Performance

Report

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| Name of service: | RFBI Armidale Masonic Village |
| Service address: | 86 Box Hill Drive ARMIDALE NSW 2350 |
| Commission ID: | 2418 |
| Approved provider: | Royal Freemasons’ Benevolent Institution |
| Activity type: | Site Audit |
| Activity date: | 14 December 2022 to 16 December 2022 |
| Performance report date: | 20 February 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 RFBI Armidale Masonic Village (**the service**) has been prepared by D Kemsley, 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
* the Approved Provider’s response to the Assessment Team’s report received 19 January 2023
* other information and intelligence held by the Commission in relation to this 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 said they were treated with dignity and respect, and supported to maintain their identity to live the life of their choosing. Care planning documentation contained relevant information to support staff in the delivery of culturally safe care and services, which aligned with feedback received from consumers and staff.

Consumers said, and observations confirmed, consumers were supported to make decisions, such as how care and services should be delivered, and who should be involved. Staff explained how they supported consumers choice and independence, including the consumer’s choice of when to get up in the morning, clothing selection, meal options and participation in activities. Consumers considered they were supported to make and maintain connections with others, including intimate relationships and this was reflected in consumers’ care planning documentation.

Consumers advised the service supported them to take risks to live life on their terms, through consultation and assessment of risks involved. Care plans demonstrated consumers were supported to participate in risk taking activities through completion of evidenced based risk assessment and implementation of mitigation and management strategies, to assist consumers live their life in accordance with their preferences. Staff were aware of risks taken by consumers and described ways they supported consumers, which aligned with care documentation.

Consumers considered information was provided to them in an easy to understand manner which helped them to make informed decisions about their care and services. Observations demonstrated information was provided through various formats and translated into other languages to support consumers diverse needs. Information was shared via consumer meetings, newsletters, noticeboard displays, activity calendars, brochures, posters, and large print menus.

Observations evidenced consumers’ personal information was confidentially stored and consumers’ personal privacy was respected by staff. Staff described how they maintained the confidentiality of consumers personal information, such as discussing personal health information in private. Consumers said their privacy was respected by staff and provided examples consistent with staff feedback, such as staff knocking on consumers’ doors and asking permission to enter.

# 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 considered they partnered with the service and contributed to the assessment and planning of their care and services. Staff explained how the assessment and planning process informed the delivery of safe and effective care and services; this was evidenced by risk management and/or mitigation strategies outlined in consumers’ care plans. Care planning documentation demonstrated medical specialists and allied health professionals were involved in the assessment of risks, and the support required to facilitate consumers’ care needs and choices.

Care plans demonstrated consumers current needs, goals, and preferences, including advance care and end of life wishes were taken into consideration. Staff were able to describe consumers’ individual care needs, which was consistent with consumers’ care planning documentation; staff were observed to access consumers’ care documentation via the service’s electronic care management system.

Staff explained how they partnered with the consumers and others to ensure consumers’ care and services required were appropriately assessed and reviewed, consistent with the service’s policies and procedures. Care plans demonstrated various organisations, individuals, and other service providers were engaged and involved in the consumers’ care planning and provision to ensure consumers’ care needs were being met. Consumers said staff explained their care plan to them in an easy to understand manner and they were able to ask questions as necessary. Care documentation evidenced assessment and care planning outcomes were discussed with consumers, representatives, and shared with other providers of care and services.

Consumers and representatives said they were notified of any changed circumstances or incidents triggering care plan reassessment and review, such as falls, injuries, or incidents relating to challenging behaviours. Consumers’ care plans, progress notes, charting, and referrals confirmed consumers’ needs, preferences, and goals were regularly reviewed; this was completed in accordance with policy and when circumstances changed, to ensure consumers received ongoing appropriate care and services.

# 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 personal and clinical care provided to consumers meets their needs and optimises their health and well-being. Staff demonstrated they were familiar with the personal and clinical needs of consumers and clinical documentation contained information to guide staff in the provision of care that was safe, effective and specific to each consumer.

Restrictive practices were appropriately managed in accordance with legislative requirements, as evidenced in care planning documentation, and the service monitored the use of all consumers’ psychotropic and antimicrobial medication, and polypharmacy. Comprehensive care documentation, including charting and validated assessments demonstrated consumers’ mobility and falls, nutrition and weight management, skin care, pain management and other personal and complex clinical care provided, were well monitored and managed. The service had policies and procedures to support the delivery of care provided.

Consumers and representatives were satisfied high impact or high prevalence risks associated with consumers’ care needs were effectively managed; this included managing delirium, pressure injuries, hydration and nutrition, medications, pain and behaviour support. Observations and care planning documentation evidenced risks for each consumer were identified and strategies to manage or mitigate these risks were recorded to guide staff practice.

Care documentation demonstrated the needs, goals, preferences of consumers nearing end of life were recognised and addressed. Staff explained how care and services changed for consumers nearing end of life, such as supporting family visits and looking after the consumers’ care and comfort needs; incorporating repositioning, monitoring skin integrity, the provision of oral care and personal hygiene, and pain management. The service had links with the community health palliative care team and referrals were made for advice, support and symptom management as needed.

The service had policies and processes to guide actions taken when a consumer's condition changed and staff described how they identified signs related to clinical deterioration including changes in mobility, cognition, mood, and behaviour. Consumers’ care documentation including referrals evidenced changes to a consumer’s mental health, cognitive or physical function were recognised and responded to in an appropriate and timely manner.

Consumers’ representatives advised staff knew consumers well, described the involvement of external care providers and said they were updated about changes to consumers’ conditions. Staff explained they documented and shared information about consumers’ care needs with others responsible for the consumers’ care through documented and verbal handover processes, care and clinical documentation, care plan review processes, clinical reports and meetings, and electronic messages and notifications. Consumers said, and care records evidenced, referrals were completed in a timely and appropriate manner for medical officers, allied health professionals, and other providers of care when required.

The service evidenced processes to support the minimisation of infection related risks was supported by policies, procedures, guidelines, training, clinical data trending, and reporting requirements. An infection protection control lead was appointed with oversight of the implementation of infection control measures, and who ensured preventative strategies were maintained. Observations demonstrated staff followed infection control measures implemented such as undertaking rapid antigen tests for COVID-19, wearing personal protective equipment, practicing safe hand hygiene and attending to appropriate clinical waste management. Staff explained how they promoted appropriate antibiotic prescribing such as encouraging fluids, maintaining regular personal care routines for consumers, and obtaining pathology results to determine if antibiotics were required.

# 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 advised in a variety of ways they received services and supports for daily living that were of interest to them, optimised their independence and promoted their health and wellbeing. Consumers expressed their satisfaction with the activity program provided by the service and were observed participating in many activities during the Site Audit. Consumers’ care plans documented their social and lifestyle preferences, and staff demonstrated knowledge of what was important to consumers and described how they support consumers to maintain a good quality of life. Consumers were engaged and consulted about scheduled planned activities through meetings and direct feedback opportunities.

Care planning documentation included consumers’ emotional, spiritual and psychological needs and preferences, and strategies to support consumers. Consumers said the service helped them to stay in touch with family and friends and staff provided emotional support as needed. Staff described how consumers’ emotional needs were escalated to a lifestyle staff member, and the follow up that occurred. The service offers in-house religious/spiritual services, which includes one-on-one visitations with a minister.

Consumers considered they received support which helped them to participate in their community, have social and personal relationships, and do things of interest. The service’s monthly, seven day activity program included individual and community based programs, as well as scheduled bus outings; activity programs were reviewed monthly by staff, provided to consumers and displayed in communal areas. Newsletters were sent to all families and were available at reception.

Care planning documentation recorded information about consumers’ current care needs and service preferences. The service demonstrated consumers’ changed needs or preferences were identified through three-monthly evaluations and consumers’ individual programmes were adjusted to meet those needs. Staff advised when responsibility for care was shared, such as for consumers receiving national disability insurance scheme support, a verbal handover of care was provided. Staff said and consumer care plans demonstrated, the service collaborated with other individuals, organisations and providers of other care and services to support each consumer’s needs; this included volunteer services, community entertainers, hairdressing services, local church groups, and community groups.

Consumers said they liked the meals, which were of a suitable quality and quantity and advised they were able to request alternatives if options were not to their preference. Staff explained consumers’ feedback was taken into consideration in the planning of the menu through monthly consultation processes and direct feedback to staff. Policies and procedures, staff training, dietary assessments, menus, audits, and temperature monitoring charts evidenced meals were provided in a safe and suitable manner to meet consumers’ needs.

Observations and maintenance records confirmed equipment used for activities for daily living were kept clean, well-maintained and safe for consumers’ use. Consumers reported equipment was readily accessible and suitable for their needs. Consumers were comfortable raising equipment concerns or repairs required with staff and confirmed maintenance officers attended to issues quickly and efficiently.

# 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 advised they felt safe and comfortable living at the service. The service environment was observed to be calm and welcoming, with access to communal and private areas for consumers and their visitors. Consumers were supported to make the environment feel like home, with consumers’ rooms personalised with their belongings including pictures and furniture, and consumer artwork was installed throughout the service. The service environment was observed to promote consumers’ independence, interaction and function, with wide clutter free corridors, handrails, way finding signage, and ample light and space.

Consumers said, and observations demonstrated, the service was clean, well-maintained and comfortable to live in. Consumers and representatives were observed to access indoor and outdoor areas of the service environment with ease and used these spaces to socialise; an elevator supported consumers to access the upper and lower levels of the service.

Maintenance documentation evidenced scheduled maintenance, repairs and cleaning was completed in a timely manner to ensure the service environment, furniture, fittings, and equipment were safe and clean for consumers. Staff described how they kept the service environment, equipment, and furniture clean which aligned with observations, cleaning and maintenance schedules, and the service’s policies and procedures.

# 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 supported to provide feedback and complaints, and were involved in processes to address their concerns. Consumers were assisted to understand their feedback and complaints rights and options through various informational material available to consumers and/or on display throughout the service environment. These included the consumer handbook feedback forms, posters, flyers, and brochures.

Consumers and representatives confirmed they received information about feedback and complaints processes, advocacy and language services on entry to the service and in meetings. Staff explained how they supported consumers with communication and language barriers to provide feedback and complaints, such as contacting translator services. Information about advocacy services and external complaints pathways was observed displayed throughout the service.

Consumers said the service had taken appropriate action in response to complaints, using an open disclosure process and providing an apology when things went wrong. Staff demonstrated knowledge of the open disclosure processes and explained how they would respond to complaints in a timely and appropriate manner, consistent with the service’s policies and procedures. The service’s feedback and complaints documentation demonstrated the service addressed complaints appropriately and timely way.

Consumers reported their feedback and complaints were used to improve the quality of care and services. The service trended and analysed feedback and complaints from consumers and representatives to improve the quality of care and services, as evidenced in consumer meeting minutes, and 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 and representatives advised consumers received quality care and services from knowledgeable, capable, and caring staff. Overall consumers advised, and observations demonstrated staff were available when they were needed. Call bell response data was monitored, investigated and analysed; results were discussed at consumer and staff meetings and actions were taken to address call bell response times outside the service’s benchmark. Staff reported the workforce was generally appropriately staffed, with management explaining additional hours were approved for cleaning staff and recruitment was underway to expand the team. Staff rosters for the preceding fortnight evidenced the workforce was planned and all shifts were filled; management described the various ways vacant shifts are filled for both planned and unplanned leave.

Consumers and representatives said staff were kind, caring and gentle when delivering care and services, and staff were respectful of the consumers identity and diversity, and understand their background and preferences. Staff were knowledgeable of the service’s code of conduct and management explained how interactions of the workforce were monitored.

Consumers said they were confident staff were well trained. The service ensured the workforce was competent and had the right qualifications and knowledge to effectively perform their roles through documented structured processes and procedures. These included position descriptions outlining key responsibilities, a current staff qualification and registration system, provision and monitoring of mandatory training and competencies, and on-the-job feedback.

Management and staff feedback, policies and procedures, and training records demonstrated staff were supported to deliver outcomes required by the Quality Standards. Staff described the orientation process and training records demonstrated a wide range of education topics provided included infection control, medication management, manual handling, restrictive practices, serious incident reporting scheme (SIRS) reporting and elder abuse.

Human resource documentation confirmed staff performance was reviewed on an annual basis, and as needed. Management advised they monitored staff performance through direct feedback, annual appraisals and performance plans to ensure the delivery of safe, effective care and services.

# 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 considered the service was well run, and their input was used in the development and delivery of care and services. Management explained consumers were supported to provide input into the delivery and evaluation of services through surveys, feedback mechanisms, consultation with care assessment and planning, and consumer meetings.

The organisation’s governing body demonstrated it was accountable for the delivery of safe, inclusive, quality care and services through established mechanisms. These included documented reporting lines with clear areas of responsibility, completion of ongoing internal audits, review of consumer survey results, trending and analysis of clinical and critical incident data and the provision of service’s committee meeting reports.

Management and staff demonstrated an understanding of the organisation-wide governance systems within the service, and staff were able to describe key principles of these governance systems in relation to their individual roles. Documentation such as policies and procedures, registers, meeting minutes, and reports further demonstrated the service had effective governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.

The organisation had documented risk management and clinical governance frameworks, which covered consumer safety, risk mitigation and management, person-centred care, clinical safety and the escalation of critical incidents. Documented policies and procedures were available to guide staff practice. Staff explained how consumers are supported to live the best life they can through consultation, risk assessment, referrals as required, and staff training. Risks were reported, escalated and reviewed by management and by the organisation’s executive management including the Board.

Care plans, policies and procedures, meeting minutes, staff feedback, and observations demonstrated the service had an effective clinical governance framework to ensure the provision of safe, quality clinical care, including: antimicrobial stewardship, minimising the use of restraint, 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)