Royal Freemasons Bendigo

Performance Report

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**Commission ID:** 4558

**Provider name:** Royal Freemasons Ltd

**Assessment Contact - Site date:** 4 February 2021

**Date of Performance Report:** 31 March 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 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) |  Non-compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-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 25 February 2021
* the infection control monitoring checklist.

# STANDARD 3 NON-COMPLIANTPersonal 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 three of seven requirements under Standard 3 and found three specific requirements were not met.

The Quality Standard is assessed as Non-compliant as three of the seven specific requirements for Standard 3 have been assessed as Non-compliant.

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 some sampled consumers did consider that they receive personal care and clinical care that is safe and right for them.

Not all consumers receive clinical and personal care that optimises their health and wellbeing or is tailored to their needs*.* Effective management of high impact or high prevalence risks does not occur for all consumers.

The Assessment Team identified that relevant assessments and care planning is not undertaken for sampled consumers with high prevalence risks. The delivery of care is not always guided by care plans or appropriate assessment and review.

Chemical restraint is not monitored or reviewed and informed consent is not updated as required.

Diagnosed and/or recognised painful conditions are not managed effectively for all consumers.

Treatment for breakdown in skin integrity is not always provided according to care plans and prevention strategies are not always documented in care plans to minimise risks.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-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.*

The Assessment Team found deficits in the clinical care of some of the consumers sampled during the site visit assessment. The service has not demonstrated each consumer gets safe and effective clinical care that optimises their health and well-being. The Assessment Team found the required monitoring, review and informed consent process for chemical restraint was not always followed, there were deficits in wound care and the management of pressure injury risk and skin care intervention care plans. While the service uses validated pain assessment tools and pain care plans are generally completed not all sampled consumers had current pain charting or updated care plans to guide treatment of current painful conditions.

When making my decision I have considered the Assessment Team report and the response from the provider which includes a detailed action plan in response to the Assessment Team report. In response to the Assessment Team findings the service has disputed some findings however it has also indicated it has initiated some activities to address the deficits such as further auditing wound charts and revising responsibilities to ensure all tasks related to the care of consumers are completed.

While I acknowledge the initiatives described in the action plan submitted and the further evidence provided in the service’s response, based on the evidence provided I consider the service has not demonstrated each consumer gets safe and effective care. Therefore, I find this requirement is not met.

### 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 not all sampled consumers with high impact high prevalence risks are managed effectively to minimise identified deterioration or alterations in the consumers’ health in particular associated with the effects of dementia and behaviour care plans do not always include strategies to mitigate pain or possible infections and maintenance of dignity when disruptive behaviour occurs. Nutritional monitoring and reviews as indicated in a care plan do not occur always identify risks or enable delivery of effective intervention.

When making my decision I have considered the Assessment Team report and the response from the provider including planned interventions and further education of staff. Based on the evidence provided I consider that the service has not demonstrated effective management of high impact or high prevalence risks associated with the care of each consumer. I therefore find this requirement not met.

### 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 found deficits in the minimisation of infection related risks including a lack of appropriate detail in the COVID -19 outbreak management plan, inadequate supplies of hand sanitiser and accessible personal protective (PPE) equipment. Staff practices did not consistently evidence, and practices observed did not demonstrate knowledge of infection control processes or correct use of PPE.

When making my decision I have considered the Assessment Team report and the response from the provider including implementing revised infection control practices and further education of staff and updated records and delegation of roles and responsibilities in the case of a COVID -19 outbreak. I acknowledge that the service considers it has addressed the requirements and that not all information available was considered by the Assessment Team. Based on the evidence provided I consider that the service has not demonstrated it has implemented standard and transmission based precautions to prevent and control infection. I therefore find this requirement not met.

# 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 Assessment Team assessed two of five requirements under Standard 7 and found one of two specific requirements assessed was not met.

The Quality Standard is assessed as Non-compliant as one of the five specific requirements has been assessed as Non-compliant.

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Overall sampled consumers and representatives considered they get care and services most of the time from people who are knowledgeable and caring. However, consumers and their representatives said the service is often short staffed as staff are not always replaced which causes delays in care and services.

The service did not consistently demonstrate how the workforce enables the delivery and management of safe and quality care and services.

Consumers and representatives interviewed expressed dissatisfaction about staff availability and response times.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-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 found the service did not consistently demonstrate how the workforce enables the delivery and management of safe and quality care and services. For example, staff shifts are not always filled resulting in the service being short staffed. Consumers, representatives and staff interviewed provided mixed feedback about staff availability and call bell response times, stating that it is common that the service does not have enough staff impacting on the delivery of care and services to some consumers.

I acknowledge that in response to the Assessment Team report the provider has indicated it is actively recruiting staff. However, when making my decision after considering the provider’s response and the Assessment Team report, and based on the evidence available, I consider the requirement is not met.

### 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.

* monitoring, review and informed consent processes put in place for use of chemical restraint
* effective management of pain and skin integrity
* ensure care plans are implemented and address the needs of consumers and risks are managed effectively
* strengthen the minimisation of infection related risks and infection control practices
* ensure staffing is adequate to enable the delivery of care and services to consumers.