing stations at staff break out areas and rear entrance.
* Placing PPE, disinfectant wipes and cleaning reminders, and density signage (except communal areas) at points identified
* Issuing a memorandum to staff about use of face masks, although the Assessment Team observed poor face mask usage persist until they exited the service.

The provider’s response included an action plan addressing all the issues identified by the Assessment Team. The response also included memoranda to staff and minutes of a consumer/representative meeting, the implementation of monitoring of staff practices, planned PPE/handwashing competencies for 18 January 2021, and photographic evidence of action that addressed some of the concerns raised by the Assessment Team.

I note the remedial action already taken and that planned by management. However, I have placed weight on the nature and extent of the issues identified by the Assessment Team, in particular staff practices in the use of face masks and the availability of PPE, disinfectant wipes and PPE stations at key points in the service. Despite the subsequent action taken by management I find the service was Non-compliant with the intent of this requirement at the time of and during the Assessment Contact, and thus find the service Non-compliant.

# STANDARD 7 Human resource

### 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

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

The majority of consumers and representatives interviewed are not satisfied with staffing at the service. Comments highlighted high staff turnover, insufficient staff, staff not replaced, and service being run from Melbourne. Staff provided mixed feedback about staffing levels. Management discussed strategies to ensure shifts replaced. Management acknowledged at times shifts are not always filled but that staff worked longer shifts to accommodate this and the staff rarely work short. Management discussed the recruitment program that had commenced prior to the assessment contact. The provider’s response explained current recruitment challenges and strategies employed by the organisation to meet staffing needs.

While there was some mixed feedback from consumers and representatives interviews in relation to staff skills, staff are satisfied with access to education and training. Management described the induction processes to support new staff engaged by the service. Documentation showed education opportunities are delivered in a variety of ways and covers general and specific topics.

Requirement 7(3)(a) and 7(3)(d) are assessed as 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.*

The Assessment Team provided evidence to support a recommendation of non-compliance in this requirement based on feedback in relation to number and availability of staffing. This included:

* Feedback from two of three consumers about high levels of staff turnover
* Feedback from four of six representatives in relation to levels of staff.
* Mixed feedback about staffing levels from staff

The Assessment Team noted recruitment for staff for January 2021 had already commenced prior to the assessment contact. The report also noted that management acknowledged at times shifts are not always filled but that staff worked longer shifts to accommodate this and the staff rarely work short.

The provider’s response set out the challenges the service has had over the last few months recruiting new staff to the service, including pandemic restrictions, and set out the strategies that have been used by the organisation to attract recruits to the regionally-based service given limited options in the local area. Strategies included secondment of staff, including senior staff from Melbourne. The response stated the recruitment process had resulted in a number of new staff starting in December 2020. The provider’s response provided evidence through the service’s quality indicator report that consumer care has continued uncompromised and drew attention to the service’s complaint register not indicating concerns in respect to staffing.

On consideration of all the available evidence, I have placed weight on the feedback from consumers and representatives. However, I have also taken into account the actions already put in place to attract and recruit new staff and that new staff had commenced at the service prior to the visit and that the service was already progressing recruitment and selection during January 2021. I note consumer/representative comments relating to senior staff from Melbourne providing support until a facility manager and care coordinator was in place, and I take into consideration the strategies used by the organisation ensure staffing availability. I have placed weight on the quality indicator evidence provided and the team’s recommendations of compliance under Standard 3 in relation to delivery of personal and clinical care.

Thus, on balance, I disagree with the Assessment Team’s recommendation and have formed the view the service’s workforce is planned to enable delivery and management of safe and quality care and services. I find the service meets the requirement.

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

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

# 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 staff PPE practice, in particular use of face masks, aligns with best practice guidelines.
* Ensure PPE don/doffing stations, PPE and signage is available to guide staff practice.