Royal Freemasons Footscray

Performance Report

25 Mephan Street   
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Phone number: 03 9318 4244

**Commission ID:** 4346

**Provider name:** Royal Freemasons Ltd

**Assessment Contact - Desk date:** 8 September 2021 to 9 September 2021

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

# 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 7 Human resources** |  |
| Requirement 7(3)(d) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) | 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 - Desk was informed by a review of documents and interviews with management.
* the provider’s response to the Assessment Contact - Desk report received on 29 September 2021

# 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 under this Standard and found it Compliant.

As not all requirements were assessed, an overall rating for the Standard is not provided.

## Assessment of Standard 7 Requirements

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

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

This assessment team found while the service has appointed the facility manager as the Infection Prevention and Control (IPC) lead, they have not yet completed or commenced any of the relevant IPC lead training and education.

The response received from the Approved provider demonstrates that the IPC lead has completed the relevant COVID-19 infection control online training modules and is enrolled in the required IPC course.

I have considered all the information provided and find the requirement is Compliant as the Approved provider has appointed an IPC lead at the service who is enrolled in the required IPC training course.

# 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

The Assessment Team assessed one requirement under this Standard and found it Compliant.

As not all requirements were assessed, an overall rating for the Standard is not provided.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(c) Compliant

*Effective organisation wide governance systems relating to regulatory compliance:*

The Assessment Team found the service has not met its regulatory compliance responsibilities to notify the Department of Health regarding the appointment and changed circumstances of their Infection Prevention and Control (IPC) lead.

The response from the Approved provider subsequently demonstrated that the IPC lead details are reflected on the My Aged Care portal.

I have considered all the information provided and consider the requirement is Compliant as the Approved provider has now registered the service’s IPC lead on the My Aged Care portal.

# 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.