Performance

Report

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| Name of service: | Performance report date: |
| RFBI Holt Masonic Village | 10 June 2022 |
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| Royal Freemasons’ Benevolent Institution | 26 April 2022 to 29 April 2022 |

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 Holt Masonic Village (**the service**) has been considered by Katrina Platt, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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:

* 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.

# 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 | | Compliant |
| 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

Overall, the Assessment Team found consumers and consumer representatives interviewed felt they were treated with dignity and respect, could maintain their identity and were supported to make informed choices about the care and services that help them live the life they choose.

Consumers interviewed described how they make choices about the care and services they receive, and how they receive accurate information to assist in meal selection, daily activities and access to health professionals. One consumer described how they discuss their preferences with staff every three months. Consumers and consumer representatives interviewed said they are supported to maintain contact with people important to them, both inside and outside the service, and they are encouraged to maintain their independence.

Staff interviewed spoke of consumers in a caring and dignified manner and with familiarity about consumer activities and preferences. The Assessment Team observed staff to treat consumers with respect, with the use of appropriate greetings and speaking with consumers prior to care delivery. Staff demonstrated an awareness of consumer risk and support of consumer choice, discussed at shift handovers and through review of care planning documentation.

Consumers and consumer representatives interviewed were confident their privacy was respected, describing how staff knock before entering their rooms. The Assessment Team also observed measures taken by staff to appropriately store the files of consumers and the use of curtains or door closure in delivery of personal care services.

The organisation demonstrated staff receive orientation and ongoing training in relation to cultural safety, diversity, dignity and privacy and confidentiality. The Assessment Team observed policy documents for consumer dignity and choice and diversity and anti-discrimination.

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

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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 Assessment Team found consumers and consumer representatives interviewed were involved in the ongoing assessment and planning of consumer care and services and had regular access to their care and services plan.

Consumers and consumer representatives interviewed described they engage in their care and planning needs through discussions with staff, when they are ‘Resident of the Day’ and through regular reviews of their care planning documentation. Consumer representatives interviewed discussed how they are regularly updated about matters involving health and wellbeing and feel involved in the care planning of their consumers.

The Assessment Team observed that consumer needs, goals and preferences were captured on entry to the service, with detailed and individual care planning documentation updated regularly and in consultation with consumers and consumer representatives. Consumer progress notes were observed to include information about consumer care preferences, contact with consumer representatives about care planning and appropriate referrals to other health professionals like dieticians, podiatrists and geriatricians as required.

Staff demonstrated an understanding of consumer needs and processes for identifying risks in relation to the health, safety and well-being of consumers including wounds, challenging behaviours and falls. Changes to consumer care and services needs are communicated to staff at handover and consumer representatives are informed at the time of incidents or during three monthly reviews of care plans. Most consumers had advanced care planning documentation in place.

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

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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

Overall, the Assessment Team found interviewed consumers and consumer representatives get personal and clinical care that is safe and right for the consumer, is best practice and optimises health and well-being for the consumer.

Consumers and consumer representatives interviewed described receiving adequate support and clinical care for wounds management, falls management and management of pain. Consumers and consumer representatives were satisfied that appropriate and timely referrals are made to other health professionals including for mental health and specialist dementia services.

Staff interviewed by the Assessment Team could describe individual clinical care and high-risk needs of consumers, the importance of monitoring and escalation for wound and pain management. Care documentation confirmed consumers are regularly monitored for deterioration in behaviour and changes in mental, cognitive or physical function, with appropriate referrals and information sharing as required.

Management advised the Assessment Team of the availability of advanced care planning discussion option, available on entry to the service or at a later stage depending on the needs of the consumer and consumer representatives. Staff interviewed described supporting the needs of consumers at end of life, the importance of respecting individual preferences and responding to changes in clinical care needs including regular oral care, repositioning, skin care, pain management and continence care.

The Assessment Team observed clinical documentation showing appropriate clinical care was provided to palliating consumers, with comfort maximised and dignity preserved through appropriate pain management and monitoring, review by palliative care team and staff providing personal and comfort care needs in a timely manner. Appropriate consents were noted in place for consumers requiring the use of restrictive practices.

The Assessment Team observed policies and procedures in place related to infection control and minimisation of infection risks, and the appropriate use of personal protective equipment and good hand hygiene. For antimicrobial stewardship, staff were able to discuss the importance of fluid management and regular monitoring of consumers taking antibiotics. Staff training is provided in relation to infection control, handwashing, donning and doffing and correct use of personal protective equipment.

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

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 Assessment Team found consumers and consumer representatives receive services and support for daily living that are important for health and well-being and that enabled consumers to do the things they want to do.

Consumers and consumer representatives interviewed by the Assessment Team discussed the various activities they were engaged in and provided favourable feedback about the opportunities to participate in community both inside and outside the service, like meeting with friends, playing cards, attending concerts and craft sessions. Staff interviewed were able to describe the activity preferences of consumers and were observed to encourage consumers to participate in programmed activities. The Assessment Team noted several activity resources were available in communal areas, with options designed to reflect the varying preferences and abilities of consumers.

Consumers and consumer representatives confirmed they receive shared information from the service through regular emails and were invited to participate in providing feedback on meals, care plan updates, food forums and consumer meetings. Some consumers discussed being encouraged to engage in activities like staff recruitment activities, indoor service delivery improvements and outdoor garden maintenance. Staff were able to demonstrate how referrals to other health professionals informed the services and supports for daily living provided to consumers.

Consumers and consumer representatives interviewed provided positive feedback about meals, with meals generally considered enjoyable and of sufficient quantity and choice. Dietary requirements and meal preferences were recorded in care planning documentation and reflected consumer preferences, with meal options available including four-week rotating menus and annual menu reviews.

The Assessment Team observed the kitchen and laundry areas to be clean and well maintained, with appropriate monitoring in place and regular maintenance performed. Equipment supporting the independence and well-being of consumers, for example walking aids, were also clean and well-maintained.

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

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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

Overall, the Assessment Team found the consumers and consumer representatives provided positive feedback about the service, noting the environment was clean and safe and promoted a sense of belonging.

Consumers consistently reported the service to be comfortable, with suitable equipment and furniture available observed to be clean, well-maintained and fit for purpose. Consumers and their families were observed to utilise the outdoor garden and courtyard, with one consumer representative discussing access to the outdoor areas for their consumer through the consumer’s room.

The Assessment Team observed the service environment to be clean, welcoming, uncluttered and safe for the mobilisation of consumers. Monthly preventative maintenance for consumer equipment was undertaken, with adhoc cleaning of consumer wheelchairs and other walking aids also observed. All reactive maintenance requests were noted to be completed.

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

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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

Overall, the Assessment Team found consumers and consumer representatives felt safe and encouraged to provide feedback and suggestions and make complaints and were satisfied appropriate action would be taken.

Consumers and consumers representatives described the feedback and complaints mechanisms available to them and felt comfortable to provide feedback and suggestions through communication directly with management and staff, the use of feedback forms or with the support of an advocacy service. Consumers discussed the opportunity to improve the quality and care services during complaint resolution processes, with one consumer representative reporting the adequate resolution to a complaint about call bell responsiveness.

Staff interviewed by the Assessment Team were able to describe assistance provided to consumers and consumer representatives in providing feedback and making complaints, with adequate knowledge of the open disclosure policy demonstrated. Information on advocacy services available to support consumers was displayed throughout the service.

The Assessment Team observed organisational policies and procedures in place for feedback and complaint and compliment management, with appropriate and timely action taken and consistent application of the open disclosure policy. Plans for continuous improvement demonstrated a commitment to the use of feedback and complaints to review and improve the delivery of care and services.

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

**Standard 7**

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| Human resources | | Compliant |
| 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 Assessment Team found all consumers and consumer representatives interviewed felt staff were kind, caring and gentle when providing care and were able to perform their duties effectively.

Consumers and consumer representatives interviewed felt staff responded in a timely manner when assistance is required, stating staff know what they are doing in the provision of care and services. One consumer representative stated there were enough staff at the service, with competent and adequately training staff provided to support their consumer and their changing needs. Staff were observed by the Assessment Team to engage with consumers in a kind and respectful manner.

Staff interviewed discussed adequate staffing numbers at the service, with confirmation from management that staffing allocations are adjusted according to the needs of consumers. Staff also felt they received the education and training required to perform their duties, with buddy shifts available for new staff to support learning and casual staff engaged as required to contribute to continuity of care outcomes for consumers.

Staff competency is determined through face-to-face assessment and feedback from consumers and other staff. Core compulsory training was provided for staff in fire procedures, infection control, Serious Incident Response Scheme (SIRS), open disclosure, elder abuse, bullying and harassment, Aged Care Quality Standards, antimicrobial stewardship, privacy and dignity and food safety. Additional training conducted at handover complimented overall learnings of staff, with additional training provided at times when staff are maximised to ensure adequate training coverage. The Assessment Team observed regular performance reviews are completed for all staff.

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

**Standard 8**

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| Organisational governance | | Compliant |
| 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 Assessment Team found consumers and consumer representatives interviewed felt the service was well run and were engaged in the development, delivery and evaluation of care and services they receive.

Consumers and consumer representatives interviewed discussed engagement in improving the delivery of services through participation in staff recruitment processes and involvement in the redesign of common areas and the outdoor pergola area. One consumer representative discussed the inclusive nature of the service with their consumer supported to engage in activities, despite the decline of the consumer’s cognitive function.

Management described how consumers are encouraged to contribute to the delivery of quality care and services through participation in consumer meetings. Suggestions made by consumers through feedback and complaint mechanisms are used to inform continuous improvement, with information management systems in place to regularly update consumers, consumer representatives and staff.

An assortment of policies and procedural frameworks were observed by the Assessment Team to make up the governance system of the service, with management and the Board describing an active role in promoting a culture of safe, inclusive and quality care. Regulatory compliance and assessment against the Quality Standards was noted as a standing agenda item at Board meetings, with the Board regularly engaged in improving safety outcomes for consumers. Governance systems relating to financial management, including financial delegations, and a workforce governance policy were also noted.

Management explained how high-impact and high-prevalence risks including falls management, weight loss and pressure injuries were managed through the clinical governance and management committees. Staff interviewed provided examples of applying high-risk and high-prevalence policies to enhance consumer outcomes, with appropriate risk registers in place for monitoring and review. Staff discussed being responsive to behaviours associated with dementia and managing abuse and neglect in consumers.

The organisation’s documented clinical governance framework was noted to include policies on antimicrobial stewardship, minimising the use of restraints and open disclosure. Staff were able to describe the practical use of these policies in delivery of care services.

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

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)