Royal Freemasons Moe

Performance Report

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**Commission ID:** 4581

**Provider name:** Royal Freemasons Ltd

**Assessment Contact - Site date:** 29 January 2021

**Date of Performance Report:** 1 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** | **Compliant** |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | 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 Approved Provider’s response to the Assessment Contact - Site report of 29 January 2021 received 3 March 2021.
* the Infection control monitoring checklist

# 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

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. The Team also examined relevant documents.

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

The organisation has processes in place to support the service’s provision of safe and effective personal and clinical care in accordance with the consumer’s needs, preferences and goal to optimise their health and well-being.

Clinical staff were able to describe high impact and high prevalent risks relating to consumers and the related assessment processes. High impact and high prevalence risks such as use of psychotropic medication, weight loss, falls, pressure injuries and infections are identified, assessed and responded to, to reduce and mitigate risks to consumers and others.

The service demonstrated an understanding of the end of life needs of consumers and showed how this is applied to the individual consumer.

The service demonstrated a COVID-19 outbreak management plan is 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. Consumers’ infections are identified, and managed, and antibiotic usage is minimised.

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

### Assessment of Standard 3 Requirements

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

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

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

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

### 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 approved provider has demonstrated it has a COVID-19 outbreak management plan in place containing key information including a site plan and processes for cohorting and transferring consumers to hospital if required.

General infection control policies are in place with the service collecting and analysing data for trends.

Evidence demonstrated sufficient supplies of personal protective equipment (PPE) are available with cleaning products, wipes and sanitiser at key locations. Density signage is appropriately displayed throughout the service. Donning and doffing stations are clearly identified and have appropriate PPE layout and signage. Dedicated high touch area cleaning occurs regularly and PPE usage/share equipment compliance checks are completed each shift. Staff receive education and training on infection control, hand hygiene and the use of PPE.

Screening processes for staff and visitors entering the service now include a staff member allocated for each shift to monitor and record the screening of all staff and visitors.

While the service does not have a documented antimicrobial policy, clinical staff demonstrated an understanding of how they minimise the use of antimicrobials and are reviewing the use of antibiotics with medical practitioners. The use of antimicrobials is discussed at the medication advisory committee meeting.

I have considered the Assessment Team report of 29 January 2021 and the evidence provided in the approved provider’s response. The approved provider has submitted information demonstrating that deficits identified in the Assessment Team report are addressed including an enhanced outbreak management plan, PPE supplies, density signage and social distancing practices.

Based on the Assessment Team report I find a robust system to minimise infection related risks has been implemented. I therefore find that this requirement is met.

# 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

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, allocation and agency booking documentation, call bell and sensor mat response times.

Overall sampled consumers considered that they receive timely quality care and services that meets their needs and preference.

Management ensures the delivery of safe care by the monitoring of key performance indicators and appointment of clinical leadership roles. Although agency usage remains high and with unexpected leave impacting rosters, most shifts allocated are filled. Management have implemented a more consistent roster and are monitoring agency usage to ensure the delivery and management of safe and quality care and services. Management actively monitors call bell response times daily and implement improvements where identified.

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.*

# 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.