Performance

Report

**1800 951 822**

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| Name of service: | RFBI Hawkins Masonic Village - Acacia House |
| Service address: | 20 Northville Drive EDGEWORTH NSW 2285 |
| Commission ID: | 0295 |
| Approved provider: | Royal Freemasons' Benevolent Institution |
| Activity type: | Site Audit |
| Activity date: | 17 January 2023 to 19 January 2023 |
| Performance report date: | 17 February 2023 |

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.

**This performance report**

This performance report for RFBI Hawkins Masonic Village - Acacia House (**the service**) has been prepared by E Blance, 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 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 assessment team’s report received 16 February 2023.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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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 | **Compliant** |
| **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 | |  |
| 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

The decision maker finds this Standard compliant.

Consumers said staff treated them in a kind, dignified and respectful manner, valued them as individuals and commented positively regarding their interactions with staff at the service. Consumers described how they were supported to exercise choice and independence and maintain relationships. Consumers were able to describe the information provided to assist them in making decisions about their care and services. Consumers said staff are respectful of consumers’ privacy.

Staff described how individual consumers’ culture and background influenced how they delivered care and services. Staff described care preferences for consumers and demonstrated knowledge of people important to them and how they are supported to maintain relationships with family and friends. Staff were able to identify consumers who were supported to take risks and explain how the service completed a risk assessment, discussed risks with consumers and implemented strategies to ensure consumer safety. Staff described the practical ways they maintained the personal privacy of consumers.

Care planning documentation reflected what was important to the consumer and provided information to guide staff in delivering care and services tailored preferences. Care planning documentation demonstrated that barriers to communication such as impaired vision, hearing, speech or cognition was documented, along with corresponding interventions to support consumer communication needs, including the use of communication aids.

The organisation had policies and procedures to guide staff in their practice.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| 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

The decision maker finds this Standard compliant.

Consumers and their representatives described how consumers’ care was planned to meet consumers’ care needs and preferences, with strategies to manage risk. Consumers and their representatives said they were involved in planning and a copy of the consumer’s care plan was offered. Consumers were reviewed when their care and service needs changed, an incident occurred, and staff talked to them regularly for feedback about their care.

Staff said they assessed risk and planned consumers’ care by: talking with the consumer or their representative, used risk assessment tools, followed the organisation’s policies, and included other health professionals to assess and plan consumers’ care. Staff advised discussion about a consumer’s end of life wishes was held when a consumer entered the service, at care plan review and if a consumer’s condition deteriorated.

Care documentation demonstrated assessment and planning included other organisations and health care professionals and care and services were reviewed.

The organisation had policies and procedures to guide staff in their practice.

# Standard 3

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| Personal care and clinical care | |  |
| 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

The decision maker finds this Standard compliant.

Consumers and their representatives described the care and services provided was effective and individualised to consumers’ needs. Consumers were satisfied staff knew their preferences and care needs and communication from and within the service was effective. Consumers said referrals were timely, appropriate and occurred when needed and they had access to relevant health professionals. Consumers were satisfied with how the staff managed COVID-19 outbreaks and other infections at the service.

Staff said analysis of clinical incident trends, feedback from staff and review of all consumers’ care were discussed at meetings. Staff said risks, and trends in risks were updated and reviewed within risk registers. Staff said they discussed end of life preferences at entry to the service, during case conferences and as consumers moved through palliative care phases. Staff said they monitored consumers for comfort during end of life and followed care plans for individualised consumer preferences. Staff said consumers who experienced deterioration were assessed and referred to the appropriate health service for further reviews, and discussed change in care needs with the consumer or their representative.

Care planning documentation demonstrated strategies to minimise risk to consumers and other health professionals used the electronic care management system to communicate their assessment and planning of care.

The organisation had policies and procedures to guide staff in their practice.

# Standard 4

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| Services and supports for daily living | |  |
| 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

The decision maker finds this Standard compliant.

Consumers and their representatives described what was important to the consumer and what the consumer liked to do, and this aligned with staff feedback and consumer care documentation. Consumers and their representatives said consumers were supported to participate in their community within and outside of the service, keep in contact with people of significance and do things of interest to them. Consumers and their representatives advised consumers were supported by other organisations and providers of care and services. Consumers were mostly satisfied with the food, and were comfortable to ask staff for more or an alternative. Consumers and their representatives said equipment was safe, suitable and clean, and concerns or issues were managed by maintenance in a timely manner.

Staff advised the service had requested visits from pastoral carers from local churches if consumers requested this service. Staff described consumers’ interests and important relationships. Staff confirmed they were provided with information about changes to consumers’ care and service needs and preferences.

Care planning documentation included information about emotional, spiritual or psychological well-being and how staff could support consumers.

# Standard 5

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| Organisation’s service environment | |  |
| 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. | Compliant |
| 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. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The decision maker finds this Standard compliant.

The main reception area appeared welcoming with key staff offices located at reception. There was a communal lounge and dining area for each building which allowed consumers to gather for shared activities and enjoy the company of others.

Consumers and their representatives advised that cleaning and maintenance was well-managed at the service and consumers felt safe and could move freely indoors and outdoors.

Consumers were observed to be moving freely throughout the service and were observed participating in individual and shared activities, socialising and sitting quietly in the well-maintained garden or courtyard areas.

Cleaning and maintenance systems and processes were in place for the service of equipment and the service environment.

The service was observed to be clean, tidy and with no malodour present. The service had a designated smoking area with appropriate safety equipment available.

# Standard 6

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| Feedback and complaints | |  |
| 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

The decision maker finds this Standard compliant.

Consumers and their representatives said they were encouraged and supported to provide feedback regarding care and services. They said they were aware of the service’s formal mechanisms for providing feedback such as via feedback forms and consumer meetings. While consumers were not aware of how to make complaints to external organisations, they said they preferred to raise concerns directly with staff or management. Consumers said feedback and complaints were addressed directly by staff and management to their satisfaction.

Staff described how they acted as advocates for consumers by communicating concerns to management on their behalf, encouraging consumers to provide feedback and assisting consumers to complete feedback forms as required. Staff demonstrated an understanding of open disclosure and how this related to complaints resolution. Management described the service’s practice of open disclosure in response to complaints and provided examples of where open disclosure was applied. Staff advised the main mechanisms used by the service to inform improvements included monthly meetings, feedback, audits and surveys.

The service’s complaints register and plan for continuous improvement captured information to inform continuous improvement.

The organisation had policies and procedures to guide staff in their practice.

# Standard 7

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| Human resources | |  |
| 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

The decision maker finds this Standard compliant.

Consumers and their representatives said staff mostly attended quickly in response to calls for assistance and did not express concerns in relation to staffing at the service. Consumers and their representatives provided positive feedback in relation to workforce interactions and confirmed staff and management were kind, caring and treated them well. Consumers said staff were well trained.

Staff advised they mostly had enough time to do their jobs, they received training and their performance was monitored through performance appraisals.

Call for assistance response times were monitored and response times were discussed as part of staff meetings. Staff behaviour was monitored to ensure interactions between staff and consumers met the organisation’s expectations. Staff received mandatory and competency training. Position descriptions, regulatory requirements as well as processes for ensuring the qualifications of staff was monitored.

The organisation had policies and procedures to guide staff in their practice.

# Standard 8

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| Organisational governance | |  |
| 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 decision maker finds this Standard compliant.

Consumers considered the service was well run and they could provide feedback and suggestions to management which were considered.

Staff described the various ways in which the organisation’s executive management engaged with and communicated with consumers, their representatives and staff regarding updates on policies, procedures or changes to legislation.

A culture of safe, inclusive and quality care was promoted and effective governance systems in relation to information management, continuous improvement, financial governance, workforce governance, and feedback and complaints were evidenced including an effective clinical governance framework and associated risk and incident management systems and practices.

However, the site audit report raised that the service did not comply with its legislative/regulatory obligations to assess and identify how many staff require National Disability and Insurance Scheme (NDIS) worker screening.

The approved provider’s response included the organisation has developed, and is undertaking, a risk assessment to assess the staff roles to identify which staff roles require a NDIS Worker Screening clearance. The approved provider states once the risk assessment is completed, they will implement the changes required for staff affected to have a current NDIS Worker Screening clearance as their existing police checks expire.

The decision maker has considered the site audit report and noted there was no impact identified in relation to the consumer who accesses NDIS support. The approved provider’s response supports that the organisation has taken actions of continuous improvement in relation to the information within the site audit report, including the development of a risk assessment and is currently assessing the staff roles which would require Worker Screening clearance. The decision maker considers the improvements being undertaken by the approved provider are adequate.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)