Performance

Report

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| Name of service: | Performance report date: |
| Royal Freemasons - Ballarat | 31 August 2022 |
| Commission ID: | Activity type: |
| 3981 | Site audit |
| Approved provider: | Activity date: |
| Royal Freemasons Ltd | 19 July 2022 to 21 July 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 Royal Freemasons – Ballarat (**the service**) has been considered by Kathryn Spurrell 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:

* 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.
* 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 | | 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

Consumers and representatives said they are treated with dignity and respect by staff who value their identity and acknowledge their cultural backgrounds. Consumers care plans aligned with consumer feedback and staff were able to describe the cultural, religious, and personal preferences of consumers.

Consumers were happy they were supported to be independent, make choices and maintain relationships with people important to them. Staff provided examples of the ways they support consumers to make choices and maintain independence through meal choices, lifestyle supports and ensuring telephones and other devices are available for communication.

Staff supported consumers to take risks enabling them to live their best life possible, by providing risk assessments and putting risk mitigating strategies in place in line with the service’s policies regarding dignity of risk.

Consumers and representatives confirmed the staff provided timely and accurate information to them through a variety of ways including posters around the service, meetings, and discussions with staff. The Assessment Team observed staff closing doors, knocking before entering and securing consumer information appropriately.

# 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 identify 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

Consumers and representatives described their involvement in care planning and assessments and confirmed they are regularly updated by the service of any changes to care needs. Staff described the assessment process for consumers’ needs and the consultation process was evident in care planning documents.

Staff described how they use assessment and planning processes to inform safe care delivery, through identifying consumers’ needs, goals, and applicable risks. Care plans note consumers’ preferences, including for advance care and end of life care.

Consumers and representatives confirmed care and services are reviewed every three-months or when the consumer’s circumstances have changed, or incidents have occurred. Staff described the process the service undertakes to review care plans, which includes referral to external providers such as allied health professional, dieticians, and physiotherapists.

The Assessment Team observed care planning documents in the electronic care planning system and consumers confirmed they have access to their care plan upon request.

# 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

The service used guiding documents to support staff in the delivery of tailored personal and clinical care to ensure best practice. Consumers confirmed they received the care they needed and were consulted in the delivery and design of care and services.

To ensure personal and clinical care reflect the current needs and preferences of consumers care planning documents are reviewed every three months to optimise their health and well-being. High impact and high prevalence risks associated with consumers were effectively managed, mitigated, and treated as reflected in care documents. Clinical incidents were recorded on the service’s risk management system and captured in the monthly clinical indicators report.

Care delivery changed for consumers nearing end of life and staff outlined the practical ways in which consumers’ comfort was maximised, the Assessment Team reviewed palliative care plans for consumers which reflected their needs, goals, and preferences for end-of-life care.

Staff described the process of recognising and responding to changes or deterioration in consumers, including how these were communicated. Staff described the processes in place to ensure shared knowledge about the consumer’s condition, needs and preferences.

Consumers can access services for routine medical issues as well as other care needs that may have arisen and staff confirmed organisational procedures regarding referrals to health professionals both within and outside of the service.

Staff showed their practices were aligned to standard and transmission-based precautions to control infection and demonstrated a shared understanding of antimicrobial stewardship. The service maintains policies and procedures for infection control and measures for the occurrence of an outbreak.

# 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

Consumers felt supported to engage in activities of interest to them, and are provided with relevant supports, such as equipment and resources, to promote their well-being, independence, and quality of life. Care planning documentation outlined the activity preferences of consumers’ and the support required to participate in these activities.Feedback received aligned with the care planning documentation including emotional, spiritual, and psychological needs of consumers and strategies in place to meet these needs.

Care documents reflect information is shared appropriately within and outside the service, to enable a shared understanding of consumers’ needs and preferences. Care plans show referrals are made to other services and organisations to support consumers to engage in activities and access services to enhance their well-being.

The service used an electronic care management system which held all consumer care planning documentation. The electronic care management system was readily available for all staff, and external organisations where services and supports for daily living is shared.

Consumers and representatives expressed satisfaction with the meals provided by the service and met the consumers’ preferences and dietary requirements. Staff were able to explain the specific dietary needs and preferences of the sampled consumers, and all had a shared understanding of the process for monitoring the dietary requirements within the kitchen environment. Equipment was observed to be safe, suitable, and well maintained. Consumers and staff said suitable equipment was available to meet consumers’ needs and maintenance staff described the cleaning and maintenance processes in place.

# 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

Consumers felt at home within the service and stated they felt safe and comfortable. Staff supported consumers to feel at home as well as maintaining their independence and personal preferences. Consumers’ rooms were personalised to suit their preferences and staff highlighted the features designed to support the safe mobility of consumers, with freedom to move in and out of doors, with gathering areas to watch television and participate in activities.

Observations made by the Assessment Team showed the service to be clean, safe, and well maintained and consumers and representatives reported the service to be safe and comfortable.

Staff described the processes used to ensure the facility was clean and well maintained. The Assessment Team reviewed maintenance documentation which evidences regular maintenance of the service environment. The maintenance program included planned, periodic, and ad hoc maintenance in response to maintenance requests

**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

Consumers and representatives felt confident and supported to provide feedback and lodge complaints either directly to staff verbally, or by other process available to them.

The service has several ways for consumers to provide feedback including, feedback forms and mailboxes, bi-monthly consumer meetings or through informal and formal discussions with staff and management. Staff were aware of how the services’ feedback and complaints processes work and described how they would support a consumer or consumer representative to provide feedback or make a complaint

Consumers and representatives were aware of, and had access to, advocates, language services and other methods for raising and resolving complaints. Various advocacy services outreach documents were on display throughout the service. Communication methods for how consumers and representatives can contact these services was included on the material.

Consumers advised they could see action taken in response to complaints, and staff use and understand open disclosure. the service’s feedback log evidenced the capturing of compliments, feedback, and complaints.

The service was able to demonstrate that feedback and complaints are evaluated within a 14-day process, consultation with consumers and representatives, any outcomes are documented and communicated back to consumers. The service’s continuous improvement plan evidence feedback and complaints are used for future improvements to the service.

**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

Consumers were satisfied they get quality care and services, when they need them and from people who are knowledgeable, capable, and caring. Management confirmed COVID issues had presented challenges to staffing rosters however through redeployment of existing staff they had successfully continued to provide uninterrupted quality care and services.

Staff were observed interacting with consumers and their representatives in a kind, caring and respectful manner. Consumers said that are treated with care and staff were respectful of their identity, culture, and diversity. Staff confirmed they were trained regarding cultural diversity, privacy respect and dignity.

Staff have appropriate qualifications, knowledge, and experience to perform the duties of their job and the service demonstrated an orientation and onboarding process for new starters that included a buddying shift with experienced care staff or by registered staff on the floor

Training records were provided showing the training programs including onboarding training, mandatory training, and role specific training. Management monitors and reviews the performance of staff; this informs the staff development process including process mapping staff Key Performance Indicators.

**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

Consumers are engaged in the development, delivery and evaluation of care and services through participating in regular care and service plan reviews, feedback and complaints, audits, surveys, and consumer meetings.

Consumers and representatives said the service is run well, and they are satisfied with their involvement in the delivery of care and services.

The governing body showed it is accountable for a culture of safe, inclusive, and quality care and services. The Assessment Team reviewed a variety of reports in relation to clinical data and analysis, feedback and complaints resolution, and risk incident evaluation, that allows for the broader management team and the Board to provide a culture of safe and inclusive care

Communication and information from the board regarding changes at the service are received through several ways. The service has implemented effective governance systems relating to the management of information, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints.

The service’s risk management framework included policies describing how to manage high impact or high prevalence risks, identifying, and responding to consumer abuse and neglect, supporting consumers to live the best life they can and how to manage and prevent incidents.

The service’s clinical governance framework included antimicrobial stewardship, restraint minimisation and open disclosure processes. Staff understood the open disclosure principles and gave examples of strategies used to the Assessment Team.

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)