Royal Freemasons Bendigo

Performance Report

61 Alder Street
KANGAROO FLAT VIC 3555
Phone number: 03 5430 0200

**Commission ID:** 4558

**Provider name:** Royal Freemasons Ltd

**Assessment Contact - Site date:** 23 February 2022 to 24 February 2022

**Date of Performance Report:** 24 March 2022

# 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)(g) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | 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 - 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 22 March 2022

# 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 the service is compliant with Requirement 3(3)(g).

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

### Assessment of Standard 3 Requirements

### Requirement 3(3)(g) 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 the service had implemented improvements to address the deficits identified at the last visit.

Staff demonstrated an understanding of infection control practices which included hand hygiene and appropriate use of Personal Protective Equipment (PPE).

Staff are required to complete six-monthly mandatory training in hand hygiene and the use of PPE. All staff have completed PPE usage and hand hygiene competencies.

Clinical staff demonstrated how they minimise the use of antibiotics. Infections are reported and reviewed monthly by the Clinical Manager. Antimicrobial stewardship is discussed at the Medication Advisory Committee meetings.

The service has appointed an Infection Prevention Control (IPC) Lead who has completed the required training. Three registered nurses are currently undergoing training to be an IPC assistant.

The service demonstrated policies and procedures are in place to guide infection prevention, outbreak management, and antimicrobial stewardship practices.

In making my decision I have considered the Assessment Team report. Based on the evidence provided I consider the approved provider has demonstrated compliance with this requirement. I therefore find this Requirement, Compliant.

# STANDARD 7 Human 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 one Requirement of this Quality Standard and provided evidence the service is compliant with Requirement 7(3)(a).

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

## 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 found the service had implemented improvements to address the deficits identified at the last visit.

While the Assessment Team received positive feedback from consumers, representatives and staff regarding sufficient levels of staff to deliver safe and quality care and services, some consumers and representatives were not satisfied some staff were always respectful in their interactions.

The service has reduced its use of agency staff and staff feedback indicated the agency staff who attend the service are regular and know the consumers. Staff interviewed described the needs of individual consumers.

While the service is experiencing ongoing recruitment, it has implemented several recruitment initiatives and recruited numerous roles since the previous visit. For example, care staff, registered and enrolled nurses, two clinical coordinators and hospitality staff.

A review of roster documentation and call bell reports demonstrated that most shifts are filled and call bells are responded to in a timely manner.

In its response the approved provider demonstrated it has policies and processes in place that sets clear expectations about staff interactions with consumers. The approved provider submitted evidence demonstrating the feedback from consumers and representatives has been appropriately addressed by the service, including consultation with all relevant parties and management of roster allocations to ensure safe and quality care in the future.

The Assessment Team observed staff responding to call bells in a timely manner throughout the site audit.

In making my decision I have considered the Assessment Team report and the approved providers response. Based on the evidence provided I consider 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.