

**Performance Report**

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| Name: | RFBI Lakemba Masonic Village |
| Commission ID: | 0206 |
| Address: | 72 Sproule Street, LAKEMBA, New South Wales, 2195 |
| Activity type: | Site Audit |
| Activity date: | 28 October 2024 to 30 October 2024 |
| Performance report date: | 11 December 2024 |
| Service included in this assessment: | Provider: 5146 Royal Freemasons' Benevolent Institution  Service: 222 RFBI Lakemba Masonic Village |

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 Lakemba Masonic Village (**the service**) has been prepared by Julia Durston, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, older people/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 | |  |
| 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

This Quality Standard has been assessed as compliant as 6 of 6 specific requirements are compliant for the service.

Requirement 1(3)(a)

The Assessment Team found the service demonstrated each consumer is treated with dignity and respect, with their identity, culture and diversity valued. Sampled care plans generally included information consistent with individual consumers’ identity and culture. Staff were observed interacting with consumers respectfully and with care.

Requirement 1(3)(b)

The Assessment Team found the service demonstrated care and services are culturally safe. Sampled consumers and representatives consistently reported that consumers are treated with dignity and respect and staff generally understand their needs and preferences and know what to do to make sure they feel respected, valued, and safe in areas such as supporting them to follow their religious faith and practices. Staff described how they adapt the individual care for each consumer, to ensure their culturally safety. Service documents, policies, and procedures evidenced an inclusive, consumer-centred approach to care and service delivery.

Requirement 1(3)(c)

The Assessment Team found the service demonstrated each consumer is supported to exercise choice and independence, make decisions about their care delivery, the way services are delivered, the involvement of family, friends or carers in their care, and to make connections with others and maintain their relationships of choice. Sampled consumers and representatives advised consumers are satisfied they are included in making decisions and supported to exercise choice, and they are supported to maintain independence and develop and maintain their relationships.

Requirement 1(3)(d)

The Assessment Team found the service demonstrated consumers are supported to take risks to enable them to live their best life. Care documentation showed when consumers wish to take risks, a risk assessment is undertaken in consultation with the consumer and representative, risks and mitigation strategies discussed and included in a dignity of risk form that they sign as part of their informed consent.

Requirement 1(3)(e)

The Assessment Team found the service demonstrated each consumer receives information that is current, accurate and timely, communicated in a way that they can understand and enables them to exercise choice. Sampled consumers advised they are kept informed about what is happening and have information available to them in a format they understand. Information to support consumers to make decisions was available in multiple locations throughout the service, including the menu, activity calendar, monthly newsletters and brochures on a range of matters, including advocacy services. Staff said verbal communication is used to keep those consumers with visual impairment informed, which was observed by the assessment in relation to discussions about menu choices. However, sampled consumers and representatives said they were not aware of, nor had information on the organisation’s consumer advisory panel. This feedback was provided to management who said they will provide information about the consumer advisory body in the next resident meeting and the next newsletter.

Requirement 1(3)(f)

The Assessment Team found the service demonstrated each consumer’s privacy is respected and personal information is kept confidential. This was consistently confirmed by sampled consumers. This included staff knocking on their doors before entering, some consumers had keys to lock their rooms when not inside. Consumer information on the computer system was kept secure and computers were not left open displaying consumer information when unattended.

Based on the information summarised above, I find the service compliant in Requirements 1(3)(a), 1(3)(b), 1(3)(c), 1(3)(d), 1(3)(e), and 1(3)(f).

# 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

This Quality Standard has been assessed as compliant as 5 of 5 specific requirements are compliant for the service.

Requirement 2(3)(a)

The Assessment Team found the service demonstrated assessment and planning considers risks to the consumer and informs delivery of safe and effective care and services. Care documentation showed involvement of specialists and allied health professionals and use of evidence-based assessment tools to assess risks and support risk taking in line with consumers’ wishes. Sampled care plans included comprehensive assessments and identification of consumer care needs, preferences and risks and multiple risk mitigation strategies in areas such as falls, diabetes, pain management. Policies and procedures support care planning, consideration of consumers’ choices and their right to take risks, and they inform the delivery of safe and effective care and services.

Requirement 2(3)(b)

The Assessment Team found the service demonstrated assessment, care planning and review address consumers’ current needs goals and preferences, including advance care planning and end of life planning if the consumer chooses. This was confirmed by consumers. Staff described what is important to consumers in terms of how their care is delivered. Care plans included consumers’ individual needs and preferences, such as end of life care if applicable and evidenced use of validated assessment tools to assess consumers’ care needs and preferences. Management described how advance care planning is incorporated into discussions with consumers and their representatives at least annually and when a consumer’s condition deteriorates or changes.

Requirement 2(3)(c)

The Assessment Team found the service demonstrated assessment and planning is performed in partnership with the consumer and those they wish to be involved in their care. Sampled consumers and representatives advised they are involved in the assessment, planning and review of their care and services and that staff regularly communicate with them. All sampled care documentation demonstrated integrated and coordinated assessment and planning involving relevant organisations, individuals, and service providers.

Requirement 2(3)(d)

The Assessment Team found the service demonstrated the outcomes of assessment and planning are effectively communicated to the consumer and documented in the care plan that is readily available to the consumer and where care and services are provided. Sampled consumers said staff have explained their care plan to them and they consider that it meets their needs, goals and preferences. They said staff know what they need, and they can tell or ask staff about any changes. Documentation from case conferences showed the consumer and/or their representative were offered a copy of the care plan.

Requirement 2(3)(e)

The Assessment Team found the service demonstrated care and services are reviewed for effectiveness incidents occur or when circumstances change impacting the needs, goals and preferences of the consumer. Sampled Consumers said the service regularly communicates with them about their care and services and seeks feedback and makes changes to meet current needs, goals and preferences. They said when something goes wrong, or things change, staff communicate with them about it and seek their input to ensure safe and effective care and services can be delivered. Sampled care documentation showed care plans are reviewed 3 monthly, when required due to a change in circumstances or when an incident has impacted on the needs, goals or preferences of consumers. Case conferences with consumers and representatives are attended every 12months and as needed.

Based on the information summarised above, I find the service compliant in Requirements 2(3)(a), 2(3)(b), 2(3)(c), 2(3)(d) and 2(3)(e).

# 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

This Quality Standard has been assessed as compliant as 7 of 7 specific requirements are compliant for the service.

Requirement 3(3)(a)

The Assessment Team found the service demonstrated each consumer gets safe and effective clinical and personal care that is best practice, tailored to their needs that optimises their health and wellbeing. Sampled consumers and representatives said they are satisfied the care meets their needs and optimises their health and wellbeing. Staff demonstrated they were familiar with the personal and clinical care needs of consumers. The Assessment Team reviewed care documentation and interviewed sampled consumers, representatives, staff and management about clinical and personal care provided to consumers with complex care needs. The team found areas such as indwelling catheter care, pain management, dementia care, diabetes management, incontinence care and wound and pressure injury care were safe, aligned to the service’s policies and procedures, and care plans were detailed with specific interventions and instructions to meet consumers identified needs and mitigate risks to their health safety and wellbeing.

Requirement 3(3)(b)

The Assessment Team found the service demonstrated effective management of high impact high prevalence risks associated with consumers’ care, such as managing falls, pressure injuries, hydration and nutrition, pain and

restrictive practices. Consumers and representatives advised they were satisfied that high impact, high prevalence risks are effectively managed. Care planning documentation for sampled consumers, contained effective identification of risk, and strategies to manage these were recorded in assessment tools, care plans and progress notes. Clinical staff were able to articulate the care plans for consumers with high risks, such as for those with pressure area and falls risks, swallowing difficulties, restrictive practices, weight loss and pain. Clinical and care staff were able to accurately describe risks for sampled consumers, and the care provided to mitigate their risks.

Requirement 3(3)(c)

The Assessment Team found the service demonstrated the needs goals and preferences for consumers nearing end of life are recognised and addressed with their comfort maximised and their dignity preserved. Nighty eight percent of consumers have an advance care plan or directive formally documented. Care planning documentation reflected changes in care and services, in line with the consumer’s end of life care needs, goals and preferences. Staff described and service documentation showed, the comprehensive assessment, care and communication processes incorporated into an end-of-life care pathway. Clinical and care staff have received training on how to care for consumers receiving end of life care.

Requirement 3(3)(d)

The Assessment Team found the service demonstrated 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. Consumers and representatives said they are satisfied with the delivery of care, including the recognition of deterioration and/or changes in their condition. A review of care planning documentation, progress notes and monitoring charts demonstrated deterioration in a consumer’s health, capacity and function is recognised, responded to, and monitored. The service has clinical procedures for managing consumers’ clinical and cognitive deterioration.

Requirement 3(3)(e)

The Assessment Team found the service demonstrated information about consumers’ condition, needs and preferences is documented and communicated within the organisation and with others who share their care. Sampled consumers and representatives advised they are satisfied with the delivery of care, including the communication of changes to consumers’ condition. Staff described how changes in consumers’ care and services are communicated through verbal and written handover processes, accessing care plans and through electronic notifications from the care management system. Care staff demonstrated current knowledge of changes in consumers’ care needs and knew where to access the most current information. Visiting allied health professionals and other specialists access the electronic care management system, and copies of reports/notes from consumers’ visits to external care and service providers are uploaded to their file.

Requirement 3(3)(f)

The Assessment Team found the service demonstrated timely and appropriate referrals are made to individuals and other providers of care and services. Sampled consumers and representatives said they are satisfied with the delivery of care, including referral processes. Consumers’ care planning documentation includes input from other providers of care such as physiotherapists, podiatrists, speech pathologists, dieticians, wound consultants and dementia specialists.

Requirement 3(3)(g)

The Assessment Team found the service demonstrated there are effective processes and practices in place to minimise infection related risks including standard and transmission-based precautions and anti-microbial stewardship. Consumers and representatives said the service is kept clean, and they see staff using PPE and practicing safe hand hygiene techniques like hand washing and sanitising. The service has policies to guide infection prevention and control practices, and all staff receive training on infection control practices and best antibiotic practices in line with antimicrobial stewardship guidelines. Consumers and representatives said they were satisfied with the measures the service has in place for the management of COVID-19 and the minimisation of other infection-related risks. Staff demonstrated an understanding of precautions required to prevent and control infection and how to apply the principles of antimicrobial stewardship, including the steps they take to minimise the need for antibiotics. The service has a staff and consumer vaccination program and records are maintained for influenza and COVID-19 vaccinations.

Based on the information summarised above, I find the service compliant in Requirements 3(3)(a), 3(3)(b), 3(3)(c), 3(3)(d), 3(3)(e), 3(3)(f) and 3(3)(g).

# 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

This Quality Standard has been assessed as compliant as 7 of 7 specific requirements are compliant for the service.

**Compliant Requirements**

Requirement 4(3)(a)

The Assessment Team found the service demonstrated each consumer gets safe

and effective services and supports for daily living that meet their needs, goals and preferences and optimise their independence, health, wellbeing and quality of life. Staff were able to describe what is important to sampled consumers and activities they are interested in. The activities program draws on local resources in addition to onsite activities, such as the local library that runs activities such as knitting groups attended by some consumers. For consumers who do not like large group activities the lifestyle team provides one-to-one support in the form of hand massages and chats and organises volunteers to visit those consumers. The Assessment Team noted there was one error in lifestyle participation records for one consumer, but overall consumers are provided with safe and effective services and supports for daily living.

Requirement 4(3)(b)

The Assessment Team found the service demonstrated services and supports for daily living promote each consumer’s emotional, spiritual and psychological wellbeing. Consumers and representatives advised consumers’ emotional and spiritual needs are met. They expressed satisfaction with the caring and supportive attitude of staff. The service supports consumers’ spiritual needs, including arranging Islamic prayers on a Youtube channel to be played in the rooms of consumers’ who follow the Islamic faith, in their own language, Sunday Holy communion with a Catholic priest, representatives from the Greek Orthodox church to attend Greek Orthodox Christmas and Easter at the service, and visits to consumers who follow Buddhism by a representative from the Buddhist temple when requested. The service refers consumers to appropriate services for psychological and other supports if needed. Care documentation included information on consumers’ spiritual and emotional needs and supports provided.

Requirement 4(3)(c)

The Assessment Team found the service demonstrated services and supports for daily living assist each consumer to participate in their community within and outside the service, have social and personal relationships and do things of interest to them. Consumers’ feedback confirmed this. Staff were able to describe the people important to individual consumers and activities of interest to them. The service hosts external entertainment such as musicians and a farmyard nursery, and activities with outside community organisations such as the Lakemba library are arranged.

Requirement 4(3)(d)

The Assessment Team found the service demonstrated information about the

consumer’s condition, needs and preferences are communicated within the organisation and with others where responsibility for care is shared. Care planning documentation reviewed reflected consumer’s current needs and preferences. The manager and care staff said the service uses a communication book located in the staff room and a message board on their electronic care system to communicate consumers’ appointments, messages from their representatives or a change in care needs. Staff advised that they share information through handovers and verbal communication. Dietary changes are updated on the catering system and updates are printed and displayed in the kitchen and servery areas.

Requirement 4(3)(e)

The Assessment Team found the service demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services, which add meaning and connectedness to consumers’ lives. Consumers advised they were satisfied with the support provided by the service to refer them to other providers to meet their care and service needs. One consumer noted the service organised for someone from the homecare service to take them to go shopping. Care plan documentation demonstrates the service regularly refers consumers to dementia support Australia (DSA) to support consumers with their changed behaviours.

Requirement 4(3)(f)

The Assessment Team found the service demonstrated where meals are provided, they are varied and of suitable quality and quantity. Overall consumers provided positive feedback about the food and meal service. Care plan documentation reflects consumer preferences and dietary needs. While some sampled consumers said the food is bland or they would prefer simpler meals, most expressed satisfaction with meal variety, including meals provided cultural theme days and the quality and quantity of food provided at the service. The service recipes are cooked fresh onsite and it retained an A rating at the last food safety audit. The Assessment Team found the service has systems to manage food allergies, texture modified diets, supplements for malnutrition, and assistive technology equipment is used to assist consumers with independent eating and drinking.

Requirement 4(3)(g)

The Assessment Team found the service demonstrated where equipment is provided, it is safe, suitable, clean and well maintained. Sampled consumers confirmed that they felt safe when using the service’s equipment and said it was easily accessible and suitable for their needs. Kitchen and laundry equipment and equipment used for activities of daily living, were observed to be safe, suitable, clean and well-maintained. Maintenance staff described the preventative maintenance schedule and how they ensure equipment is safe, clean, and well maintained. Consumers said they are comfortable raising issues if their equipment needs repair.

Based on the information summarised above, I find the service compliant in Requirements 4(3)(a), 4(3)(b), 4(3)(c), 4(3)(d), 4(3)(e), 4(3)(f) and 4(3)(g).

# 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

This Quality Standard has been assessed as compliant as 3 of 3 specific requirements are compliant for the service.

Requirement 5(3)(a)

The Assessment Team found the service demonstrated the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. Consumers said there are adequate private areas, both indoors and outdoors for consumers and visitors to utilise when socialising. There is a small quiet room for reflection and prayer One representative advised their consumer’s room is always clean, well maintained and has a sunny aspect overlooking the courtyard. Consumers have their own bedroom and ensuite that they are able to furnish with their own items to make them feel at home.

Requirement 5(3)(b)

The Assessment Team found the service demonstrated the service environment is safe clean and well maintained. Sampled consumers and representatives said the service is well presented and maintained. The common areas, and most consumers’ rooms were observed to be clean, clutter free and comfortable. The maintenance officer demonstrated effective preventative and reactive maintenance systems are in place to ensure all areas of the service are safe and well maintained in a timely manner. Preventive maintenance is attended within the required timeframes, including but not limited to, legionnaires testing, regular pest control, electrical tests and plumbing. Reactive maintenance is logged on the service’s electronic management system by staff and prioritised by the maintenance officer according to the impact on the consumer.

The Assessment Team noted consumers were not enabled to move freely within the service as the dining room doors were locked to prevent consumers from entering until the meals were ready. The Assessment Team was informed this was to prevent one consumer from entering, who displays a behaviour of removing items of interest and taking them to their room. When this was raised with management by the Assessment Team, they were responsive and modified the dining room to allow consumers to have access to the non-servery, facilitating a balanced approach to managing the risk and respecting consumer rights to move freely within their place of residence.

Requirement 5(3)(c)

The Assessment Team found the service demonstrated furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. Sampled consumers advised they were satisfied with the furniture, fittings and equipment, maintenance and cleaning systems at the service. Management and staff demonstrated there are effective systems in place for the cleaning and regular maintenance of furniture, fittings, and equipment. Furniture in communal areas was observed to be clean, in good condition and in plentiful supply.

Based on the information summarised above, I find the service compliant in Requirements 5(3)(a), 5(3)(b) and 5(3)(c).

# 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

This Quality Standard has been assessed as compliant as 4 of 4 specific requirements are compliant for the service.

Requirement 6(3)(a)

The Assessment Team found the service demonstrated consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. Sampled consumers and representatives said they understood how to give feedback and felt comfortable providing feedback or making complaints. Consumers advised several ways they are supported to provide feedback such as feedback forms, resident and representative meetings, surveys and informally through staff. A consumer representative who made a complaint said the registered nurse to whom they spoke, listened and treated the complaint seriously. The Assessment Team observed locked feedback boxes and feedback forms located throughout the service.

Requirement 6(3)(b)

The Assessment Team found the service demonstrated consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. Some consumers and representatives said they are aware of how to access advocacy services and would use them if required, while others said they feel comfortable raising concerns themselves and do not need advocacy services. The Assessment Team observed advocacy service posters and information displayed throughout the service on noticeboards and in the service lift. The information was displayed in several different languages.

Requirement 6(3)(c)

The Assessment Team found the service demonstrated appropriate action is taken in response to complaints and open disclosure is used when things go wrong. Consumers and representatives expressed satisfaction that the service addresses and resolves any complaints or issues they raise. One representative said action was taken and management kept them informed throughout the process when they made a complaint about a staff member who was rude to their consumer. They said they were happy with the resolution and felt like they had been taken seriously. The outcome was communicated to them, an apology given and the representative confirmed the complaint was resolved in a timely manner. This was reflected in complaints records.

Requirement 6(3)(d)

The Assessment Team found the service demonstrated feedback and complaints are reviewed and used to inform improvements to the quality of care and services. Consumers and representatives said their feedback is used to improve the quality of care and services. Documentation showed issues from feedback and complaints are discussed at resident and representative meetings at which their opinions are sought on areas improvement in relation to care, lifestyle, food and beverage, cleaning and laundry services, and maintenance.

Based on the information summarised above, I find the service compliant in Requirements 6(3)(a), 6(3)(b), 6(3)(c) and 6(3)(d).

# 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

This Quality Standard has been assessed as compliant as 5 of 5 specific requirements are compliant for the service.

Requirement 7(3)(a)

The Assessment Team found the service demonstrated the workforce is planned and deployed to enable the delivery and management of safe and quality care and services. Sampled consumers and their representatives advised the service has increased staffing levels and there is sufficient staff available to meet their care needs. Overall, staff indicated there are sufficient staff to complete all their required tasks. While records showed some call bells exceeded 10 minutes, these were minimal with the majority of call bells promptly attended. The roster for the last 2 weeks showed there were no vacant shifts. The management team said the organisation is actively recruiting from overseas and they have recently employed 5 additional staff. Consumers confirmed they do not usually see agency staff at the service.

Requirement 7(3)(b)

The Assessment Team found the service demonstrated workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. Sampled consumers said staff are kind and caring in their interactions with them. They believed staff understood their needs and did their best to ensure their needs were met. Staff demonstrated understanding and familiarity with consumers needs and preferences when providing care and were observed addressing consumers by their preferred name and using respectful language when assisting them.

Requirement 7(3)(c)

The Assessment Team found the service demonstrated the workforce is competent and members of the workforce have the qualifications and knowledge to perform their roles. Consumers interviewed said they believe the staff are competent in their roles and know what they are doing. Personnel and service records evidenced staff are appropriately qualified and professional registrations and police checks are current. Sampled training completion records showed the staff had completed their mandatory training, and orientation where required.

Requirement 7(3)(d)

The Assessment Team found the service demonstrated the workforce is recruited trained, equipped and supported to deliver the outcomes required by the standards. Consumers and representatives said they believe staff know what they are doing and receive training to ensure they can deliver safe and quality care. There is an onsite education coordinator who is supported by the organisation’s education department to follow-up staff who fall behind in meeting their mandatory training requirements. Staff confirmed they receive a text message, email and verbal reminder from the education coordinator when they have not completed their training on time. The education calendar shows toolbox talks in relation to the Aged Care Standards and the service has provided staff with information on the proposed new Aged Care Standards.

Requirement 7(3)(e)

The Assessment Team found the service demonstrated there is regular assessment, monitoring and review of the performance of each member of the workforce. Care staff and registered nurses interviewed confirmed they have completed a performance appraisal during the past 12 months. Staff explained that during the first few months of employment they are regularly monitored through one-on-one discussions with management. They advised they felt they can approach the registered nurse, education coordinator or management if they require additional training in a specific area.

Based on the information summarised above, I find the service compliant in Requirements 7(3)(a), 7(3)(b), 7(3)(c), 7(3)(d) and 7(3)(e).

# 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**

This Quality Standard has been assessed as compliant as 5 of 5 specific requirements are compliant for the service.

Requirement 8(3)(a)

The Assessment Team found the service demonstrated consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. Sampled consumers and representatives advised they have an opportunity to have a say in what happens at the service. The organisation holds consumer advisory body (CAB) meetings regionally that meet at least 3 times per year. The service had a consumer representative on the CAB. However, they recently withdrew and another consumer has expressed interest in becoming the new representative. Key information discussed at this meeting is tabled to the Board. The executive team follow-up with required actions and provide feedback to the CAB. The Board and the executive team outlined how consumer engagement is occurring and provided examples of this.

Requirement 8(3)(b)

The Assessment Team found the service demonstrated the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The Assessment Team found this was reflected in the organisation’s governance framework, the diversity plan, strategic plan and other policies and procedures which reflect and promote safe, inclusive, quality care and services. The Board consists of 9 members who have a skills mix including financial, clinical, property, legal, aged care and management. The risk and compliance team collates risk information from the service and information from audits they have conducted and provides a quality care advisory report to the Board ensuring the Board is receiving current and accurate information on the service’s performance.

Requirement 8(3)(c)

The Assessment Team found the service demonstrated there are effective governance systems in place relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, complaints and feedback.

**Information management**

The Assessment Team found information systems were effective and fit for purpose. Staff confirmed they can easily access information they need to effectively perform their roles. The organisation’s policies, procedures and the electronic care management system facilitate the collection and storage of information which is used to deliver effective care and services.

**Continuous improvement**

The service has a plan for continuous improvement (PCI) and management

advised opportunities for improvement are identified through a range of

mechanisms including consumer and representative feedback,

complaints, audits, and consumer meetings.

**Financial governance**

The general manager and regional manager confirmed they have robust systems in place and are well supported by the organisation in relation changes to the allocated budget for purchases which may be needed, such as the recent purchase of a floor line bed and pressure guard mattress and pump for a consumer.

**Workforce governance**

Review of the Human Resources systems demonstrated the service has effective workforce governance. The organisation’s strategic plan has a section allocated to workforce planning and the Board identified workforce governance as one of their key focus areas.

**Regulatory compliance**

The organisation has a compliance team that monitors changes in aged care legislation and regulatory requirements. Changes are communicated through a range of mechanisms to the rest of the organisation. Training was provided more recently in areas such as code of conduct and SIRS.

**Feedback and complaints**

The governing body receives information about feedback and complaint information, including trending of complaints. There is a process for consumer feedback and complaints to be incorporated in the PCI. The chief of operations residential care reports to the Board on the service’s progress towards complaint resolution and PCI progress, and exceptions are discussed and addressed. There is an effective feedback and complaints system at the service which was considered in Standard 6.

Requirement 8(3)(d)

The Assessment Team found the service demonstrated effective risk management systems and practices to manage high impact high prevalence risks, identify and respond to abuse and neglect of consumers, support consumers to live their best life and manage and prevent incidents including a risk management system. The service has a high impact high prevalence risk register which is discussed at a range of meetings and updated accordingly to assist in tracking and monitoring consumers with high risks and ensuring they receive the care and services they require.

The service demonstrated effective dignity of risk processes are in place to support consumers to live their best life. This was considered in Requirement 1(3)(d).

Review of the SIRS register showed the service has a strong understanding of their mandatory reporting requirements regarding incidents of abuse and neglect of consumers. Staff interviews showed staff have a good understanding of SIRS and the process for reporting incidents.

The service’s risk management system is monitored at the operational and organisational level, and investigation of incidents included root cause analysis to identify and ensure mitigation strategies are in place.

Requirement 8(3)(e)

The Assessment Team found the service demonstrated where clinical care is provided there is a clinical governance framework. The clinical governance framework covers areas such as person-centred care, leadership, culture, workforce, clinical risk management, clinical practice and includes a range of policies and procedures on areas such as antimicrobial stewardship, restrictive practice and open disclosure.

**Antimicrobial stewardship**

Management explained the service’s practices for antimicrobial stewardship, and

antimicrobial stewardship is discussed at medication advisory committee

meetings. Staff interviewed were able to explain and answer questions related to antimicrobial stewardship.

**Minimising the use of restraint**

The Assessment Team observed the service has processes in place to minimise restrictive practices reflected in documented behaviour support plans

for individual consumers.

**Open disclosure**

All staff interviewed were able to explain the principles of open disclosure in line with the organisation’s policy.

Based on the information summarised above, I find the service compliant in Requirements 8(3)(a), 8(3)(b), 8(3)(c), 8(3)(d) and 8(3)(e).

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-1)