Royal Freemasons Bendigo

Performance Report

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**Commission ID:** 4558

**Provider name:** Royal Freemasons Ltd

**Assessment Contact - Site date:** 23 August 2022 to 25 August 2022

**Date of Performance Report:** 10 October 2022

# Performance report prepared by

Catherine Spiller, 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

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| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Non-compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-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 - report received on 19 September 2022

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

Where only some requirements of a Quality Standard have been assessed and one or more of the assessed requirements are non-compliant then the overall Quality Standard is assessed as non‑compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(b) Non-compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

The Assessment Team found the service did not demonstrate assessment and planning is effective for all consumers’ current needs including consumers at end of life. Assessment, care planning and end of life pathways to guide staff have not been consistently completed in a timely manner. For example:

* Comprehensive assessment and care planning, including an end of life pathway was not in place for a palliating consumer.
* Pain management treatment had not been commenced despite being prescribed by a medical officer the night before for the above consumer.
* A current accurate assessment/care plan was not in place for a respite consumer.
* An assessment for medication self-administration had not been completed for a consumer, who was self-administering some of their own medications.

In their response, the approved provider provided a comprehensive education calendar which detailed a suite of planned education sessions to address the issues identified by the Assessment Team, including; medication management, care consultations, pain management, end of life medication, end of life pathways and caring for a resident receiving palliative care. In addition, the continuous improvement plan submitted details a number of actions to address the deficits identified. The service has also appointed a nurse advisor to oversee the rectification process and provide additional resources.

In making my decision, I have considered the Assessment Team’s findings and the approved provider’s response. I note the education and continuous improvement actions planned to address the deficits, however the service is not adequately assessing and planning care to meet the consumer’s current needs, goals and preferences, including advance care planning and end of life planning. Therefore, I find the service non-compliant with this requirement.

### Requirement 2(3)(c) Non-compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

The Assessment Team found assessment and planning did not always involve the consumer and/or their representative in line with their expectations. Partnership and consultation did not consistently occur on entry to the service. Some consumers and their representatives said they are not involved in the assessment process or decision making for care. Some representatives said they generally receive telephone calls to advise of changes but do not have the opportunity to input into care. The Assessment Team noted partnership has not always been effective in relation to decision making about palliative care and other care planning. The Assessment Team noted sampled consumers’ ‘admission conference checklist’ was often not completed. For example:

* Assessment and planning for mobility, diet, pain and lifestyle activities for a deteriorating consumer was not consistently discussed in partnership with their representative.
* An accurate assessment or care plan was not in place for a respite consumer to inform staff of their specific care needs.

In their response, the approved provider submitted a comprehensive education calendar, detailing a suite of sessions to address the deficits found by the Assessment Team including; care consultations, personalising care plans, and completing respite documentation. In addition, a plan for continuous improvement was provided to address deficits including; improvements to consumer/representative consultation, managing the deteriorating consumer, and a review of assessment documentation processes. In addition, a number of policies were provided including; Assessment and Documentation and Resident of the Day. The service has also appointed a nurse advisor to oversee the rectification process and provide additional resources.

In making my decision, I have considered the Assessment Team findings and the providers response. While acknowledging continuous improvement activities, the appointment of a nurse advisor, and education that is planned, the service did not demonstrate assessment and planning is based on ongoing partnership with consumers and their representatives. I therefore, find the service non-compliant with this requirement.

### Requirement 2(3)(e) Non-compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

The Assessment Team found care and services are not consistently reviewed in accordance with the service’s process or in response to changed circumstances or care needs. Management and staff said care plans are required to be reviewed every 3 months. However, the Assessment Team found this is not consistently occurring. Sampled consumer files demonstrated care plans do not reflect current care needs and have not been reviewed every 3 months. When changes have occurred, care and services have not consistently been reviewed. For example:

* Assessment and care planning review had not occurred in response to deterioration and palliating status, pressure injuries or change in pain needs for one consumer.
* One consumer did not have a pressure injury care plan or skin care plan in place to guide care.
* The service did not follow up on an incident relating to a consumer’s valuables going missing which resulted in significant distress to this consumer and their representative.

In their response, the approved provider submitted a continuous improvement plan that outlined actions to address these deficits. This includes a review of the resident of the day program, a new schedule to ensure partnership reviews are done in a timely manner and aligns with organisational processes and a supporting education program for staff. They have also appointed a nurse advisor to oversee the rectification process and provide additional resources.

In making this decision, whilst I acknowledge the actions planned by the provider, for the above mentioned consumers, care and services were not reviewed regularly for effectiveness, and when circumstances change or when incidents impact on their needs, goals or preferences. The actions planned by the Service to address these deficits, are not yet fully implemented or evaluated for effectiveness. I therefore find the service non-compliant with this requirement.

# 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

Where only some requirements of a Quality Standard have been assessed and one or more of the assessed requirements are non-compliant then the overall Quality Standard is assessed as non‑compliant.

### 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 that consumers do not consistently get safe and effective personal care and/or clinical care. For example:

* One consumer’s representative expressed dissatisfaction with pain and medication management, wound and pressure area care, and end of life care. Wound and pressure care was not completed in accordance with best practice, or consumer needs and directives.
* One consumer’s wound was not dressed according to documented instructions, during which time the wound increased in size.
* One consumer’s wounds had not been dressed every three days according to documented care instructions.

The Assessment Team found restrictive practice documentation was not consistently completed and reviewed as per the service’s policy and procedure. Care documentation did not always reflect timely consultation with consumers and their representative regarding the use of psychotropic medication. Three-monthly reviews and signed consent were not consistently maintained.

* One consumer representative was not informed of the frequent use of as required medication for behavioural management. Management reported that staff may have informed representatives, but they may not have recorded that information.
* One consumers’ documentation for restrictive practice was not completed and reviewed as per the service’s policy and procedure. The Assessment Team found there was verbal consent, however no signed consent was obtained.

In their response, the approved provider did not refute any of the consumer evidence above. They provided a continuous improvement plan and education calendar to address the deficits identified. They have also appointed a nurse advisor to oversee the rectification process and provide additional resources.

In making this decision, the Assessment Team findings have presented significant evidence demonstrating that consumers do not consistently receive care that is best practice, tailored to needs and optimises their health and wellbeing. I note the actions already taken and planned by the service to address these deficits, however these actions are yet to be fully implemented and evaluated for effectiveness. Therefore, I find the service non-compliant with this requirement.

### 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 the service did not consistently manage high impact or high prevalent risks particularly in medications, falls management, blood pressure monitoring and behaviour management. For example;

* One consumer’s representative expressed dissatisfaction with pain and medication management, wound and pressure area care and end of life care. In particular, end of life pain medication was not managed and administered according to medical directions.
* Post-fall monitoring was not in accordance with the service’s policy, with deficits noted for two consumers who experienced unwitnessed falls.
* One consumer was managing some of their own medication, but no self-assessment had been completed and management acknowledged this gap.
* A consumer who was experiencing frequent falls, did not have blood pressure measurements taken according to a medical officer’s directives.
* A consumer’s behaviours were not effectively or consistently managed and were misaligned with his representatives account of this consumer’s preferences.

In their response, the approved provider submitted a continuous improvement plan which outlines a number of planned actions and an education calendar they are implementing to address the deficits in care identified. They have also appointed a nurse advisor to oversee the rectification process and provide additional resources.

In making this decision, I have considered the Assessment Team’s findings and the approved provider’s response. I acknowledge the actions already completed and the planned improvements to address the deficits found during the site audit. The Assessment team findings present evidence to demonstrate the service did not effectively manage high impact or high prevalence risks for the above named consumers. In their response, the Approved provider did not refute the assessment team findings and management acknowledged some of the findings, regarding the above consumers. The planned improvement actions are yet to be fully implemented and evaluated for effectiveness, I therefore find the Service non-compliant in this requirement.

### Requirement 3(3)(c) Non-compliant

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

The Assessment Team found the service did not consistently demonstrate the needs, goals and preferences of consumers nearing the end of life are recognised and addressed. For example:

A consumer nearing the end of life did not have palliative assessments, care plans or an end of life pathway in place. Their representative expressed dissatisfaction with the care being provided and it did not meet their expectations. For this consumer, appropriate care, for a range of needs including pain, skin, wound and pressure area care or comfort was not being provided to meet this consumer’s needs.

In the approved providers response, a continuous improvement and education plan was submitted detailing a number of education sessions in palliative care to address this deficit identified by the Assessment Team.

In making this decision, I have considered the evidence in the Assessment Team report, which identified significant gaps in attending to a consumers needs at the end of life. I note the education sessions proposed to address these deficits, however the outcomes are not fully embedded and need to be evaluated for effectiveness. I therefore, find the service non-compliant with this requirement.

# 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

Where only some requirements of a Quality Standard have been assessed and one or more of the assessed requirements are non-compliant then the overall Quality Standard is assessed as 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.*

The Assessment Team found the workforce is not consistently or adequately planned or deployed to consistently enable the delivery and management of safe and quality care and services.

Consumers and representatives stated there are not enough staff at the service. They expressed dissatisfaction with aspects of care being provided. Staff stated there are not enough staff and it affects their ability to provide safe and quality care and services. Review of the roster demonstrated the service’s staffing numbers and mix do not support safe and quality care. The Assessment Team noted examples of how inadequate number and skill mix had impacted negatively on consumers. For example:

* A palliating consumer did not receive appropriate pain-relieving medication in-line with medical instructions. Medication administration was delayed until the next morning due to a lack of availability of trained staff.
* One consumer’s blood pressure was not being monitored by personal care staff according to medical instructions. Management said staff skills in this area has previously been identified as an area of deficit, however the Assessment Team noted the deficit has not been effectively rectified.
* Medication management issues were identified for a number of consumers.
* Pressure care needs were not being performed according to the needs of consumers.

Some staff provided negative feedback in relation to how low staffing impacts consumers, such as, their ability to provide consistent pressure care. A review of the roster indicated numerous incidences of shifts being short staffed or unfilled.

In their response, the approved provider, said they were disappointed with the findings of the Assessment Team but it is reflective of the staffing crisis impacting, the sector as a whole. They suggest it has been a necessity to prioritise some components of service delivery. A continuous improvement plan and education calendar was submitted to address the deficits already described in this report. In addition, a nurse consultant has been engaged to oversee the rectification process and provision of additional resources.

Whilst I commend the approved provider for employing a nurse advisor to oversee continuous improvements to address the deficits identified during the visit, there are numerous examples where inadequate staffing or skill mix has resulted in suboptimal outcomes for consumers. The Assessment team findings indicate the workforce number and/or skills mix, is inadequate to enable the consistent delivery and management of safe and quality care and services. Therefore, I find the service non-compliant with this requirement.

# 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.

* Ensure systems and processes are implemented, and staff receive training to ensure assessment and planning is effective for all consumers’ current needs including for consumers at end of life.
* Embed systems and processes to ensure effective ongoing partnerships with consumers or their representative in the assessment, planning and review of consumer care and services are occurring.
* Implement systems and processes to ensure consumer care is reviewed regularly for effectiveness, including when a consumes needs change.
* Ensure all staff receive palliative care training and mechanisms are in place to ensure staff provide adequate support to consumers at end of life.
* Develop systems, polices and procedure to ensure high impact or high prevalent risks particularly in medications, falls management, blood pressure monitoring and behaviour management are effectively managed.