Performance

Report

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| Name of service: | RFBI Cessnock Masonic Village |
| Service address: | 30A West Avenue CESSNOCK NSW 2325 |
| Commission ID: | 0430 |
| Approved provider: | Royal Freemasons’ Benevolent Institution |
| Activity type: | Site Audit |
| Activity date: | 7 March 2023 to 9 March 2023 |
| Performance report date: | 13 April 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 Cessnock Masonic Village (**the service**) has been prepared by G-M. Cain, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

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

# other information and intelligence held by the Commission in relation to the service.Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

Consumers are treated with dignity and respect, and staff understand consumers' culture and diversity, describing their individual cultural needs and preferences and how they support those consumers' cares and preferences each day. Consumers' wishes are documented in the care plans and include how they wish to be addressed, their cultural identity/background and what is important to them. Observations showed staff treating consumers with respect, kindness and dignity, speaking to consumers politely, responding to consumers in an engaging manner and allowing time for consumers to speak while staff listened attentively.

On entry to the service, consumers complete a 'Key to Me' assessment which provides information on consumers' background, including culture.

The service has policies and procedures to guide staff, such as the Cultural Diversity and Safety and Diversity and Inclusion Policy. Staff had completed cultural diversity and safety and dignity and respect training annually.

Consumers are supported to make choices about their care, including decisions related to whom they wish to be involved in their care, and maintain relationships of choice. Care planning documents identify the consumers' individual choices around when care is delivered, who is involved in their care and how the service supports them in maintaining relationships.

Consumers are supported to take risks that enable them to live their best lives. Staff demonstrated awareness of the risks consumers wish to take and described how they support their wishes. The service had risk assessment processes to support consumers in taking informed risks. Review of care documentation evidenced the completion of risk assessments and dignity of risk forms, including signing by the medical officer and consumer/representative.

Information is provided to consumers and representatives in a timely manner and in a clear way, easy for them to understand, supporting them to make informed choices. Consumers and representatives described how management keeps them updated on any changes via the service's newsletter, consumer meetings and daily rounds by management and lifestyle staff. Observed showed information was available to consumers, including activities calendars and the service menu.

Consumers confirmed that staff respected their privacy and maintained the confidentiality of their information. Staff demonstrated they understood the importance of privacy, including keeping consumers' personal information confidential by not discussing it in front of other consumers and using passwords to access the care management system. Staff were observed knocking on doors and asking the consumer's permission before entering.

# 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 said that their care is well planned, and the staff take the time to understand how to support them. Staff described the service's assessment and care planning processes, including using validated assessment tools available in the electronic care documentation system. and their part in the process. A set of validated assessment tools in the care management system is used by staff in the assessment and planning of consumers' care and services. Care documentation evidenced the assessment of risk/s for the consumer during the assessment, and risk management strategies are included in consumer care plans.

The service had policies and procedures to guide staff in a consumer-centred approach to assessment and planning for care and services. Consumers are involved in the assessment of their care and services and the development of care plans. They said that their care and services are planned around what is important to them and include consideration of how they want their care and services delivered. Staff described how assessment and care planning considers consumers' needs, goals, and preferences, including preferences if their health and or well-being declines. Most consumers in the service had advanced care directives recorded in the care management system.

Consumers are actively involved in assessing, planning and reviewing their care and services. Staff described partnering with consumers and representatives to assess, plan and review care and services. Care documentation reflected collaborative and coordinated assessment and planning involving consumers, representatives and other service providers.

Consumers said that staff explained their care plan and considered that it meets their needs, goals and preferences. Consumers and representatives are involved in developing and reviewing the care and services plan and know that a care plan is available.

Staff described how the outcomes of assessments and planning in collaboration with consumers are documented in the care and services plan. Staff confirmed that consumers' care and services plans are accurate; reflect the outcomes of the most up-to-date assessments and reviews of consumer needs, goals or preferences.

The service sought consumer input to update their care plan. Staff described when and how they reassessed a consumer's needs, goals, and preferences. Care plans evidenced that the service conducted regular reviews, and there was evidence that staff reviewed the plans regularly.

# 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 are satisfied that the care provided meets consumers' needs and optimises their health and well-being. Staff demonstrated awareness of the personal and clinical needs of consumers. Care plans contain care directives that are safe, effective, and specific for each consumer. All consumers subject to restrictive practice had behaviour support plans in place. Pain was assessed using validated tools, and skin integrity risk assessments were completed with appropriate care and management plans.

Consumers and representatives were satisfied that risks are effectively managed, including risks associated with life choices, falls and diet choices. Staff were aware of monitoring and prevention strategies for high-impact and high-prevalence risks. Care planning documentation identified effective risk management strategies recorded in care plans and progress notes. Behaviour support plans with non-pharmacological strategies were in place.

Consumers were confident that they would be as pain-free as possible when they needed end-of-life care, and their social, cultural, religious and spiritual preferences would be met. Staff described comfort care measures and how they prioritised dignity during end-of-life care and supported the family. Care plans contain information on consumers' end-of-life care in line with the consumer's end-of-life care needs, goals, and preferences. External specialist palliative care services support the service as appropriate.

Consumers are confident that staff will identify changes in their condition, health or abilities and respond appropriately. Staff described how they identified signs of deterioration and what response they should take. Care planning evidenced that changes in consumers' care needs were recognised and responded to promptly.

Consumers confirmed the organisation managed their personal or clinical care well; they were fully informed, their personal or clinical care was consistent, and they did not have to repeat information to multiple people. Staff described how changes in consumers' care and services were communicated through various means and how information was shared with others as consumers moved between care settings. Care plans evidenced updates, reviews and communication alerts, and clinical handover sheets contained current and accurate information relating to consumer care. The service had an ''on-call'' registered nurse overnight (not on-site), and a written handover was provided to the on-call registered nurse via clinical team email.

Consumers were referred to appropriate providers, organisations, or individuals to meet their changing personal or clinical care needs, and they were satisfied with the referral processes. Staff described the process for referring consumers to other health professionals and allied health services. Care planning evidenced input from other providers such as Medical Officers and allied health professionals.

Consumers and representatives were satisfied with the management of COVID-19 and the service's infection control practices. Staff demonstrated an understanding of how to minimise the need for antibiotics and ensured they were used appropriately. Staff adhered to infection control practices and appropriate use of personal protective equipment. Vaccination records for staff and consumers identified that 100% of staff and consumers were vaccinated.

# 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 are satisfied that the service supports them to do what they want and described how these have improved their independence, health, well-being, and quality of life. They said staff are flexible and can modify services and supports so they can continue to do things of interest to them. Staff described how they access care plans to assist consumers in staying well and doing as much for themselves as possible. Documentation reflected strategies and options to deliver services and supports for daily living that reflected consumers' diverse needs and characteristics.

Consumers felt connected and engaged in meaningful and satisfying activities, including observing sacred, cultural, and religious practices and celebrating days meaningful to their culture or religion. Staff supported consumers' emotional, psychological, and spiritual well-being and gave examples of cultural awareness in their everyday practice. Consumer care plans contain information about the consumer's emotional, spiritual, and psychological needs, goals, and preferences.

Consumers said they are supported to maintain personal relationships and can participate in community and social activities. Staff described working with other organisations, advocates, community members and groups to help consumers follow their interests and social activities and maintain community connections. Documentation reflected the design of services and support consumers, reflecting consumers' changing needs, goals, and preferences.

Consumers said their services and supports are coordinated, and they had consented to share information with others providing services and support. Staff described how the organisation informs them about a consumer's condition, needs, goals and preferences related to their roles, duties and responsibilities. Consumer care plans evidenced updates, reviews and communication alerts, which included information from external providers and other staff.

Consumers' care and services plans showed collaboration with other individuals, organisations, or providers to support the diverse needs of consumers. Staff can describe the referral processes, including gaining consent and involving consumers.

Consumers said the meals provided are of suitable variety, quality, and quantity, and they are offered alternative meal options if this wish. Staff demonstrated that they were aware of consumers' nutrition and hydration needs and preferences and how to support consumers' independence, including preferred meal size, dietary or cultural needs and any support they need to enjoy food or drinks. Staff understood how to report any changes to a consumer's appetite, eating habits, or concerns about weight loss or dehydration. Observations showed that the dining experience was comfortable, consumers were not rushed, and they received appropriate assistance dignifiedly.

Consumers said they felt safe when using equipment and knew how to report any concerns about the safety of the equipment. Risk and other assessments are completed before supply to ensure suitable equipment meets consumers' needs. Staff described processes, including their responsibility for equipment safety, cleanliness, and maintenance.

# 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 could personalise their rooms, including bringing in furniture and other personal items. They said that the service monitors the condition of the building, and renovations are planned to ensure it meets consumers' needs. Staff described how consumers are supported to make the service feel like home and how they support consumers to maintain independence.

Consumers and representatives said the service is clean and well maintained; one consumer stated, 'It is a safe place to live and very comfortable'. Observations showed consumers moving freely around the service indoors and outdoors, and the service environment was clean and well-maintained.

Consumers said the equipment was well-maintained and clean, and staff confirmed they had access to the equipment needed for consumer care.

Staff demonstrated awareness of the preventative maintenance schedule and how to report any maintenance issues. A maintenance documentation review showed that the service environment and equipment were regularly serviced. The service completes audits, including checking furniture and equipment; for example, audits include a review of hoists and slings, which are replaced promptly if required.

# 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 are encouraged to provide feedback and make complaints. They said that while they were aware of how to make a complaint using a written form or sending an email, they preferred to speak with the staff directly. Information relating to the complaints and feedback processes is provided upon entry to the service and at consumer meetings, and feedback boxes are available throughout the service.

Information on advocacy supports, including language services and ways to raise complaints, is provided, and staff understood internal and external complaints and feedback avenues. Staff described how they assist consumers with cognitive impairment or difficulty communicating to raise a complaint or provide feedback.

Consumers and representatives said management promptly addresses and resolves their concerns after making a complaint or when an incident has occurred. Management and staff described the process when feedback or a complaint is received, including escalation to senior management and further investigation if applicable. Staff had received training on complaints management and open disclosure and demonstrated a shared understanding of the principles of open disclosure. Review of recent consumer complaints and feedback evidenced actions taken in response to complaints, including open disclosure processes and timely feedback resolution.

Consumers and representatives could describe changes implemented at the service because of feedback and complaints. They said they are confident that these are used to improve the quality of care and services. Management said that the service trends and analyses feedback from consumers and representatives inform continuous improvement activities across the service. A review of the service's plan for continuous improvement showed evidence of an ongoing review of improvement actions.

# 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 say there is enough staff to answer their requests for assistance promptly. Observations showed care delivery to be calm, professional and planned. The services had processes to ensure a planned workforce, including utilisation of the regular workforce to cover shifts, and it required agency staff. The fortnight roster before the site audit showed that all shifts were covered.

Consumers and representatives considered staff engaged with consumers respectfully, kindly, and caring, and this was confirmed through observations of staff engaging with consumers throughout the Site Audit. Staff had received training and support to deliver care in accordance with the organisation's Choice Dignity and Diversity policy and procedure.

Consumers confirmed that staff performed their duties effectively and were confident that staff were trained appropriately and sufficiently skilled to meet their care needs. All staff demonstrated a sound understanding of the duties related to their role. Records evidenced that there were systems to ensure that staff were qualified and remained skilled for their role. For example, staff are required to complete annual manual training, and management monitors the completion of mandatory training.

The service demonstrated that the workforce's performance is regularly assessed, monitored, and reviewed. Management advised, and staff interviews confirmed staff performance is reviewed 3 and 6 months after appointment and then every 12 months using a formal performance appraisal process. A documentation review identifies performance appraisals, mandatory training and competency assessments are scheduled and conducted annually.

# 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 are supported to engage in developing, delivering, and evaluating care and service through various avenues, including consumer meetings, surveys and feedback processes. Consumers considered the service well run and 'felt included' in care planning and management discussions. Service management described an 'open door' policy, with management conducting daily walkarounds to engage with consumers.

The governing body used the information from consolidated reports to identify the service's compliance with the Quality Standards, initiate improvement actions to enhance performance and monitor care and service delivery.

The service had an effective organisation-wide governance system that guided information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. Management described the organisation's systems, which included policies and procedures, guidelines and registers to record information such as improvement activities, notifications under the Serious Incident Response Scheme and staff vaccinations.

Management described how incidents are analysed, used to identify risks to consumers and inform improvement actions. The organisation had a risk management framework, including policies describing how high-impact or high-prevalence risks associated with the care of consumers are managed, the abuse and neglect of consumers are identified and responded to, and how incidents are managed and prevented. Staff confirmed receiving education on these topics and were able to provide examples of their relevance to their work.

The service demonstrated that the organisation's clinical governance systems ensure the quality and safety of clinical care. These included antimicrobial stewardship, minimising restrictive practices, and an open disclosure process. The service had policies relevant to these, and staff demonstrated a shared understanding of these and described how they apply these as relevant to their roles. The organisation had a 'Care and Clinical Governance Committee' which oversees and ensures that clinical care is best practice and guided by consumers' needs, goals and preferences in a holistic and person-centred approach.

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