Performance

Report

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| Name of service: | Royal Freemasons Benalla |
| Service address: | 107 Thomas Street BENALLA VIC 3672 |
| Commission ID: | 4591 |
| Approved provider: | Royal Freemasons Ltd |
| Activity type: | Site Audit |
| Activity date: | 28 March 2023 to 31 March 2023 |
| Performance report date: | 10 May 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Royal Freemasons Benalla (**the service**) has been prepared by M. Nassif, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

# Material relied on

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

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

# 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 is compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers and representatives considered consumers were treated with dignity and respect, and consumers identity, culture and diversity was valued. Staff described the ways they supported consumers identity and treated them with respect, such as referring to consumers by their preferred name. Staff were observed to interact with consumers in a dignified and respectful manner.

Consumers and representatives confirmed the service recognised and respected consumers cultural background, and provided care consistent with cultural tradition and preferences. Staff demonstrated knowledge of consumers cultural background, and described ways they tailored care and services to meet consumers cultural needs and preferences. Care planning documents reflected consumers cultural preferences and practices.

Consumers said, and observations confirmed, consumers were assisted to make and communicate their decisions and were supported to maintain relationships. Staff provided examples of how they supported consumers to make decisions, for example, assistance with meal selections. Care planning documents identified who should be involved in consumers’ care.

Consumers said they were supported to understand benefits and possible harm when making decisions involving an element of risk. Staff explained they supported consumers to have choice and control over their decisions to help consumers live on their own terms. Care planning documents identified risks to consumers through assessment and consultation with consumers and other providers of care and services.

Consumers and representatives considered information was provided in an easy to understand manner. Staff explained the ways they communicated information to ensure it was easy to understand and accessible for consumers to enable them to exercise choice. Activity calendars and menus were observed in consumers’ bedrooms and displayed throughout the service to support consumers to make independent choices.

Consumers confirmed the service respected their privacy and considered their information was kept confidential. Staff described how they maintained the privacy of consumers, and maintained the confidentiality of information. Staff were observed respecting consumers personal privacy, and maintaining appropriate storage practices to keep consumers personal information confidential.

# 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 is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives considered risks to consumers were identified and explained to them, with risks managed in a way to support their independence and safe care. Staff said, and care planning documents evidenced, risks were identified and assessed and mitigation strategies documented.

Consumers and representatives confirmed they were provided opportunities to discuss consumers’ needs, goals, and preferences, including advance care and end of life planning, as evidenced in care planning documentation. Staff advised advance care and end of life wishes were discussed upon admission to the service, however, supported the decision to discuss the matter at a later time if requested.

Staff explained established processes were in place to refer consumers to other individuals, organisations, and providers to assist with the assessment and planning of consumers care and services. Consumers and representatives said, and care planning documents evidenced, consumers, representatives, and other providers of care and services were involved in assessment and planning.

Staff said they communicated the outcomes of assessment and planning by talking to consumers and allowing time for questions. Consumers and representatives confirmed the outcomes of assessment and planning were communicated to them and were offered a copy of the care and services plan.

Consumers and representatives confirmed they were notified of circumstances requiring an updated review of consumers care and services. Care planning documents evidenced consumers care and services were reviewed for effectiveness, including when circumstances changed, impacting on the needs, goals, or preferences of consumers.

# 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 is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives considered care was tailored to consumers’ needs, and optimised consumers health and well-being. Staff demonstrated knowledge of consumers personal and clinical needs, and described strategies to support consumers. Care planning documents reflected care was safe, effective, tailored to consumers specific needs and preferences, and aligned with best practices.

Care planning documents demonstrated effective management of high impact, high prevalence risks to consumers through risk assessments and risk mitigation strategies. Consumers and representatives said they feel the service provided care that is the most appropriate and safe. Policies and procedures guided staff in the management of clinical care, including high impact, high prevalence clinical risks, such as wound care management.

Staff explained how care needs changed for consumers nearing end of life, and ways they supported consumers, such as attending to mouth care, skin integrity, and pain management. Care planning documents for a named consumer evidenced the consumer received appropriate end of life care. Management said external palliative care services were consulted as required, to assist with the delivery of dignified and comfortable care.

Staff provided examples of how they identified and responded to deterioration or changes to consumers conditions. Care planning documents demonstrated deterioration to consumers health, capacity and function was recognised and responded to in an appropriate manner, consistent with consumer feedback.

Staff explained information about consumers was communicated within the service through documented and verbal shift handover processes, meetings, updating and reviewing consumers care planning documents. Staff explained the processes in place to share information about consumers with other providers of care as appropriate, for example, the general practitioner.

Staff described the process for referring consumers to other providers of care and services. Care planning documents demonstrated timely and appropriate referrals were completed for a range of other services, such as allied health professionals and medical practitioners.

Infection prevention and control measures were supported though policies, training, clinical data analysis. Staff were observed following infection prevention practices, such as wearing appropriate personal protective equipment, practising hand hygiene, and social distancing. Staff demonstrated knowledge of risks associated with antibiotic resistance, and ways to promote appropriate antibiotic prescribing.

# 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 is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives were satisfied with the services and supports consumers received for daily living, and considered consumers’ needs, goals, and preferences were met. Staff identified what was important to consumers, and explained how they supported consumers health, well-being, and quality of life. Documentation demonstrated consumers were supported to participate in a variety of independent and group activities to cater to consumers different needs and preferences.

Consumers said they were able to participate in meaningful activities. Care planning documents outlined consumers’ emotional and spiritual needs and the strategies in place to support and promote these needs being met. Staff described how they supported the emotional, psychological, and spiritual well-being of consumers.

Consumers said they were supported to have an active social life, do things of interest, and participate their community. Staff explained how the service collaborated with other organisations, advocates, community members and groups to help consumers pursue their interests and social activities, and maintain community connections. Consumers provided examples of how they were supported to maintain social and personal relationships.

Staff explained the processes in place to share information about consumes within and outside the service as appropriate. Care planning documents evidenced information about consumers was recorded and communicated with relevant staff and others.

Care planning documents for a named consumer evidenced timely and appropriate referrals were completed. Consumers provided examples of other providers of care and services they have been referred to. Staff explained consumers were consulted and consent was obtained to complete referrals for other individuals, organisations, and providers of care and services.

Consumers said they received a variety of well proportioned, quality meals. Staff demonstrated they were aware of consumers’ nutrition and hydration needs. The consumer dining experience was observed to be comfortable and not rushed, and consumers received appropriate assistance.

Consumers said they felt safe when using equipment and knew how to report any concerns about the safety of equipment. Staff explained how the service trained them to safely use equipment, and ways they identified any potential risks to the safety of equipment. Equipment was observed to be safe, clean, suitable, and well maintained.

# 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 is compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers said they felt at home at the service and were supported to feel a sense of belonging and individuality, for example, by customising their rooms with personal possessions. The service environment was observed to have wide level pathways and signage to assist with navigation and interaction.

Staff explained the maintenance and cleaning processes and systems in place, with staff observed cleaning throughout the service environment. Documentation demonstrated maintenance issues and cleaning was completed in a timely manner. Consumers were observed moving freely to utilise indoor and outdoor areas throughout the service environment.

Furniture, fittings, and equipment were observed to be safe, clean, well maintained, and suitable for consumers. Consumers were observed utilising various equipment aids, and furniture. Staff explained the processes to report any maintenance issues relating to furniture, fittings, and equipment.

# 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 is compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers and representatives confirmed they were supported to provide feedback and feel comfortable raising concerns. Management and staff described the avenues available for consumers and representatives to provide feedback or make a complaint, and the processes in place to respond to feedback and concerns. Feedback forms and boxes were observed available to consumers throughout the service.

Consumers and representatives said they were aware of other ways to raise a complaint. Staff explained they supported consumers to provide feedback and complaints, including accessing interpreter and advocacy services for consumers. Information on advocacy services was observed displayed throughout the service, and brochures on making a complaint was displayed in different languages.

Consumers and representatives confirmed management responded to their complaints. Staff explained what they would do when responding to complaints, for example, acknowledgement of the concern, apologising, and escalating matters to management. Documentation confirmed open disclosure processes were used in response to complaints, or when things went wrong.

Consumers and representatives reflected feedback and complaints were used to improve the quality of care and services. Management explained how the service respond to and evaluated feedback and complaints to inform improvements to the service. Documentation demonstrated feedback and complaints is recorded and trends are identified and reflected in the service’s continuous improvement plan.

# 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 is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives confirmed calls for assistance were answered in a timely manner, as observed. Documentation demonstrated all shifts were filled, with an appropriate mix and number of staff available to support consumer needs. Staff said there are enough staff, and that if staff call in sick at the last minute, it is not generally difficult to find a replacement.

Consumers and representatives said, and observations confirmed, staff interacted with consumers in a respectful, kind, and caring manner. Staff demonstrated an in-depth understanding of consumers, including needs and preferences. Management advised they monitored staff interactions with consumers through observations, feedback and complaints mechanisms.

Consumers, representatives, and staff felt confident that staff are suitably skilled and competent to meet their care needs. Management described how they determine whether staff are competent and capable in their role. Documents demonstrated staff have relevant qualifications to perform their duties outlined in their position descriptions.

Consumers and representatives said staff are well trained and equipped to perform their roles. Staff explained, and documentation confirmed, staff were supported through ongoing training, professional development to deliver outcomes required by the Quality Standards. Staff training records were up to date, and covered various topics related to the Standards, such as manual handling, infection control, and consumer dignity and choice.

Management explained the process and procedure in place for staff performance appraisals, and other ways feedback on staff performance was provided. Documentation confirmed staff performance appraisals were up to date.

# 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 is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives said they were involved in the development, delivery, and evaluation of care and services. Management and staff described the ways consumers were involved in the development and delivery of care and services, such as surveys, meetings, and through feedback and complaints mechanisms, as documentation demonstrated.

Management explained the governing body received various consolidated reports from the service, which outlined information relating to audits, feedback and complaints, continuous improvement initiatives, hazards and risks, and analysis of clinical and incident data. The governing body used the information to identify compliance with the Quality Standards, and to inform improvements.

Policies and procedures detailed governance arrangements in place to guide staff practice for information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints. For example, in relation to financial governance, management discussed a discretionary budget is available at the service for when consumer needs increase and require extra support.

The service had a risk management framework in place which covered management of high impact or high prevalence risks, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can, and managing and preventing incidents. Staff interviewed were able to explain the processes of risk management at the service, including key areas of risk that had been identified and were being mitigated.

The service had a clinical governance framework in place and covered antimicrobial stewardship, minimising the use of restraint, and practicing open disclosure. Staff demonstrated awareness of the framework and provided examples of how it applies to their role.

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)