Performance

Report

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| Name of service: | Royal Freemasons Springtime |
| Service address: | 41 Manchester Drive SYDENHAM VIC 3037 |
| Commission ID: | 4210 |
| Approved provider: | Royal Freemasons Ltd |
| Activity type: | Site Audit |
| Activity date: | 18 October 2022 to 20 October 2022 |
| Performance report date: | 18 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 Springtime (**the service**) has been prepared by D, McDonald, 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.

**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 were treated with respect, dignity and were supported to maintain their identity. An employee handbook and policy provided guidance to staff on how to treat consumers respectfully. Staff interactions with consumers were observed to be respectful and friendly.

Consumers were from various cultural backgrounds and confirmed staff met any cultural preferences they had. Staff demonstrated knowledge of the consumer’s cultural identity and explained how they supported consumers to meet their needs. Care documentation detailed consumer’s spiritual and cultural needs.

Consumers participated in and were supported to make decisions about their care, how it is delivered and confirmed they are able to make and maintain relationships important to them. Staff were supported to understand consumer choice and decision making through policies and procedures. Staff described how the consumers were supported to maintain relationships with people who are important to them, and consumers were observed spending time with their family or friends.

Consumers have the ability to make decisions involving risks and said the service has spoken to them to discuss the risks and complete a dignity of risk form. Staff were aware of consumer choice and their right to make decisions involving a risk because it supports them to have a good quality of life. The care and service risk management procedure outlines how the service manages risk associated with consumers’ care and service needs.

Staff described, and were observed, giving consumers information verbally. Activity information displayed was noted to be in small print and the menu was not easily readable as high contrasting colours were not used, however consumers did not describe this as a concern as consumers confirmed information is provided to them verbally by staff.

Consumers and representatives said staff respect their privacy, including during family visits. Staff said and were observed, knocking on the consumer’s doors, and seeking consent to enter the room and provide care. Consumer information was observed to be stored on an electronic care planning system which required a password to access. An employee and consumer handbook outlined how to maintain consumer privacy and how consumer information would be used.

**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**

Consumers were involved in care planning processes which assessed risk and identified their needs and preferences. Staff were guided by policies, procedures and checklists when undertaking assessments to develop a care plan to ensure safe and effective care was delivered. Care plans demonstrated comprehensive assessments had been completed, with allied health staff confirming the assess the consumer to identify risks.

Consumers and representatives were given the opportunity to discuss the consumer’s current care needs, including their advance care or end of life wishes. Staff knew what was important to consumers in relation to how care and services were delivered and information on advance care planning was given to consumers when they entered the service. Consumer’s files detailed the consumer’s current needs, goals, preferences, and a copy of their advance care directive.

Consumers and representative were actively involved in the assessment, planning and review of their care and services. Consumers’ files identified who the consumer has chosen to be involved in their care. Staff involved consumers, representatives and allied health professionals as required. Care documentation evidenced the inclusion of consumers, representatives, health professionals and other service providers in assessment and care planning.

Consumers and representatives were aware of the consumers care plan, had been offered a copy or had sighted the document. Care documentation reflected individualised planning and communication with consumers, representatives, and others where care is delivered. Staff explained how they contact and update representatives, to discuss the care plan and any changes.

Consumers and representatives said new directives were added and changes were made to care plans following incidents. Staff said any changes to consumers’ care, or any incidents are communicated to families and care plans are updated accordingly. Care documentation evidenced care is reviewed every 3 months and when changes in consumer conditions were identified, a reassessment and appropriate changes to care and services plans were made.

**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 said they get the care they need when they needed it. Consumer files evidenced the delivery of care is monitored to ensure it is safe, effective, and tailored to the specific needs and preferences of the consumer. Staff described policies and procedures for key aspects of care; and senior staff were available to guide the delivery of care to ensure it is best practice.

Consumers and representatives stated they felt the service was adequately managing consumers’ high impact and high prevalence risks including behaviours and COVID-19. Staff described the high impact and high prevalence risks for consumers at the service and provided details of how these were managed through implementation of risk mitigation strategies for individual consumers. Policies, procedures, and frameworks guide staff on how risk is identified, managed, and recorded.

Consumers have an End-of-Life Pathway showing their preferences and goals when they are near end of life. Staff described how they approach conversations around end of life and how they care for end-of-life consumers including regular family visits, regular repositioning, hygiene and comfort care, pain relief and pastoral care. Staff providing end of life care were supported by policies and procedures.

Consumers and representatives said the service recognises and responds to changes in condition in a suitable and timely manner. Care documentation recorded the identification of, and response to, deterioration or changes in their condition. Staff explained how deterioration was discussed during handovers to ensure consumers were effectively monitored and a medical officer review or transferred to hospital, where needed.

Consumers and representatives said the consumer’s care needs and preferences are effectively communicated between staff. Staff described how information is shared when changes occur through staff meetings, handover and how changes are documented in progress notes and the handover sheet. Documentation provided information to support effective and safe sharing of the consumer’s information to support care.

Consumers and representatives said referrals were made when needed and the consumer has access to a range of allied health and medical specialists. Staff described how referrals were made to other care and services. Care planning documentation confirmed the input of others and referrals where needed.

Consumers said they see staff using personal protective equipment and practicing good hygiene techniques. The service has documented policies and procedures to support the minimisation of infection-related risks. Staff described the implementation of infection prevention and control principles, the promotion of antimicrobial stewardship and best practice use of antibiotics.

**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 get services and support they need, and their quality of life is optimised. Care documentation identified consumers’ choices and provided information about the support consumers require to do the things they want to do. Staff demonstrated knowledge of what is important to consumers and how they supported them to do those things.

Consumers described the services and supports provided to them for their emotional and spiritual well-being. Staff identified the services and supports available to promote consumer’s emotional, spiritual, and psychological wellbeing. Documentation detailed the services available to consumers to support their spiritual and emotional needs.

Consumers said they were supported by the service to participate in their community within and outside the service environment as they choose. Staff described the supports in place for individual consumers to enable them to participate in the wider community and maintain personal relationships. Care documentation identified activities of interest for the consumers and how they are supported to participate in these activities. Consumers were observed participating in communal lifestyle activities in each area: one bingo activity run by a consumer, and all were actively engaging.

Consumers and their representatives confirmed the service was aware of their individual preferences and, choices. An electronic documentation system and a handover process to ensure consumer information is shared where care is provided. Staff detailed the process for communicating internally at the service and externally to others where responsibility for care is shared. Care documents detailed how regular and appropriate information about the consumer’s condition, needs, preferences and changes were captured.

Consumers confirmed the service offers to refer them to external providers to support their care and service needs. Staff described how consumers are referred to other providers of care and services and gave examples. Care documentation showed the service collaborates with external providers and referrals were undertaken in a timely manner.

Consumers said the meals provided were varied and of suitable quality and quantity. Staff described how they met individual consumer dietary needs and preferences and how any changes are communicated. Documentation demonstrated practices used to ensure all aspects of food delivery were appropriate.

Consumers, together with staff and observations made, indicated equipment to support consumer lifestyle is safe, suitable, and clean. Staff described how they ensure shared equipment is kept clean and were able to demonstrate how to report to maintenance when equipment requires repair. Maintenance documentation was reviewed and identified scheduled preventative maintenance, which includes equipment maintenance, had been completed within required timeframes.

**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 they feel at home at the service, and it is a nice place to live. Staff advised how they support consumers to customise the rooms, promote a sense of belonging and independence and visitors are encouraged. The service had communal indoor and outdoor areas available for consumers, however, due to current COVID-19 restrictions, visitors were required to visit consumers within their room. Corridors were wide, pathways level and outdoor areas were easy to navigate to support consumer independence. Signage directed consumers and visitors to the various areas of the home and the memory support unit was designed with dementia-enabling principles.

Consumers confirmed the service is kept clean, said they were able to move freely both indoors and outdoors and were observed accessing an external garden area, which was well maintained. Staff described the systems and processes which assist with scheduling and monitoring the cleanliness and safety within the service environment. Maintenance and cleaning documentation demonstrated the service environment is cleaned daily and any maintenance requests are completed promptly.

Consumers said the furniture, fittings, and equipment are safe, clean, well maintained, and suitable for them, and they feel safe when staff are assisting them using mobility or transfer equipment. Staff knew how to report any maintenance issues and utilised the preventative maintenance schedule. Shared equipment was observed to be clean and in good condition and sufficient care equipment was available.

**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 and representatives were encouraged, safe, and supported to provide feedback and make complaints, they spoke directly to staff if they had an issue to raise. Staff supported consumers who wanted to provide feedback or make complaints and explained the process to do so. Information regarding internal and external complaints and feedback processes were provided to the consumers through a consumer handbook, and feedback forms were located throughout the service.

Consumers and representatives said they were aware they could access independent advocacy services, to assist them in raising and resolving complaints. Posters for the advocacy services were displayed on the noticeboards. Staff were aware of how to engage with advocacy services on behalf of the consumer.

Consumers and representatives confirmed appropriate action was taken in response to complaints and open disclosure was used when things go wrong. Staff described the action taken following a complaint, including saying sorry and offering an explanation. An electronic complaints management system is used to track and monitor the service’s actions in response to a complaint, with policies and procedures guiding staff on the handling of complaints.

Consumers and representatives gave examples of changes made their feedback or complaints, including the installation of additional light switches in shared rooms. Documentation supported consumer surveys and feedback data is analysed to identify trends with feedback linked to improvements identified 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**

Consumers, representatives, and staff said there were adequate staff rostered to deliver safe and effective services and calls for assistance were responded to quickly. Management said a dedicated staffing roster is used to ensure continuity of care within the memory support unit. Documentation supported call bell response times were monitored and staff were responding promptly.

Consumers and representatives gave positive feedback and confirmed staff engage with them in a respectful, kind, and caring manner. Staff interactions with consumers were observed to be kind, caring and respectful. Staff receive training in dignity, choice, and control.

Consumers said they were confident in the staff’s skills and competency. Management described how they determine whether staff are competent and capable in their role. Prior to commencement, staff undertake induction and site orientation as well as mandatory training. Documentation indicated staff are appropriately qualified and the service carries out the necessary checks required for their roles. Position descriptions included the required responsibilities, accountabilities, qualifications, personal attributes, skills, training, and experience of staff.

Consumers said staff are sufficiently skilled to meet their care and clinical care needs. Systems were in place to ensure staff are recruited, trained, equipped, and supported to deliver care and services in line with the Quality Standards. Records show staff are trained in hand hygiene, open disclosure, reporting abuse, SIRS, choice, and decision making, palliative care, restrictive practices, and antimicrobial stewardship.

The staff performance framework includes 6-monthly probation reviews, annual performance appraisals and mandatory training. Staff described the service’s performance development processes, including performance appraisals, which include discussions of their performance and areas where they would like to develop their skills and knowledge. Documentation showed appraisal review dates are monitored and reviewed on a monthly basis.

**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 felt they were engaged in the development, delivery and evaluation of care and services. consumer engagement was observed through a variety of ways, including care plans reviews, resident and family meetings, lifestyle meetings, surveys, moving on audits, ‘have your say’ forms and verbal feedback. The service is in the process of developing a consumer advisory committee which will report to the quality and safety committee, which reports to the board. Consumers were consulted about what they would like to see in the garden and photos demonstrated their involvement in the upgrade of the front entrance to the service.

The organisation has a multi-layered structure which reports to the Board. The board satisfies itself the service is meeting the Quality Standards through internal and external audits, through reading the minutes from other committee meetings and by identifying any issues at cross-facility meetings. The service has a quality and safety committee which reviews the effectiveness of the service’s risk management system and ensures management perform their risk management duties.

Systems and processes to govern regulatory compliance, continuous improvement, the workforce, financial resources, manage information, feedback and complaints were effective as staff confirmed there were established communication channels to provide information to, or receive information from, the Board including when policies and procedures were updated due to changes to regulations. Documentation evidenced continuous improvement was informed by feedback or complaints, and where additional funding was required, staff understood their role, responsibilities and financial delegations were exercised appropriately.

Risk management systems are implemented to monitor and assess the high impact or high prevalence risks associated with the care of consumers. Risks are reported, escalated, and reviewed by management provided to the governing body for trends and analysis. Clinical risk management procedure states data regarding risks is collected, analysed, and used to improve care via the electronic incident reporting system for falls, pressure injuries, medication incidents and reportable assaults. Care and services risk management relating to managing risk associated with the consumer care recognises their right to make choices about the way they live their life. Staff described the incident reporting process and gave examples of when they had used it.

The organisation’s clinical governance systems promote the quality and safety of clinical care and promote antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff were able to describe the clinical policies in place at the service and provide practical examples of their application. A review of care documentation and incident reports demonstrated implementation and compliance with organisational policies in relation to antimicrobial stewardship, restrictive practices, and open disclosure.

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)