Performance

Report

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| Name of service: | Royal Freemasons Footscray |
| Service address: | 25 Mephan Street FOOTSCRAY VIC 3011 |
| Commission ID: | 4346 |
| Approved provider: | Royal Freemasons Ltd |
| Activity type: | Site Audit |
| Activity date: | 27 September 2022 to 29 September 2022 |
| Performance report date: | 17 November 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 Footscray (**the service**) has been prepared by Dee Kemsley, 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
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers and representatives said consumers were treated with dignity and respect and staff knew and valued consumers’ identities, cultural backgrounds and encouraged their diversity. Staff described, and observations demonstrated, how they respect consumers including using their preferred names, providing gentle assistance with activities of daily living and supporting consumers' identity and culture by participating in festivals and celebrations important to them. Care planning documentation showed the service collaborated with consumers and representatives to accurately reflect consumers’ cultural preferences to ensure care and services were delivered to meet their needs; the service used interpretation services when required.

Consumers were supported to choose who they wished to involve in their care and how they would like their care and services delivered. Consumers advised they were encouraged to make connections with others and supported to maintain relationships. Care planning documentation identified who consumers chose to involve in their care and how they would like their care delivered. Staff said they tailored care, which is guided by care planning information and by listening to what the consumers want.

The service supported consumers to make decisions and participate in risk-taking activities so they could live their best lives. Care planning documentation demonstrated risks were adequately identified, assessed and appropriate measures were taken to ensure consumers were provided with the knowledge and information to make informed decisions.

Consumers confirmed they were provided with timely and accurate information surrounding care and services, either verbally or by receiving paper-based notification, which was easy to understand and enabled consumers to exercise choice. Representatives said they were kept informed by receiving regular emails and phone calls as to what was happening at the service or when changes to care services occurred.

Consumers said their privacy was respected and personal information was kept confidential. Staff reported clinical handover was done in a private area behind closed doors and staff are provided with personal passcodes to access the service’s electronic system. Staff were observed knocking and seeking consent prior to entering a consumer’s room and closing doors when providing personal care.

# 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

Assessment and care planning included risks to the consumers’ health and wellbeing and informed the delivery of individualised, safe and effective care and services. Service entry process guided registered staff in assessment and care planning of new consumers entering the service; outcomes were documented in care plans and discussed with staff to guide the provision of effective care for consumers.

Consumers and representatives said they had been provided the opportunity to discuss consumers’ current care needs, goals, and preferences, including advance care planning and end of life care. Care planning documentation identified consumers’ high impact and high prevalence risks associated with their care, and reflected end of life care wishes and advance care directives. Staff were able to describe what was important to consumers in terms of how their care is delivered.

Assessment and planning was based on partnership with consumers and included others they chose to involve in their care. Registered staff described the process of referring consumers to other medical and health providers, and consumers’ care plans included input from other multi-disciplinary team members such as medical practitioners and allied health professionals including physiotherapists, dieticians, and podiatry services.

Registered and care staff were familiar with accessing consumers’ care plan documents on the service’s electronic system and said they communicated outcomes of assessments by talking to consumers and representatives, allowing time for questions.

Consumers and representatives advised they were notified when consumers’ circumstances changed or when incidents occurred. Clinical guidance flowcharts for the care evaluation process were observed available to staff and staff demonstrated familiarity with reporting and recording incidents, and updating care plans. Clinical incidents were reviewed monthly at a service and organisational level to identify strategies to minimise risk of re-occurrence and to identify improvements that could be implemented for better consumer outcomes.

# 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

Consumers and representatives said care delivered was tailored to consumers’ needs and optimised their health and well-being. Clinical staff demonstrated they understood the individualised personal and clinical care needs of consumers and care planning documentation reflected individualised care that was safe, effective, and met the specific needs and preferences of the consumer.

Consumers and representatives advised high impact or high prevalence risks were effectively managed. Care planning documentation identified strategies to manage consumers’ key risks; these were recorded in assessment tools, care plans and progress notes to guide the provision of care by staff.

Consumers nearing the end of life received appropriate care. Clinical staff said, and progress notes demonstrated, consumers who were palliating had their pain adequately managed and their dignity and comfort prioritised. The service was supported by an external palliative care team who were engaged to enhance consumers’ wellbeing throughout their palliation. Care staff said registered staff were responsive when they reported any changes to consumers’ conditions. Clinical documentation demonstrated how deterioration in consumers’ health, capacity or function was recognised, responded to and addressed in a timely manner.

Information about consumers’ care needs was documented and effectively communicated. Consumers and representatives were satisfied with the delivery of care, including the communication of changes to consumers’ conditions. Staff described how changes in consumers’ care and services needs were communicated and care planning documentation demonstrated adequate and accurate information to support effective sharing of consumers’ care needs.

Timely and appropriate referrals were made; consumers and representatives confirmed consumers were referred to other medical professionals and allied health services as needed. Registered staff explained the process for referring consumers and care planning documentation included input from other service providers such as medical officers, podiatry services, physiotherapists, geriatricians, and dieticians.

Consumers and representatives said the service implemented COVID-19 precautions and infection control practices. Staff had received training on infection minimising strategies including outbreak management processes, and demonstrated an understanding of minimising antibiotic usage and ensuring its appropriate use. Incidences of consumer infection were captured and data was used to inform improvements for consumers in relation to infection prevention.

# 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

Consumers and representatives said consumers were supported and encouraged to engage in activities of interest to them, and that assisted in optimising their health, well-being and quality of life. Leisure and lifestyle staff met with consumers on entry to gather information on consumers’ likes, dislikes, personal preferences and the people important to them. Staff could describe what was important to consumers and what they like to do, which was congruent with their care planning information.

Consumers’ emotional, psychological, and spiritual well-being was supported. Leisure and lifestyle staff supported consumers by encouraging personal connections and celebrating and engaging all religious and cultural beliefs. Information on consumers’ condition and care and service needs were effectively communicated within the service or where care and responsibility was shared, and consumers said staff from all areas of the service were aware of their preferences. Staff were alerted to changes consumers’ care or condition through the electronic message system, clinical handover sheets and verbal handover.

Consumers and representatives advised they were supported to participate and to do things that were of interest to them and maintain social and personal relationships, within and outside the service. Leisure and lifestyle staff spoke of a variety of community activities that occurred both in and outside of the service; this included an intergeneration program where kindergarten children attend the service to spend time with consumers.

Consumers said they are referred to individuals and other service organisations in an appropriate and timely manner. Staff were guided by policies and procedures for the referral process and care planning documentation demonstrated consumers received care from a variety of services including volunteer and hairdressing services, and pastoral care. Consumers and representatives were satisfied with the quality, quantity, and variety of food consumers’ were served. Consumers were provided with a choice for each meal daily, which always included a vegetarian option, and consumers could request something different if they chose to. The service employed two chefs; one chef specialises in Asian cuisine and the other in alternate/Western cuisine.

Consumers reported the equipment they used, including mobility walkers, shower chairs, wheelchairs and mechanical lifting equipment, was safe, clean, well maintained, and suitable for their needs. Staff were adequately trained to use the equipment supplied by the service and maintenance staff attended to regular equipment audits to ensure equipment was regularly serviced 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

Consumers said the service felt like their home, the service environment was welcoming to their family and friends and they felt safe and comfortable. Consumers described how they accessed activities in different areas and could freely move around the service as they wished. Consumers living with a cognitive deficit had the same access to all areas of the service, although they require staff assistance with opening keypad-activated doors. The service environment was observed to bright, welcoming and surrounded by a number of courtyards with seating areas throughout; doors leading to outside areas were unlocked, allowing consumers to walk around freely. Large screen televisions were observed to be located in common lounge areas.

The service had processes to ensure the service environment was safe, clean and well-maintained. This included a comprehensive preventative and reactive maintenance schedule, which was monitored by the service maintenance officer and the facility manager. Staff explained the procedure to report maintenance issues and said the maintenance officer attended quickly to any issues raised.

Consumers described furniture, fittings and equipment supplied by the service as comfortable, suitable for their needs; these were kept clean and well maintained. The service demonstrated cleaning and maintenance schedules were maintained and consumers said they had not needed to report any maintenance issues to staff. All equipment servicing was in line with the manufacturer’s instructions and was serviced by qualified contractors/service providers to ensure equipment was regularly maintained, in good working order, safe and was fit for purpose.

# 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

Consumers advised they were aware of how to provide feedback or make a complaint, but said they preferred to speak directly to clinical staff or the facility manager. Management maintained an open-door policy and staff supported consumers to raise concerns or make a complaint by speaking with them, escalating concerns to management, or by completing a feedback form on their behalf. Consumer meetings were held regularly whereby consumers could raise and discuss issues or concerns; actions were taken by management in response.

Consumers said they can raise any concerns and make complaints if they chose, and any matters raised were dealt with appropriately. The service had processes to support consumers to access advocacy, language and interpreter services; the service as many staff who were multilingual. The consumer handbook, feedback forms, brochures, and posters displayed throughout the service were observed to provide information regarding internal feedback and complaints processes, contact information for external assistance from the Commission, and advocacy and translation services.

The service demonstrated it took appropriate action in response to complaints and used a process of open disclosure when things went wrong. Consumers confirmed management was responsive to any matter they raised. The service’s feedback register demonstrated feedback and complaints were managed in accordance with the organisation’s policies and the open disclosure process was followed.

Consumers and representatives described changes implemented at the service as a result of feedback and complaints, and were confident feedback was used to improve the quality of care and services. The service trended and analysed feedback received and used this information to inform continuous improvement activities across the service; changes and improvements made at the service were discussed at the monthly consumer meetings.

# 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

Consumers and representatives said there was sufficient staff, who were responsive to their needs and who always responded to call bells in a reasonable time. Management advised the effectiveness of workforce planning was monitored through management observations, consumer and staff feedback, regular meetings, review of call bell responses and ongoing surveys of consumers and staff.

Management monitored staff interactions and consumers and representatives advised consumers were treated with care and respect and that staff engaged with them in a kind, and caring manner. Staff and management were observed engaging with consumers in a kind and respectful manner, addressing consumers by their preferred name, and they were gentle when delivering care and service.

Staff were recruited, trained, equipped, and supported to deliver care and services in line with the Quality Standards. The service ensured staff were competent, knowledgeable and qualified to perform their roles effectively. Key responsibilities for each role were set out and consumers and representatives said staff were performing their roles effectively. Competency documentation demonstrated staff had completed all mandatory training for the year. Staff confirmed they received training and support to provide the care and services consumers require; training was available in a variety of formats.

Management regularly monitored and reviewed the performance of staff. Staff performance appraisals were conducted annually and was overseen by the facility manager. Staff were able to describe how performance appraisals occurred and advised in addition to performance feedback they discussed their development needs in their performance review.

# 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

Consumers and representatives provided ongoing input in how consumer’s care and services were delivered and confirmed the service had sought their input in a variety of ways. Consumers advised they felt included in discussions around care planning and the planning of activities, and participated in the menu choices through the feedback process, at food focus meetings and with direct discussions with staff. Consumers were further engaged and consulted at meetings; this included during the planning of changes as well as on a day-to-day basis.

The organisation had a strategic plan, which it monitored through reporting mechanisms of the service. The service was guided by a governing body that met regularly, set clear expectations for the service, directed improvements and frequently reviewed risks from an organisational and consumer perspective. Consumers and representatives said they felt safe at the service, they lived in an inclusive environment and had access to quality care and services.

Management and staff described organisation wide governance systems and processes relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. Opportunities for continuous improvement were identified via a variety of sources including internal audits, clinical indicators, incidents, consumer surveys, observation of practice, and consumer and staff feedback. The general manager oversaw the service's finance matters in conjunction with the facility manager, and ultimately the board. The service demonstrated adequate staffing and appropriate processes to ensure the deployment of a skilled workforce, for care to be delivered to consumers safely and effectively. The organisation's clinical practice committee monitors legislative and regulatory changes, and updated and disseminated policies and procedures related to any change.

The service demonstrated effective risk management systems and practices including the management of high impact, high prevalence risks, abuse and neglect, supporting consumers to live the best life they could and incident prevention and management. Staff and management provided examples of these risks and how they were managed within the service; this included the reporting, recording, and reviewing of serious incident response scheme incidents. Critical incidents were escalated to executive management and clinical governance.

The organisation’s clinical governance systems included documented policies and ensured the quality and safety of clinical care, promoted antimicrobial stewardship, the minimisation of restrictive practices, and the use of an open disclosure process. Staff had received mandatory training on the Quality Standards, infection control practices and minimising the use of restraint; registered staff had a shared understanding of the principles of antimicrobial stewardship.

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)