Royal Freemasons Flora Hill

Performance Report

64 Somerville Street, Flora Hill
BENDIGO VIC 3550
Phone number: 03 5430 0212

**Commission ID:** 3966

**Provider name:** Royal Freemasons Ltd

**Assessment Contact - Site date:** 15 March 2021 to 17 March 2021

**Date of Performance Report:** 29 April 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) | Compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(d) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(d) | Non-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 1 April 2021
* 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

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.

Most consumers considered that they receive personal care and clinical care that is safe and right for them.

* Most consumers and representatives said care is safe and meets consumers’ needs.

Staff interviews, and documentation reflect care that is generally safe and effective to the specific needs and preferences when managing consumer’s skin integrity and pain. The service demonstrated it appropriately identifies chemical and environmental restraint.

Although most consumers and representatives said they feel safe and risks relating to their care are effectively managed, the service did not demonstrate they always appropriately identify or manage high impact or high prevalence risks associated with medication administration**.**

The service demonstrated an infection control policy, COVID-19 outbreak management plan and antimicrobial stewardship (AMS) plan are in place, standard and transmission-based precautions have been implemented to support the service to prevent and control infection. Relevant infection control training has been provided to staff and all consumers have received the first instalment of the COVID-19 vaccination.

This Quality Standard is rated Non-compliant as one of the specific requirements is 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) Non-compliant

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

While the service demonstrated management of falls, responsive behaviours, complex care and weight loss is generally effective, the service did not demonstrate they always appropriately identify or manage high impact or high prevalence risks associated with medication administration. Specifically, a medication error resulting in a significant negative outcome for one consumer.

The service has in place two medication systems, with a new medication system implemented in December 2020.

The Assessment Team reviewed medication charts and noted anomalies between the two charts for the consumer, including signatures, cease dates and prescribing dates. The Assessment Team observed a copy of a consolidated incident report that did not document any actions taken by the service to address the incident. However, staff confirmed they have completed medication competencies as a result of the medication error.

While the approved provider considers pharmacy error to be the main cause of the incident it concedes there are gaps in its medication process at the facility level. In its response the approved provider demonstrated it has taken some steps to improve medication management:

* Pharmacy deliveries are checked prior to loading into the service’s medication trolley
* Monthly internal medication reviews are completed on all consumers
* Monthly medication incident reviews and a quality sweep are conducted monthly at the service
* Regular Medication Advisory Committee (MAC) meetings to be conducted with the Pharmacist and Clinical Support, however the provider did not provide evidence that a MAC meeting has been held since the incident which occurred five months ago.

Despite conducting internal medication audits prior to the incident, management were unable to demonstrate internal processes were effective in identifying issues with pharmacy delivery. The Assessment Team identified the medication chart auditing tool did not identify missing provider details and prescription commencement dates resulting in discrepancies in internal medication audits. In its response the approved provider advised that medication audits have been updated to include missing prescribing practitioner signatures and prescribing dates.

In making my decision I have considered the Assessment Team report and the information in the response from the approved provider. While I acknowledge the actions taken by the provider, I consider the impact of the medication error on the consumer, their family and the potential risk to other consumers in the service when the identification and management of medications errors are not managed effectively to be sufficient reason to determine the approved provider has not demonstrated Compliance. I, therefore, find this requirement Non-compliant.

### 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.*

# STANDARD 7 NON-COMPLIANT 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

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.

While most consumers considered they get quality care from people who are knowledgeable, capable and caring, most consumers also believe the service has a lack of staff which is affecting the level of care provided.

Overall feedback from consumers and observations made by the Assessment Team demonstrated workforce interactions are kind, caring and respectful.

However, most consumers, representatives and staff interviewed identified issues regarding the adequacy of staffing numbers, with the lack of staff impeding the quality of care provided by the service.

Staff expressed satisfaction with the quality of training, however some staff described training on the new medication program as rushed and some representatives stated additional education on Dementia and Parkinson’s disease would assist in the care of consumers. Management stated that staff training is provided based on feedback and observations. Training records demonstrated staff have completed relevant training. Management advised additional training would be provided for the new medication program in May and October 2021.

## This Quality Standard is Non-compliant as one of the specific requirements is rated Non-compliant.

## 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.*

Most consumers and representatives expressed their dissatisfaction with staff levels at the service. Staff expressed the same dissatisfaction with staff levels and could describe instances where lack of staff had directly impacted the quality of service of care provided to consumers. Examples included consumers hygiene being compromised, increased falls, delays in food service and trays not being cleared for several hours, care staff being asked to assist kitchen staff and staff being removed from the lifestyle team to assist with care duties.

Feedback from consumers, representatives and staff indicated the frequent change of management within the service is destabilising for consumers and staff.

Management provided rosters to the Assessment Team and advised that when the service has full staff attendance the service runs well, however there are regular instances where shifts cannot be filled, and this affects the level of service provided to consumers. The Assessment Team were provided with numbers of personnel in the service and observed instances where care shifts were not filled.

Management described the process of how they attempt to fill vacant shifts, including SMS, contacting staff and use of agency staff. Management conceded there were regular times when the shifts were not filled as staff could not be provided by the three agencies the service uses. Management confirmed they sometimes use lifestyle staff to assist with care. Management advised the service is in the process of recruiting an additional enrolled nurse, a new chef and kitchen staff.

The Assessment Team observed call bell reports and while most calls were responded to within the benchmark set by the service, there were instances where call bells were not responded to for over 30 minutes. In their response the approved provider stated that call bell management is underway with exceeding calls to be reviewed and investigated.

The Assessment Team observed a dinner service where no care staff were present for approximately 25 consumers and kitchen staff were assisting consumers. During the same dinner service, the Assessment Team observed one care staff member present to assist seven consumers in the Memory Support Unit dining room.

In its response the approved provider demonstrated that it has taken some actions to improve staffing including the commencement of a new management of clinical practice in March 2021, support from two clinical residential support partners, review of agency usage and shortage of staffing by the Executive Management team and a new model of care to be implemented in October 2021.

In making my decision I have considered the Assessment Team report and the information in the response from the approved provider. While I acknowledge the actions taken by the approved provider, I consider the impact on consumers reported in interviews and observed by the Assessment Team at the time of the site visit is sufficient reason to consider the approved provider has not demonstrated compliance with the requirement. I, therefore, find this requirement Non-compliant.

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

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

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

# STANDARD 8 NON-COMPLIANTOrganisational 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

Most consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. However, the organisation was unable to demonstrate how it applied learnings and managed the ongoing risks associated with changing medication systems and having multiple consumers on different medication systems. The service did not demonstrate learnings have been identified and discussed with the board, service and staff and actions implemented.

## This Quality Standard is Non-compliant as one of the specific requirements is rated Non-compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Non-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 service did not demonstrate it had appropriate systems in place to manage high impact and high prevalence risks associated with the care of each consumer. The Assessment Team identified gaps in the management of some consumers. The service implemented a new medication system in December 2020. The service demonstrated it has two medication systems and several pharmaceutical suppliers which contributed to several medication errors resulting in missing medication and documentation not being up to date.

Monthly reports observed by the Assessment Team for December to February 2021 showed multiple medication error incidents for each month.

At the time of the site visit the Assessment Team observed deficiencies in management’s response to a consumer receiving the wrong medication and the service was unable to demonstrate actions taken to provide staff with guidance to manage the ongoing risks associated with medication management in the future.

In its response the approved provider demonstrated it has taken some actions to improve its risk management processes including the appointment of a Quality Safety Committee, updated clinical risk management policies and processes that categorise risk to guide staff and executive management, daily incident report checks and updated incident reporting charts and processes, including Serious Incident Response Scheme (SIRS) systems. The approved provider has not demonstrated that it has conducted a Medication Advisory Committee meeting since the incident.

While the service demonstrated it has policies around responding to abuse, neglect and mandatory reporting the service failed to demonstrate it has appropriate risk management practices in place to ensure all incidents are appropriately reported and access to supporting documentation is readily available at the local level. The Assessment Team identified incidents of responsive behaviours towards other consumers and staff are not always reported.

In making my decision I have considered the Assessment Team report, the response from the approved provider and the impact on consumers. While I acknowledge the actions taken by the approved provider it is my view the service has not demonstrated the risks associated with the implementation of the new medication system and the outcome of a medication error for a consumer have been appropriately investigated and ongoing risks mitigated and managed. I, therefore, find this requirement Non-compliant.

# 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.

**Requirement 3(3)(b)**

* Ensure effective medication incident monitoring and management
* Ensure effective identification and management of high impact and high prevalence risks associated with medication administration
* Ensure internal medication audits are effective in identifying issues and discrepancies with medical delivery.
* Ensure medication charts are accurate and current for each consumer
* Ensure staff are trained in the new medication system

**Requirement 7(3)(a)**

* Ensure staffing is sufficient to enable timely provision of care, and that staff are available to assist consumers so negative impact on the quality of consumer care and services is avoided.

**Requirement 8(3)(d)**

* Ensure effective risk management practices are in place so that high impact and high prevalence risks associated with medication administration are identified and managed effectively.
* Ensure appropriate risk management practices are in place to ensure all incidents are appropriately reported and access to supporting documentation is readily available.
* Ensure regular meetings of Quality Safety Committee and Medical Advisory Committee.