

**Performance Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | RFBI Bellingen Masonic Village - JJ |
| Commission ID: | 0019 |
| Address: | 15-23 Watson Street, BELLINGEN, New South Wales, 2454 |
| Activity type: | Site Audit |
| Activity date: | 10 December 2024 to 12 December 2024 |
| Performance report date: | 21 January 2025 |
| Service included in this assessment: | Provider: 5146 Royal Freemasons' Benevolent Institution  Service: 35 RFBI Bellingen Masonic Village - JJ |

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 Bellingen Masonic Village - JJ (**the service**) has been prepared by M Dubovinsky, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, older people/representatives and others; and
* the provider’s response to the assessment team’s report received 14 January 2025 stating a formal response will not be provided.

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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 reported care and services are provided in a respectful and dignified manner. Staff demonstrated detailed knowledge about the unique attributes and backgrounds of consumers and demonstrated an understanding about the importance of treating all consumers with dignity and respect. Documentation outlined consumers’ cultural background and key information about themselves to support care and service delivery.

Care and services are culturally safe. Consumer care plans contained relevant information to support cultural safety. Staff demonstrated an understanding of consumers’ preferences for staff attendance.

Each consumer is supported to exercise choice and independence. Consumers said staff respect their choices about how they want their care to be provided and respect their choice about who they wish to be involved in their care and services. The initial care planning process supports consumers to communicate their decisions and care plans outline who the consumer has nominated to be involved in their care. Staff and management described how they respect consumers’ choices including the refusal of care or participation in activities.

Consumers and representatives said staff support consumers to undertake activities involving elements of risk and confirmed they were informed of relevant risks. Management described the service’s policy to have a discussion with the consumer and nominated representative to support the development of relevant risk mitigation strategies. Consumers’ electronic files showed staff supported consumers to understand and mitigate risk relating to self-medication management and consuming a diet texture inconsistent with recommendations.

Information provided to each consumer is current, accurate and timely, and communicated in a way that is easy to understand and enables consumers to exercise choice. Consumers and representatives provided positive feedback about how staff communicated relevant information to them and provided a handbook and a variety of relevant documents and pamphlets. A range of information was observed to be available to consumers throughout the service.

Consumers’ privacy is respected, and personal information is kept confidential. Staff demonstrated the importance of respecting consumers’ confidentiality and personal information. Consumers and representatives were satisfied their privacy was maintained. Staff were observed maintaining consumers’ privacy.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Standard 1 Consumer dignity and choice.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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 and representatives reported they were satisfied with the assessment and planning process. Processes and schedules guide staff in assessment and planning and a range of assessments support risk assessment. Consumer files viewed identified risks relating to malnutrition, falls and palliative care.

Documentation viewed identifies consumers’ current needs, goals and personal preferences. Care files identified relevant information to support the provision of end-of-life care and advanced care planning.

Consumers and representatives reported assessment, and planning is undertaken in partnership. Other health care providers and organisations are involved in assessment and planning and included clinical and non-clinical personnel. A copy of the care plan is available to consumers and others electronically and a copy is provided as part of the review process or as required.

Care and services are reviewed regularly for effectiveness, including following weight loss and changes in specialised nursing needs. Staff were aware of reporting processes and the use of incidents in the review of care and services.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 2 Ongoing assessment and planning with consumers.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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 provided positive feedback on the provision of personal and clinical care. Documentation showed effective provision of clinical care including management of wounds, pressure injuries, restrictive practices, pain management and complex care needs. Behaviour support plans supported the effective management of changed behaviours with management describing a range of processes to support best practice and tailored care.

Consumers and representatives were satisfied with how their high-impact and high-prevalence risks relating to falls were being managed. Staff were able to describe processes to manage consumers’ falls and skin related risks. Documentation showed staff engaging specialist service providers to support the effective management of high-impact and high-prevalence risks.

Consumers nearing end-of-life have their needs, goals and preferences addressed, with their pain and dignity maintained. Documentation confirmed effective provision of end-of-life care. A comfort trolley was observed for consumers palliating with sufficient supplies and included aromatherapy and music supplies.

Deterioration or change in a consumer’s condition is recognised and responded to in a timely manner with documentation confirming effective management relating to deterioration and changes in diabetes, wounds, and falls. The service has policies and procedures to guide staff in identifying deterioration. Staff were able to describe escalation processes such as informing the registered nurse, review of consumers by a medical officer or transfer to hospital for higher level care.

Consumers and representatives said care needs and preferences are effectively communicated. Staff confirmed they receive up to date information about consumers at handover. The electronic care management system is accessible to staff and visiting healthcare professionals and specialist reports are uploaded into the electronic system following reviews or hospital discharge.

Consumers and representatives confirmed being referred to a range of service providers. Care and services documentation showed effective referral processes including to the Aboriginal liaison officer, dietitians, speech pathologists and dementia specialist services.

Processes support the minimisation of infection related risks and practices to promote appropriate use of antibiotics. Documentation viewed demonstrated minimisation of antibiotic use, with antibiotic usage monitored and reviewed. The service has an influenza and a COVID-19 vaccination program and an outbreak management plan.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Standard 3 Personal care and clinical care.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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 they get the services and supports for daily living that meets their need and goals to support their independence and improve their quality of life. Feedback included how lifestyle activities and supports with meals promotes consumers’ wellbeing and independence.

Consumers reported services and supports, such as prayer groups and church services, promote consumers’ emotional and psychological well-being. Care plans outlined how consumers’ emotional and psychological needs are promoted with examples relating to one consumer’s religious preferences and another consumer’s mental health condition being supported. Care workers and management described strategies implemented to promote consumers’ emotional, spiritual and psychological well-being including completing relevant referrals to psychologists.

Consumers and representatives stated site social activities support consumers to interact with other consumers, friends and family outside the service. Consumers and representatives said they have things of interest to do including watching television and participating in social activities. Consumers were observed participating in a range of activities and interacting with each other and others during the site audit.

Consumers confirmed staff knew their needs and preferences including in relation to meals and lifestyle activities. The kitchen area contained a range of information on noticeboards to support effective communication of meal preferences and diet types. Care staff explained the information about consumers’ condition, needs and preferences are recorded in progress notes and reported to the registered staff or service manager, such as in relation to consumers who may benefit from further emotional or psychological support.

Consumers reported effective referrals being undertaken. Documentation outlined referral processes including to psychologists, dietitians and speech pathologists. Consumers and representatives provided positive feedback in relation to the quality of meals and said they enjoy the meals and are satisfied with the variety on offer. The menus are designed with input from a dietitian with a seasonal four weekly menu.

Equipment provided is safe, suitable, clean and well-maintained. Consumers said they are provided with suitable equipment which assists them with daily living such as with their mobility. Equipment was observed to be well maintained and suitable. Maintenance staff described how consumers’ equipment, such as walkers, are checked and serviced monthly.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Standard 4 Services and supports compliant.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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 and representatives stated that environment was home-like and welcoming and the communal lounge room on the upper floor allows them to interact with other consumers. Staff explained how they ensure the environment is welcoming and home-like for consumers. Staff described how consumers’ rooms were personalised with unique attributes from the consumers displayed as laminated picture on the consumer’s bedroom door. The environment was observed to be easy to understand and supported wayfinding.

Consumers and representatives explained the environment is safe and clean with consumers’ rooms cleaned every day, apart from weekends. Consumers reported the environment including the external areas to be well maintained and how they can move freely throughout the service. Fire safety is overseen by maintenance and contracted personnel. Schedules support the effective cleaning and maintenance of the environment.

Furniture, fittings and equipment were safe, clean well-maintained and suitable for the consumer. Consumers said the furniture in the common rooms and outside area, such as tables and chairs, were safe and clean. Electronic equipment is regularly inspected for electrical safety. Staff described maintenance reporting processes including the use of the maintenance book.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Standard 5 Organisation’s service environment.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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 reported they feel comfortable to raise concerns and provide feedback. Two consumers provided examples of providing feedback at consumer meetings. Staff outlined how consumers can provide feedback, and documentation evidenced feedback being actively encouraged and sought. Documentation showed feedback being provided on a range of topics.

Consumers described receiving information on advocacy services when they entered the service or during consumer meetings. Staff were able to describe advocacy and language services and how they are accessed by consumers. Information regarding advocacy and language services and other complaints mechanisms were observed to be on display and available to consumers.

Consumers and representatives said the service addressed their complaints and concerns and provided an apology. Staff were able to describe how they apply open disclosure principles. Complaints documentation viewed confirmed complaints, and feedback is recognised and addressed.

Management and staff confirmed feedback is used to identify opportunities for improvement. Processes support the tracking of complaints and feedback. Recent improvements following feedback included improving food storage and handling to improve the meal temperature and dining experience.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Standard 6 Feedback and complaints.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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

The workforce is planned to enable the delivery and management of safe and quality care and services. Management utilises a master roster which outlines staffing levels and skills mix. Consumers and representatives were satisfied with staffing levels. Documentation viewed showed all shifts on the master roster were filled. Management described the use of extra staff where required.

Consumers and representatives reported staff deliver quality care and are kind and caring. Staff interviewed had a strong knowledge of consumers’ cultural needs and provided examples of consumers who preferred male or female care staff to attend to their care needs. Staff interactions were observed to be respectful and kind.

Consumers and representatives said staff have the knowledge and skills to perform their roles. The organisation monitors the competency of staff through a skills matrix. Competency records confirmed staff were competent in a range of topics including medication management, hand hygiene, donning and doffing and manual handling.

Processes support the recruitment, training, and orientation of new staff. An electronic training program is accessible for all staff which includes mandatory education. Specific mandatory training modules are allocated to staff regularly. Documentation showed all staff completed their online mandatory training. Staff interviewed confirmed they received buddy shifts with experienced staff. Personnel files viewed confirmed staff recruitment, orientation and ongoing personnel checks were undertaken as part of recruitment.

Systems and processes support the monitoring and review of staff performance. Staff confirmed performance appraisal processes and were satisfied with the outcome. Two staff members advised they requested extra education during their performance review, and this was accommodated. Where underperformance occurs, there are processes to support effective performance management. Staff performance is monitored formally through training attendance and performance appraisal and informally through observations by key personnel at the service.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Standard 7 Human resources.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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 said the service is well run. A range of mechanisms support consumer engagement including the consumer advisory body and a range of feedback mechanisms such as surveys and consumer meetings. The consumer advisory body meets regularly with consumers from other services. Consumers and representatives can also provide feedback directly to the board though the Leadership roadshows where members of the Board and leadership team including the regional manager attend the service. Consumer advisory body meeting minutes confirmed consumers and representatives provided input on a range of topics.

The board promotes a culture of safe, inclusive and quality care and services, and is accountable for its delivery. Consumers and representatives reported they are satisfied with the care and services they receive. The Board has a diverse skill mix and the board is informed of the service’s operations through regular meetings, reports and subcommittees.

Systems and processes support effective governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. The organisation maintains electronic programs and platforms to ensure information is managed and communicated appropriately. The organisation has a continuous improvement process that monitors critical areas for improvement. There are established financial delegations to support the actioning of financial expenses. The workforce governance framework ensures staff are skilled and qualified to provide safe, respectful, and quality care and services to consumers. The organisation utilises electronic software and subscriptions to aid in tracking, monitoring, and communicating legislation and policy updates. The organisation has established systems in place to support feedback and complaints handling.

Risk management systems and practices support effective identification and management of high impact and high prevalence risks, incidence of abuse and neglect of consumers and support consumers to live the best life they can. The organisation has an incident management system. Clinical risks are discussed though the clinical governance committee. Significant incidents are reported to the board to ensure effective oversight and management with incidents documented in the incident management system. The organisation has a risk register to support effective risk management. The organisation supports consumers to live the best life they can as part of their core values with dignity of risk processes in place.

A clinical governance framework and associated policies and procedures support and guide the delivery of clinical care. The organisation has policies and procedures to guide staff practice in open disclosure, antimicrobial stewardship, and restrictive practices, and staff and management were able to describe these processes and how they are used to improve care delivery. The frameworks’ effectiveness is reviewed through the monitoring of quality and clinical indicators, incidents, complaints, consumer feedback and risks.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Standard 8 Organisational governance.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)