Performance

Report

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| Name of service: | RFBI Leeton Masonic Village |
| Service address: | 71-89 Karri Road Leeton NSW 2705 |
| Commission ID: | 0892 |
| Approved provider: | Royal Freemasons’ Benevolent Institution |
| Activity type: | Site Audit |
| Activity date: | 21 February 2023 to 23 February 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 Leeton Masonic Village (**the service**) has been prepared by A. Douglas, 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 felt they were treated with dignity and respect, and their identity and culture was valued. The Assessment Team noted lifestyle programs included events that were of cultural significance to consumers.

Staff identified consumers from culturally diverse backgrounds and provided information relevant to ensuring each consumer received care that aligned with their choices. The Assessment Team observed the delivery of care to be dignified and respectful of the consumer’s culture.

Consumers advised the service supported them to make and communicate decisions regarding their care and services, and they could change these decisions when they chose. Care planning documentation included consumers’ choices and nominated decision makers.

The Assessment Team noted that consumers who chose to engage in activities that contained an element of risk had documented risk assessments within their care plans. Consumers advised they were supported by staff to take risks and live the best life they can.

Staff described several ways information was delivered to consumers regarding their care and services which enabled them to exercise choice. The Assessment Team observed information was displayed in a clear and easy to understand manner on noticeboards throughout the service.

Consumers stated the service protected their privacy and confidentiality, and staff respected their personal space when they were visited by friends and family members. The service’s privacy policy was sighted by the Assessment Team.

# 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

The service demonstrated the assessment and planning process was tailored to the risks, needs and preferences of consumers to support the safe delivery of care and services. Care planning documentation included the consideration of risks to the consumer’s health and well-being.

Consumers indicated the assessment and planning process met their current needs, goals and preferences, and were confident their advanced care preferences would be supported. Management advised consumers and representatives were provided an opportunity to discuss their advance care plan upon admission to the service or at a time they felt more comfortable to do so.

Care planning documentation demonstrated consumers and representatives were consulted throughout assessment and care planning and, when required, staff sought input from health professionals. Staff described the processes in place to ensure the service partnered with consumers to assess, plan and review care and services.

Consumers and representatives confirmed the outcomes of assessment and planning were communicated to them and they could access consumer care plans upon request. Staff outlined the processes for documenting and communicating assessment outcomes.

Care planning documentation confirmed care plans were reviewed on a regular basis, when consumers’ circumstances changed, or when incidents occurred. Consumers advised the service regularly communicated with them regarding changes to their care and services and sought their feedback.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers said they received safe and effective care that was best practice, tailored to their needs and optimised their health and well-being. Staff demonstrated an understanding of the personal and clinical needs of consumers.

A review of care planning documentation and clinical reporting data demonstrated high impact or high prevalence risks were identified and effectively managed by the service. Consumers confirmed high impact or high prevalence risks, such as falls, pressure injuries, weight loss and infections were effectively managed.

Staff outlined how they would provide care for a consumer that was receiving palliative care. Care planning documentation identified consumers' end of life needs, goals and preferences were documented, including advance care plans for those who chose to have on in place.

Consumers advised staff knew them well and would pick up a change or deterioration in their condition and respond appropriately. Care planning documentation evidenced that deterioration or changes in consumers’ health was recognised and responded to in a timely manner.

Staff were aware of consumers’ needs and preferences and confirmed they received up to date information about consumers during the handover process, reading progress notes and reviewing care plans on the service’s electronic care management system. Care planning documentation provided adequate information to support effective and safe care.

Consumers were satisfied with the referral process and confirmed they had access to health care supports. Care planning documentation demonstrated timely referrals to health practitioners, specialists and other organisations and providers of care and services.

Consumers indicated the service was clean and were confident in the service’s ability to manage an infectious outbreak. The service had documented policies and procedures to support the minimisation of infection related risks through the implementation of infection control principles and the promotion of antimicrobial stewardship.

# 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 were satisfied they received services and supports that met their needs, goals and preferences and enabled them to maintain their independence and quality of life. Staff outlined the services and supports of importance to consumers and the assistance they required to engage in these activities.

Consumers described the services and supports which promoted their emotional, spiritual and psychological well-being. Care planning documentation identified information regarding the emotional, spiritual and psychological needs and preferences of consumers and described how staff could assist them.

Staff described how they supported consumers to engage in the community and maintain social and personal connections that were important to them. Care planning documentation identified individuals of importance to consumers and their activities of interest.

Consumers indicated staff were aware of their needs and preferences and they did not have to repeat information to multiple staff members. Staff advised information about consumers’ conditions, needs and preferences was shared via the handover process and recorded on the electronic care management system.

Care planning documentation identified the involvement of other organisations and providers of care and services to support the diverse needs of consumers. Consumers and staff provided examples of referrals to external providers of care and services.

Consumers indicated the provided meals were varied and of suitable quality and quantity. Staff were observed attending to consumers during mealtimes.

The service had suitable arrangements for purchasing, servicing, maintaining, renewing, and replacing equipment and there was evidence equipment was used, stored, and maintained in line with manufacturers’ instructions. Staff advised the service had trained them to safely use equipment and outlined how they would identify and report any equipment issues they noticed.

# 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

The Assessment Team observed the service environment to be welcoming and consumers were moving throughout the service utilising mobility assistive equipment. Staff described the aspects of the environment that assisted consumers, such as directional signage and clearly displayed room numbers.

Maintenance staff demonstrated there were preventative maintenance schedules in place, as well as processes for reactionary maintenance. Consumers felt the service was safe, clean, and well maintained. The Assessment Team observed consumers moving freely throughout the service, both indoors and outdoors.

The service demonstrated that furniture, fittings, and equipment were maintained to ensure safety and cleanliness, and consumers had access to furniture and equipment that met their needs. Staff advised they had access to safe and well maintained equipment to support consumer needs.

# 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 encouraged and supported to provide feedback and make complaints. The service had a variety of avenues to consumers to make complaints and provide feedback, including a formal feedback form, raising issues at meetings and speaking directly with staff and management.

Consumers and representatives stated they were aware of other avenues for raising a complaint. Staff demonstrated they understood the internal and external complaint and feedback systems and were aware of advocacy and translation services available for consumers and representatives.

Staff advised they had received training on open disclosure and demonstrated an understanding of the open disclosure principles. Consumers and representatives indicated management promptly responded to and resolved their concerns following a complaint.

Management demonstrated that all feedback and complaints were reviewed and used to improve the quality of care and services and was linked to the service’s continuous improvement plan. There were systems in place to record and trend complaints, feedback, compliments, and suggestions.

# 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 indicated there were enough staff, call bells were answered promptly, and staff provided them with the care they required. A review of the service’s staffing roster demonstrated the service ensured there were enough staff to provide continuous safe and quality care.

Consumers said staff were kind and caring and respected their identity, culture, heritage and diversity. Staff demonstrated they provided care that was respectful to consumers’ identity, culture, and diversity.

The service maintained an up-to-date register of staff qualifications and reviewed the register regularly. Staff advised they had the necessary skills to perform their roles and were supported by senior staff.

Management indicated ongoing training and development was provided for all staff, and their participation in the training programs was logged and recorded. Staff were recruited using a formal recruitment process which included interviews, referee checks and qualification checks.

Management advised the performance of staff was reviewed on an annual basis using a formal performance appraisal development process. Staff demonstrated an awareness of the service’s performance development processes, including performance appraisals which included discussions of their performance and areas where they would like to develop their skills and knowledge.

# 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 indicated they provided ongoing input into the delivery of care and services, and the service sought their input in a variety of ways. Management advised all feedback or suggestions made by consumers and representatives was included in the service’s continuous improvement plan.

Management demonstrated that the service’s governing body promoted a culture of safe and inclusive care and was accountable for its delivery by implementing changes based upon the review of board reports, complaint and feedback trends and advice from various stakeholders. The governance committee uses information from consolidated reports to identify the service’s compliance with the Quality Standards.

There were organisation wide governance systems to support effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management.

The service had risk management systems in place to monitor and assess high impact or high prevalence risks associated with the care of consumers. Lifestyle programs were tailored toward individual preferences and choices, and the service’s person-centred framework provided staff with guidance and processes to support consumers to live their best lives.

The service demonstrated it had a clinical governance framework in place which encompassed antimicrobial stewardship, minimising the use of restraint and open disclosure. Management and staff understood their responsibilities under the clinical governance framework.

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)