**Performance**

**Report**

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| Name: | RFBI Care at Home - Mid North Coast |
| Commission ID: | 200218 |
| Address: | 191 Old Pacific Hwy, RALEIGH, New South Wales, 2454 |
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This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 5146 Royal Freemasons' Benevolent Institution  
Service: 17711 RFBI Care at Home - Mid North Coast

**This performance report**

This performance report for RFBI Care at Home - Mid North Coast (**the service**) has been prepared by M Abjorensen, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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 Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# 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 required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | | HCP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | 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. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | 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. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Feedback from consumers and representatives described the ways staff treat them with dignity and respect. Staff were knowledgeable about the background of consumer’s, including important events and life history, which comprise the consumer’s identity. Care documentation used respectful language and contained information about what is important to consumers based on their background, family history and current circumstances.

The Assessment Team provided an example of actions taken by the service to tailor services to a consumer’s cultural and linguistic preferences through engagement with advocacy services to access community groups and support to access media platforms with music and literature relevant to the consumer’s background. Staff have received training in culturally safe care delivery and the service has policies and procedures related to diversity and inclusion. Consumers and representatives said staff know them well and understand preferences relating to their services.

Consumers and representatives described how they can exercise choice and independence, make their own decisions regarding the way that their services are delivered and who they would like to be involved in those decisions and their care. Staff and management explained how they regularly seek informal feedback from them to see if any changes are required. consumer files demonstrated that information was present to indicate consumer’s relationships, any support person or representatives and their contact details.

Consumers and representatives interviewed described how the service supported them to be as independent as possible through the care and services provided. Staff were knowledgeable regarding the dignity of risk principles and provided examples where this has been practiced through consultation with consumers, risk assessments and progress notes that record risks, consumer choices and relevant discussions.

Consumers and representatives confirmed they received information in a format that was clear and easy to understand and enabled them to make informed choices. Monthly statements sighted were clear with fees and charges outlined and included a breakdown of care and package management fees and itemised services provided during the previous month. Management said as service coordinators carry out reviews, they have discussions with consumers regarding the changes in home care packages and using the easy-to-read brochure on understanding your statement.

There are policies and procedures relating to privacy and protecting personal information. Staff complete annual mandatory training on privacy, dignity and confidentiality. Consumers reported that their privacy was respected and feel confident that their personal information is kept confidential by the staff and service.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 1 Consumer dignity and choice.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| Requirement 2(3)(a) | 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. | Compliant |
| Requirement 2(3)(b) | 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. | Compliant |
| Requirement 2(3)(c) | 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. | Compliant |
| Requirement 2(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. | Compliant |
| Requirement 2(3)(e) | 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. | Compliant |

Findings

Assessment and planning captures information regarding consumer care needs, and risks, relating to continence, falls, equipment, pain, nutrition and allergies and home safety assessments. Outcomes of assessments inform the services delivered and the task lists to guide staff in care delivery.

Consumers and representatives were satisfied the services they receive meet their current needs, goals and preferences, including discussions regarding advanced care planning where the consumer wishes. Where a consumer was not satisfied their current preferences were met, the service provided an explanation and offered alternative services to meet the consumer’s request.

Care documentation reflects the involvement of consumers, and those they wish to include, in ongoing assessment and planning, with evidence of regular communication. Where other services are involved, for example, clinical and allied health services, care documentation showed their involvement in assessment, planning and through initial assessments and ongoing reports of services delivered. Management requests a medical summary from consumer’s general practitioner medical officers to include in Assessment and planning and care plan reviews. Consumers and representatives reported being involved in assessment and planning processes.

Consumers and representatives advised they have a care plan and understand their care and services. Staff have access to the information required at the point of service delivery. Care documentation showed guidance provided to staff accessible in care plans and relevant to the consumer’s care needs.

The service has processes in place to review care and services regularly and in response to change in need, condition or circumstance. The Assessment Team provided examples of care and service reviews occurring in response to hospitalisation and a decline in condition. Consumers and representatives reported regular communication with the service to understand whether there has been changes in their needs or preferences.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

# Standard 3

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| Personal care and clinical care | | HCP |
| Requirement 3(3)(a) | 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | 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. | Compliant |
| Requirement 3(3)(e) | 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | 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. | Compliant |

Findings

Feedback from consumers and representatives reported they are satisfied with the personal care and clinical care they receive. The Assessment Team provided examples where personal care is tailored to consumer needs to manage change behaviours associated with cognitive decline, notification of the registered nurse to address changes to skin integrity and staff could describe understanding of potential indicators of urinary tract infections and follow up actions. Weekly meetings between clinicians and management occur to discuss consumers receiving clinical care and staff receive training specific to the services they deliver.

Staff and management were knowledgeable of consumers’ needs and preferences, including high impact or high prevalence risks associated with their care.

The service demonstrated effective management of high impact and high prevalence risk associated with the care of consumers,

Staff, management and consumer interviews showed how the service adjusts care and services in response to risk associated with the care of consumers. The Assessment Team provided an example a change in a consumer’s condition resulted increased falls risk. The service revised care and services and implemented falls prevention interventions, including allied heath referrals and mobility aids/equipment. The service maintains a risk register of consumers with identified risks that is also shared with relevant service delivery staff.

The service has palliative care procedures referenced by the clinical lead as the source of guidance for end of life care. The service engages with the consumer, family members, medical practitioners and palliative care teams at the local hospital to coordinate care and meet the needs, and wishes, of consumers nearing end of life.

The service has processes in place for consumers and staff to report changes to ensure indicators of condition deterioration is detected early and responded to in a timely manner. The Assessment team provided example of instances where staff have recognised changes to consumer condition and follow up actions, such as a clinical review and referral, has occurred. Staff have received training on reporting changes consumers’ condition.

The service has processes in place to ensure information about the condition, preferences and needs of consumers is communicated within the organisation, and with others, as required. This occurs through the electronic care planning system, where staff input information into progress notes which are reviewed by management and clinical staff. Consumers and representatives said they were satisfied that care staff who attended them knew their personal and clinical needs.

Timely and appropriate referrals occur in response to consumer needs. Care documentation and feedback from consumers, staff and management show referrals to allied health clinicians and medical practitioners occur in response to consumer needs.

The service has a number of policies and procedures to guide staff in minimisation of infection related risks, including in relation to screening processes and use of personal protective equipment. Staff are provided with infection prevention and control training.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 3 Personal care and clinical care.

# Standard 4

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| Services and supports for daily living | | HCP |
| Requirement 4(3)(a) | 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. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | 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. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives said the services delivered help consumers be as independent as possible and maintain a sense of well-being. Consumers provided examples where services support them to attend medical appointments, receive pre-made nutritious meals and meal assistance, keep a clutter free home, and respite services for carer sustainability.

Feedback from consumers was due to their community ties, having have lived in and around the region for most of their lives, they value community connections which is supported through the services received. The Assessment Team provided examples where staff engage in meaningful discussions to provide emotional support and the service has supported consumers to services specific to their psychological wellbeing needs.

The service coordinator explained meetings with consumers, feedback mechanisms and regular reviews help the service understand the needs, and support requirements for consumers to participate in the community, engage in activities of interest and connect with others. Consumers and representatives described how service supports help them to continue exercise therapy, joyful interactions with staff and transport for appointments and groceries.

The service has a policy on information sharing which outlines the need for consumer consent prior to information being shared and this is documented in the consumer’s information. Care documentation showed case conferences occur with consumers, family members, coordinators and information sharing with allied health clinicians.

The organisation has a referral policy and procedure document to guide staff on a consistent referral process. Examples of referrals for supports for daily living provided include referrals to social support groups, my aged care for additional services and meal delivery services. Staff were knowledgeable of the referral process.

While the Assessment Team found Requirement (3)(f) as Not Applicable as meals are not provided in a service environment. I have considered this Requirement is applicable as meal delivery services are subsidised through consumers’ home care package. Information and evidence throughout the report shows consumers are satisfied with the quality of meals provided and described enjoying the variety of options provided. Information in the report shows meals provided take into account dietary requirements and meal preferences to ensure they are suitable for the consumers’ needs and preferences.

Processes are in place to ensure equipment used to support daily living is safe, suitable, clean and well maintained. Staff were knowledgeable of these processes and provided examples of how they monitor the safety of equipment. The service has processes in place to ensure equipment which can pose risks to consumers, such as bed poles and bed rails, are assessed for suitability and monitored in an ongoing capacity.

Based on the above evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 4 Services and supports for daily living.

# Standard 5

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| Organisation’s service environment | | HCP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Not applicable |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable |

Findings

Standard 5 is Not Applicable because the service does not provide care and services in the organisation’s own service environment.

# Standard 6

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| Feedback and complaints | | HCP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives reported knowing how to provide feedback and make complaints. They stated that the staff provided this information during the admission process and staff asked for feedback during reassessments. Feedback can be provided through multiple mechanisms, including, via email, a quick response (QR) code which connects the user to a website, face-to-face, surveys, and phone.

The service has information regarding advocacy, language and external complaints services, easily accessible to consumers and representatives. The information pack provided to consumers on commencement, includes contact information for external complaints mechanisms, interpreter and advocacy services. Management described a variety of avenues available for consumers to resolve complaints and/or seek advocacy and how they support consumers to access these services through referrals and information provided.

Consumers reported satisfaction with the service’s actions in response to their concerns and/or complaints. Staff were familiar with how the principles of open disclosure are incorporated into the resolution of complaints. Training records which showed that staff are educated on the open disclosure process.

Complaints and suggestions are used to improve the quality of care and services. The service demonstrated how it reviews feedback and provided examples of how services were improved, primarily in relation to improvement to communication and assessment and planning processes.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 6 Feedback and complaints.

# Standard 7

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| Human resources | | HCP |
| Requirement 7(3)(a) | 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. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Feedback from consumers and representatives reported staff turn up on time as scheduled and they have enough time to carry out the services delivered. Where rescheduling occurs, the service provides adequate notice and communication to consumers. The service has strategies in place to manage unplanned leave through workforce members within the partnering residential facility and rostering systems track shifts and consumer preferences.

Consumers said they are treated with dignity and respect by staff, and could not recall any instances where they were treated improperly. Staff undertake mandatory training on cultural diversity and safety, privacy and confidentiality, customer service and dignity and respect.

Staff were able to demonstrate they have the knowledge to effectively perform their roles. Consumers and representatives expressed confidence in the skillset and competency staff have effectively perform their roles. The service ensures staff are recruited with the appropriate qualifications and position descriptions provided clear roles and responsibilities, accountabilities and performance measures, compliance requirements, and personal attributes required for each role.

Staff said they completed a comprehensive induction and orientation, inclusive of buddy shifts and mandatory training, with access to additional training through supportive management. Mandatory training topics include feedback, complaints, and open disclosure, bullying and harassment, privacy and confidentiality, cultural diversity and safety, dignity and respect, customer service minutes, skills assessments (for staff providing clinical and personal care), working with clients living with dementia, falls management, medication management, and recognising deteriorating in consumers.

Management described that staff performance is informed by the analysis of incidents, feedback, and complaints. Feedback and training needs with individual staff are discussed in appraisals. Staff are required to undertake performance appraisals annually. To inform workforce performance assessments, consumers and representatives reported that the service seeks feedback on care and services during annual reviews and at various other times throughout the year.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 7 Human resources.

# Standard 8

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| Organisational governance | | HCP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | 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. | Compliant |
| Requirement 8(3)(d) | 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. | Compliant |
| Requirement 8(3)(e) | 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. | Compliant |

Findings

The organisation has formal processes to seek consumer input into the development, delivery and evaluation of care and services through surveys and feedback mechanisms. Outcomes from consumer engagements inform plans for continuous improvement.

The organisation’s board consists of 6 elected members who meet monthly. The board receives reports from sub-committees which includes the Quality and Development Team, the Clinical Governance Committee, The Finance and Risk Committee, and all subcontracted service agreements are reviewed by the board. These reports identify consumer concerns and risks are identified by the sub-committees; they are presented to the board. All Board members undergo training in corporate governance, consumer care, feedback, complaints and open disclosure, work health and safety, cultural diversity and safety, privacy and dignity, continuous improvement, and enterprise risk management.

Interviews with consumers and staff, and documentation showed there are effective organisation wide governance systems in place to support information management, continuous improvement, workforce governance, financial governance and feedback and complaints. For example:

* All consumer details and care plans are stored electronically and securely with double authentication required to access any files. As the service transitions to an electronic management system, remaining paper-based files are kept securely in a locked cabinet and the room is locked daily at close of business
* The service has a continuous improvement (CI) register which is updated regularly, and includes improvements to consumer care and services, which standard the improvement applies to, the area/person responsible for the quality improvement, progress, and due dates
* Board meeting minutes include a financial report which covers the previous 3 months
* There are systems in place to review workforce requirements, including but not limited to, police checks, qualifications, and working with vulnerable persons. There are position descriptions for each role and staff confirmed they have received a copy on commencement of the role
* The organisations remains informed of regulatory and legislative requirements through subscriptions to newsletters from government departments, peak bodies and industry groups
* Feedback is reported to the board regularly and trends are identified to inform continuous improvement plans

There are systems and practices are in place to ensure effective management of high impact or high prevalence risks, identifying and responding to abuse and neglect and supporting consumers to live the best life they can. For example:

* Management stated all mandatory training and onboarding of staff includes compulsory safeguarding against abuse and neglect training modules
* The risk register identifies each individual consumers risks, relating to, psychosocial wellbeing, personal history and circumstances, reportable incidents, hospital transfers, falls management, medication management, antimicrobial stewardship, restrictive practices, reactive responsive behaviours, complex health care/specialised nursing needs, general risk- hearing loss, wears hearing aids, sight impairment, choking risk/speech impairment, dentures, smoking, others and general comments.
* Consumer risks, and incidents, are discussed daily by service level staff, monthly by the leadership team, and quarterly by the clinical governance team. Incidents are trended through the services incident system.

The service has a clinical governance framework supported by policies relating to restrictive practices, antimicrobial stewardship and open disclosure. For example:

* The restrictive practices prevention and management policy and procedure, covers behaviour assessment and support and the use of restrictive practices, clearly defining what they are, and how to minimise the use of restraint.
* Infection prevention control in home care discusses antimicrobial stewardship and describes staff roles and responsibilities, infections how they spread, acute respiratory infections, influenza, Covid, norovirus, and multi resistant organisms.
* The governance framework looks at risk management, outbreak management and the services response.

Based on the above evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 8 Organisational governance.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)