Royal Freemasons Benalla

Performance Report

107 Thomas Street BENALLA VIC 3672
Phone number: (03) 94533300

**Commission ID:** 4591

**Provider name:** Royal Freemasons Ltd

**Re-accreditation site audit date:** 4 – 5 December 2019

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | 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 re-accreditation site audit; the 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 site audit report received 30 December 2019.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

The Assessment Team found that overall, consumers interviewed during the site audit confirmed that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

The following examples were provided by consumers during interviews with the Assessment Team:

* staff are respectful and kind and know what is important to each consumer
* consumers are able to do what they wish
* staff generally explain things to consumers
* staff respect consumers’ personal privacy through knocking on doors prior to entering consumers’ rooms and ensuring personal care is provided in a way that respects their privacy.

The service demonstrated they actively promote a range of activities that support a range of cultural needs. Staff were observed interacting with consumers in a respectful and kind manner. Staff provided meaningful examples of how they promote consumers’ individuality and independence and how they maintain their privacy. Care planning documents and meeting minutes identified the service understands and supports consumer choice.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

### Requirement 1(3)(b) Compliant

Care and services are culturally safe.

### Requirement 1(3)(c) Compliant

Each consumer is supported to exercise choice and independence, including to:

1. make decisions about their own care and the way care and services are delivered; and
2. make decisions about when family, friends, carers or others should be involved in their care; and
3. communicate their decisions; and

make connections with others and maintain relationships of choice, including intimate relationships.

### Requirement 1(3)(d) Compliant

Each consumer is supported to take risks to enable them to live the best life they can.

### Requirement 1(3)(e) Compliant

Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.

### Requirement 1(3)(f) Compliant

Each consumer’s privacy is respected and personal information is kept confidential.

# 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

Consumers and representatives interviewed said they did not have an understanding of what a care plan is and said they are not provided with a copy of the care plan during the care consultation process. The process to ensure consumers have ready access to their care and service plan is not yet effective.

Recording of care plan information about consumers who self medicate is inconsistent and is not updated when changes occur.

Comprehensive assessments and risk assessments are conducted across all domains which inform the development of consumers’ care plans. Staff described access to consumers’ plans of care and their responsibility related to recording changes in the electronic care documentation program, incident reporting program or referral system.

The Assessment Team sampled consumer files that demonstrated assessment and planning is based on ongoing partnership with the consumer and their nominated representative. Including appropriate referrals and implementation of recommended specialist strategies. Consumer care plans described advance care planning and not for resuscitation directives.

The Quality Standard is assessed as Non-compliant as one of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.

Consumers’ self-medication care plans contained conflicting information and the consumer’s medication chart information was not consistent with the care plan. The approved provider response acknowledges that information related to consumers who self-medicate is not always consistent and states that a comprehensive review of self-administration assessment and practices is underway. Refer to Standard 3 requirement (a).

### Requirement 2(3)(b) 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.

### Requirement 2(3)(c) 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.

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

The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.

All consumers and representatives interviewed said staff spoke with them regularly, however, their conversations did not include any reference to consumers’ care plans. Feedback from these consumers and representatives included:

* “What is a care plan? I’ve never seen one”
* “I don’t know about any care plan.”
* “I did not know about a care plan or that I could talk to them about it.”

The service’s process does not make care plans readily available to consumers and management reported that no consumer had requested a copy of their care plan as yet.

Nursing staff use care plan information when undertaking care plan reviews, but do not provide a copy of the care plan to consumers/representatives or show the consumers what is on the screen.

Staff are not aware of what to do if a consumer requests to see their care plan.

Management said the organisation is developing a process to identify and record details of whom the consumer wishes to have present during care discussions, however, they have not commenced doing this. Management said they are planning to move towards the provision of access to care and service plans and the provision of support for consumers to understand care plans.

### Requirement 2(3)(e) 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.

# 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

The majority consumers and representatives interviewed said they receive the care they need and provided examples of what care and safety meant to them. Most consumers interviewed said they felt safe at the service.

Consumer files and other documentation which demonstrated clinical and personal care is not always individualised for the consumer. In particular deficits were identified in the safe management of medications and the management of consumers who self-medicate.

Consumer care plans reviewed by the Assessment Team evidenced the delivery of safe and effective care in other clinical areas including end of life care, wound management, mobility, and behavioural management. Staff described comfort and spiritual care related to consumers’ preferences.

Management demonstrated how risk is assessed in consultation with the consumer, representative, relevant allied health professionals, medical and specialist services. The Assessment Team reviewed a range of assessment tools and processes the service utilises to monitor and improve personal and clinical care as well to manage identified risks.

The service has an auditing program including data collection for clinical indicators and psychotropic medication use. The clinical indicator program includes infection rates and combined with the organisation’s incident management is used to monitor consumers’ risks, clinical and personal care. A range of clinical education is provided including in response to results of audits clinical indicator data and incident analysis.

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements have been 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.

Consumers’ self-medication care plans contain conflicting information and the consumer’s medication chart information are not consistent with the care plan. The approved provider response acknowledges that information related to consumers who self-medicate is not always consistent and states that a comprehensive review of self-administration assessment and practices is underway.

The management of consumers’ transdermal pain patches is not always recorded consistently and the medication charts of three consumers did not reflect consistent information or accurate signing processes in relation to checking and changing the patches. The response submitted by the approved provider outlines a review of this process including staff training.

Consumers’ blood glucose monitoring is not consistently followed up when uncharacteristic readings are obtained. The approved provider’s response states that this had previously been identified as an issue and staff reminded as to the follow up and recording requirements.

The approved provider’s response acknowledges that there have been a large number of medication incidents in the last three months but refutes that the service does not follow up medication incidents appropriately. An electronic medication management system is planned to be introduced in February 2020.

### 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)(d) Compliant

Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.

The response submitted by the approved provider outlines the actions taken in response to a situation relating to a consumer’s changing health needs, identified by the Assessment Team. While a documentation error had occurred, the consumer was monitored and managed by nursing staff and the general practitioner.

### Requirement 3(3)(e) Compliant

Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.

### Requirement 3(3)(f) Compliant

Timely and appropriate referrals to individuals, other organisations and providers of other care and services.

### 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 4 COMPLIANT Services and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

Consumers and representatives expressed satisfaction with the services consumers receive and the range of opportunities available to them and confirmed consumers are encouraged to do as much as possible for themselves. Consumers and representatives interviewed said they are satisfied staff know consumers’ care needs and preferences and staff interviewed are able to provide examples of how consumers' individuality is respected.

The service provides an activities program for consumers to participate in and seeks information from consumers about activities in which they would like to take part. Staff described how they identify and provide one to one engagement for consumers who prefer to stay in their rooms.

The service demonstrated that it supports consumers to connect with other services and programs assisting them to participate in local community activities. Staff support consumers' religious affiliations and provide individual support to ensure consumers' spiritual needs are met.

The service provides safe, suitable and well-maintained equipment that staff are appropriately trained to use. Regular maintenance programs and audits occur to monitor equipment safety and condition.

Consumer feedback regarding services and supports for daily living is gained through consumer meetings and the feedback and complaints system to ensure that the service is supporting consumers in each of these domains.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.

### Requirement 4(3)(b) Compliant

Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

### Requirement 4(3)(c) Compliant

Services and supports for daily living assist each consumer to:

1. participate in their community within and outside the organisation’s service environment; and
2. have social and personal relationships; and
3. do the things of interest to them.

### Requirement 4(3)(d) Compliant

Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

### Requirement 4(3)(e) Compliant

Timely and appropriate referrals to individuals, other organisations and providers of other care and services.

### Requirement 4(3)(f) Compliant

Where meals are provided, they are varied and of suitable quality and quantity.

### Requirement 4(3)(g) Compliant

Where equipment is provided, it is safe, suitable, clean and well maintained.

# STANDARD 5 COMPLIANTOrganisation’s services environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

The service is a new build and consumers expressed their satisfaction with the living environment. Consumers and representatives also said consumers felt safe and at home at the service..

The service environment was observed to be clean, tidy and well maintained. The building design enables consumers to move around easily utilising many of the communal sitting areas. Consumers had access to outdoor courtyards, gardens, outdoor furniture and paths supporting free and safe movement. Purpose built areas such as a café, hairdressing salon and numerous speciality activity areas are available for consumer enjoyment.

Management outlined processes to monitor the environment and ensure furniture, fittings and equipment is safe, clean, well maintained and suitable for the consumer. Staff could describe maintenance processes and how they report any issues they identify. Cleaning staff were observed to be carrying out their duties observing consumer’s choice and privacy options. An environmental audit completed by Dementia Services Australia contributed to the development of the memory support unit for people living with dementia

The organisation monitors and reviews its performance in relation to these requirements.

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.

### Requirement 5(3)(b) Compliant

The service environment:

1. is safe, clean, well maintained and comfortable; and
2. enables consumers to move freely, both indoors and outdoors.

### Requirement 5(3)(c) Compliant

Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

Consumers and representatives interviewed said they are encouraged and supported to provide feedback. Consumers and representatives said they were aware of feedback processes such as feedback forms and consumer meetings and gave examples of providing verbal feedback at meetings or directly to management.

Staff interviewed were asked how they would respond if a consumer wanted to make a complaint or provide feedback. Staff provided answers including trying to fix the issue immediately, documenting it on a feedback form with the consumer and informing management. Management has an open-door policy enabling ready access for consumers and representatives to provide feedback. This policy is discussed on entry to the service. Feedback forms and suggestion boxes were observed in each area of the service.

Staff described open disclosure practices such as acknowledging complaints and raising concerns to management. An open disclosure practice was demonstrated in relation to managing incidents and a new training program has been developed and includes a checklist incorporating an open disclosure process and prompts for staff when managing a complaint.

The organisation monitors and reviews its performance in relation to these requirements.

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

### Requirement 6(3)(b) Compliant

Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

### Requirement 6(3)(c) Compliant

Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

### Requirement 6(3)(d) Compliant

Feedback and complaints are reviewed and used to improve the quality of care and services.

# STANDARD 7 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

Consumers and representatives interviewed said they consider staff have the required knowledge to provide care and that consumers get the care they need from kind and caring staff. Consumers and representatives expressed their satisfaction with staffing levels and staff responsiveness.

Recruitment processes ensure the recruitment of appropriately qualified staff. A staffing plan is in place to align staffing levels with the increases in consumer numbers. Orientation and buddy shifts are provided to new staff to help them settle into the service and learn their role. The service uses a range of processes to monitor staff performance including observation, monitoring incidents, analysis of consumer feedback and performance appraisals.

Staff interviewed and observed demonstrated knowledge and skills relating to consumers’ care needs and requirements and outlined where they could access information if they were unsure. Staff could describe different individual care needs of consumers and how they manage these.

Education is provided across a range of areas to ensure staff are provided with knowledge on various topics, including a number of mandatory topics. Staff interviewed confirmed attendance to a range of education, including the Quality Standards and said that consumer choice and respect is paramount in care.

The organisation monitors and reviews its performance in relation to these requirements. Education is monitored for completion and human resource processes monitor staff recruitment and suitability.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## 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.

### 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)(c) Compliant

The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

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

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

### Requirement 7(3)(e) Compliant

Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

# STANDARD 8 COMPLIANT 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

Consumers and representatives interviewed said management and staff encourage feedback and seek their opinion on care and services. A large majority stated that the place was well run.

The service has a continuous improvement plan that is developed from a range of sources including feedback forms, meeting minutes, audits and observations. Information is provided to consumers through a range of formats including newsletters and notices. Consumer information from meetings, surveys, incidents and complaints is reported to the board for monitoring.

The service has systems to identify high impact risks associated with consumers. Care processes include risk assessments and management strategies. The service demonstrated it understands, applies, monitors and reviews risk management systems related to identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can.

Management described that consumer engagement occurs in relation to the development, delivery and evaluation of care and services. Engagement occurs through consumer and representative meetings that incorporate a food focus meeting, a satisfaction survey and frequent contact between management and consumers.

The organisation’s governing body promotes a culture of safe, inclusive and quality care and service through policy and procedures, staff education, memoranda and notices. The governance structure including organisational chart, committee structure, communication strategies and monthly reports demonstrate how information is reported to key decision makers within the organisation. This includes information and data on continuous improvement, financial governance, workforce governance, regulatory compliance and complaints.

The clinical governance framework includes antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff interviewed understood these concepts and how they are applied in practice.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

### Requirement 8(3)(b) Compliant

The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

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

Effective organisation wide governance systems relating to the following:

1. information management;
2. continuous improvement;
3. financial governance;
4. workforce governance, including the assignment of clear responsibilities and accountabilities;
5. regulatory compliance;
6. feedback and complaints.

### Requirement 8(3)(d) 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.

### Requirement 8(3)(e) Compliant

Where clinical care is provided—a clinical governance framework, including but not limited to the following:

1. antimicrobial stewardship;
2. minimising the use of restraint;
3. open disclosure.

# 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.

Standard 2 Requirement 3 (d)

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided*.

* Implement a system to ensure all consumers are aware:
	+ of the outcomes of assessment and planning, and
	+ that they have access to their care and services plan.
* Implement a system to ensure care and services plans are readily available to each consumer.
* Ensure staff are aware of the requirements for consumers to have ready access to their care and services plan.

### Standard 3 Requirement 3 (a)

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

* + *is best practice; and*
	+ *is tailored to their needs; and*
	+ *optimises their health and well-being*.
* Implement a medication management system that minimises the risk of maladministration.
* Ensure consumers’ who self-medicate have medications managed safely.
* Ensure consumers have pain patch medications managed safely.
* Ensure consumers have blood glucose monitoring managed safely.