Darvall Lodge

Performance Report

521 Princes Highway
NOBLE PARK VIC 3174
Phone number: 03 9549 1400

**Commission ID:** 4261

**Provider name:** Royal Freemasons Ltd

**Site Audit date:** 4 May 2022 to 6 May 2022

**Date of Performance Report:** 8 June 2022

# Performance report prepared by

Melissa Frost, 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

|  |  |
| --- | --- |
| **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** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** |  **Compliant** |
| Requirement 3(3)(a) | 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 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 Site Audit; the Site Audit 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 23 May 2022.
* other information and intelligence held by the Commission in relation to the service.

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

Consumers and their representatives said consumers are treated with dignity and respect. Staff showed familiarity with consumers’ history, background, needs and preferences and described how they adapt communication and care delivery to promote cultural safety. Care plans reflect consumers’ backgrounds and culture. Staff were observed providing care and interacting with consumers in a respectful manner.

Consumers and their representatives said consumers are supported to maintain their independence and make choices about their care, including who is involved. Staff described how they support consumers to maintain relationships.

Consumers said they are supported to live the best life they can. Staff use the service’s dignity of risk policy when assessing and managing risks. Staff provided examples of relevant risks for consumers and how staff support consumers’ decisions.

Consumers said they receive clear and timely information to help them make decisions relating to their care and lifestyle. Staff described how they tailor the way information is communicated to suit consumers’ needs, and they obtain consumers’ preferences to support choice. Information is also communicated through meetings, lifestyle bulletins, noticeboards and the menu is displayed in the dining room.

Staff were observed respecting consumers’ privacy through knocking on consumers’ doors before entering and using a dignity curtain for privacy when attending to consumer hygiene and personal care. Confidential information was observed to be securely stored, and staff described how they discuss consumers’ personal information privately at handover.

## 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*
4. *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 COMPLIANT Ongoing 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

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

Consumers and their representatives said they are involved in the assessment and care planning process. Staff complete initial assessments to identify consumers’ needs, goals and preferences on entry. Care planning documents include applicable risks for consumers, and advance care and end of life planning. Care plans are reviewed every three months or as consumers’ needs change.

Care planning documents reflect ongoing partnership with consumers, representatives and other providers such as medical officers. Generally, consumers and their representatives were not aware of access to care planning documents, however they said the service kept them informed of the assessment and planning process and were satisfied with communication. Staff said they communicate with consumers and representatives through care plan conferences, or if there is a change in consumers’ needs.

## 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.*

### 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) 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.*

### 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 COMPLIANT 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

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

The Assessment Team found the service did not meet Requirement (3)(a) regarding potential restrictive practices. I have considered the evidence brought forward by the Assessment Team and the Approved Provider’s response, and found the service is Compliant. I have provided reasons for the finding in the relevant Requirement below.

Staff described high impact and high prevalence risks relevant to consumers, and the strategies applied to mitigate the risks consistent with information in consumers’ care plans.

Care plans reflected consumers’ end of life wishes. Staff described how palliative care is delivered to meet consumers’ needs.

Staff described how they recognise or respond to deterioration in consumers’ condition, including escalating to clinical staff and making referrals. Care documents showed staff monitor consumers’ changing needs.

Care planning documents, including progress notes, reflect information about consumers’ needs and preferences. Staff described sharing information through handover to communicate consumers’ current condition and care needs. Staff notify representatives and other health professionals involved in care when changes occur.

Timely and appropriate referrals occurred for consumers to medical and other health professionals, including speech pathologists, dieticians and physiotherapists. Care plans are updated with recommendations, and progress notes reflect follow ups and reviews from health professionals.

Staff demonstrated an understanding of infection prevention and control practices and described the steps they take to minimise the use of antibiotics.

### 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.*

The Site Audit Report reflected consumers receive safe and effective personal and clinical care, including in relation to skin integrity, pain, diabetes, and chemical restrictive practice management. However, the Assessment Team stated the service did not have risk assessments completed for consumers who had their beds located against the wall. The service did not have documented consent for environmental restraint related to the door being locked, however, the code to the door was placed on the wall next to the keypad.

The Approved Provider responded on 23 May 2022 and included clarifying information and a copy of the service’s restrictive practices policy.

Regarding the beds against the walls, the Approved Provider stated this is due to the room configuration or consumers’ choice. They stated the bed placement does not restrict consumers’ movement or pose a risk to consumers, and consumers and their representatives are satisfied with the arrangement. During the Site Audit ‘dignity of risk’ assessments were completed for the consumers. The Site Audit Report did not bring forward any negative impact to consumers due to the bed placement. I am satisfied with the Approved Provider’s response and do not consider this example evidences non-compliance with this Requirement.

Regarding the coded doors, the Assessment Team said the code was placed on the wall next to the keypad. Therefore, consumers were not restricted from leaving the service. The Site Audit Report did not bring forward any consumers who were unable to independently enter the code and hence were subject to environmental restraint. I am satisfied with the Approved Provider’s response and consider the Approved Provider is compliant regarding restrictive practices.

I consider the Approved Provider has an effective restrictive practice management policy in place and consumers receive tailored, safe and effective personal and clinical care.

Therefore, I find this Requirement is Compliant.

### 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.*

### 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 supports 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

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

Consumers said they feel supported by the service to participate in a variety of activities that interest them, and staff respect their preferences. Leisure care plans are developed for consumers, reflecting what is important to them and their well-being. Staff also support consumers with one-on-one interactions and tailor support to consumers with different cognitive or functional ability. Consumers were observed participating in group and independent activities consistent with their interests.

Consumers and their representatives said staff support consumers’ emotional and spiritual well-being. Care plans reflect consumers’ spiritual preferences and psychological supports. Staff said they monitor consumers’ mood and described how they escalate changes. Staff were observed interacting with consumers in a supportive manner.

Consumers and their representatives said consumers are supported to do things they like within and outside of the service, and to maintain relationships that are important to them. Staff support consumers to have visitors and attend activities and outings.

Information about consumers’ needs and preferences is effectively communicated through care planning documents and during staff handover. Catering staff receive dietary requirements and preference information in the kitchen and servery areas.

Consumers are referred to external organisations and resources, including social support and community volunteers. Staff described how the service has access to external providers to supplement lifestyle activities.

Most consumers and their representatives said they are satisfied with the quality, variety and quantity of meals provided. Staff described how they monitor consumers’ satisfaction and preferences with the meal options and escalate any changes in consumers’ appetite. The service has processes to ensure consumers requiring a modified diet are served appropriate meals. The kitchen environment was observed to be clean and well maintained.

Equipment used for activities of daily living was observed to be safe, suitable, clean and well maintained. Staff said equipment is available when needed.

## 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 COMPLIANT Organisation’s service 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 Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

Consumers said the service environment is welcoming, safe, feels like home, and they can move freely. There are indoor and outdoor areas where consumers can meet, including a central courtyard area with shaded seating and herb gardens. Signage, handrails and wide corridors assist consumers to move around the indoor area, and external pathways are level and free from hazards. Consumers’ rooms were observed to be personalised with photographs, artwork and personal belongings.

The service environment was observed to be safe, clean and well maintained. Staff described cleaning and maintaining procedures, including monthly preventative maintenance schedules. Staff described cleaning and laundry operations and explained how they ensure the service is clean and well maintained.

Furniture, fittings and equipment throughout the service were observed to be clean and suitable. Consumers said equipment is well maintained and suitable for their use. Staff described how equipment is used, cleaned and stored and how maintenance occurs in a timely manner.

## 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

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

Consumers and their representatives said they feel safe and supported to provide feedback and raise complaints. Staff described how consumers are encouraged to make complaints and provide feedback, and suggestions are raised and reviewed through meetings and direct contact with the service. Feedback forms and confidential collection boxes are available across the service.

Staff described how they support consumers to raise a complaint, including if the consumers have language needs or cognitive impairments. Information on external complaint mechanisms, translation, advocacy services and feedback forms are made available to consumers on admission and through pamphlets clearly displayed at the service.

Staff described how they deal with complaints, including applying open disclosure. The service has a complaint register for documenting complaints and outlines the complaints in detail, what action is taken, relevant monitoring or documentation and the outcome of the complaint. The service’s continuous improvement plan incorporates feedback from complaints.

## 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

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

Consumers and their representatives said staff are kind and caring. Consumers expressed their satisfaction with the sufficiency of staff to meet their needs and stated their call bells are attended to promptly, which was supported by call bell records. Staff said there are sufficient staff rostered to meet consumers’ care needs, and the service has processes to address unfilled shifts. Staff were observed interacting with consumers in a kind manner, respectful of consumers’ identity.

The service evaluates staff competency against position descriptions and monitors relevant required qualifications and registrations. The service delivers annual mandatory training and periodic education. Staff described training received and said they can identify additional training needs. Mandatory training was up to date for all current staff.

The service demonstrated that it regularly assesses, monitors and reviews the performance of each staff member. Annual performance appraisals are conducted, with records showing all appraisals are up to date.

### 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

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

Consumers said the service is well run and they can partner in improving care and service delivery. Consumers are engaged in discussions about improvements through regular meetings and surveys, and initiatives are implemented or added to the service’s plan for continuous improvement.

The governing body promotes a culture of quality care and is accountable, with several governance committees. They communicate with the service and consumers regarding care and service delivery.

The service has effective governance systems in place to promote opportunities for continuous improvement and manage finances to obtain suitable equipment for consumers’ changing needs. Staff can easily and securely access consumer information through the service’s information management systems. Regulatory compliance, workforce governance and feedback and complaint management are suitably addressed.

The service has an effective risk management framework. Staff provided examples of how they apply the policies to their work, such as reporting and responding to incidents. The service captures and trends incident data and reports to the Board.

The service has a clinical governance framework and policies, including for antimicrobial stewardship and open disclosure. Staff are trained to apply interventions to minimise the use of restrictive practices, consistent with the service’s policies.

## 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*
4. *managing and preventing incidents, including the use of an incident management system.*

### 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

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.