Performance

Report

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| Name of service: | RFBI Raleigh Urunga Masonic Village |
| Service address: | Lot 102 Old Pacific Highway Raleigh NSW 2455 |
| Commission ID: | 1016 |
| Approved provider: | Royal Freemasons’ Benevolent Institution |
| Activity type: | Site Audit |
| Activity date: | 25 October 2022 to 27 October 2022 |
| Performance report date: | 17 January 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 Raleigh Urunga Masonic Village (**the service**) has been prepared by James Howard, 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 conducted from 25 October 2022 to 27 October 2022; 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 | | Compliant |
| 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 and representatives confirmed they were treated with dignity and respect, and staff valued their identities, cultures and diversity. Care planning documentation showed staff considered consumers’ identities, cultures and diversity and this was reflected in the way staff provided care to consumers.

Consumers and representatives indicated the service recognised and respected their cultural backgrounds and provided care that was consistent with cultural traditions and preferences. Staff identified consumers from culturally diverse backgrounds and provided information relevant to ensuring each consumer received care that aligned with their care plan.

Consumers and representatives considered they were supported to exercise choice and independence, make their own decisions and maintain personal relationships. Care planning documentation identified consumers’ individual choices around when care was delivered, who was involved in their care and how the service supported them in maintaining relationships.

The service demonstrated consumers were supported to take risks that enabled them to live their best lives. Staff were aware of the risks taken by consumers, and indicated they supported consumers’ wishes to take risks to live the best lives possible.

The Assessment Team observed information was displayed in a clean and easy to understand manner on noticeboards throughout the service. Consumers and representatives reported they were kept informed by management regarding service changes via the service’s newsletter.

Staff confirmed consumers’ personal information was kept confidential and was not discussed in front of other consumers. Consumers indicated staff respected their privacy, and staff knocked on their doors and awaited consent prior to entering their rooms.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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 considered the risks to consumers’ health and well-being. Staff described the care planning process, and how it informed the delivery of safe and effective care and services.

Care planning documentation identified and addressed consumers’ current needs, goals and preferences, including advance care planning. Consumers and representatives advised staff held discussions with them regarding their care needs and end-of-life preferences.

Care planning documentation demonstrated consumers and representatives were consulted throughout the assessment and care planning process and, when required, sought input from health professionals. Consumers indicated they and their representatives were involved in all stages of their care planning reviews.

Consumers and representatives confirmed the outcomes of assessment and planning were communicated to them and they could access consumer care plans upon request. Staff explained the process of accessing care planning documentation using the service’s electronic care management system.

Management advised, and a review of documentation confirmed, clinical incidents were reviewed monthly at the service and organisational level to identify strategies to minimise risk and re-occurrence of incidents and to identify service improvements.

Consumers and representatives confirmed they were notified when circumstances changed or when incidents occurred.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 advised consumers received safe and effective care that was best practice, tailored to their needs and which optimised their health and well-being. The service had policies and procedures in place which supported the delivery of care.

The service demonstrated risks to each consumer were effectively managed, including managing delirium, pressure injuries, hydration and nutrition, medications, hearing loss and restrictive practices. Care planning documentation identified the risks relevant to consumers’ care and the strategies in place to manage these risks.

Consumers and representatives confirmed staff spoke with them regarding advance care planning and end-of-life preferences. Management advised families were encouraged to be present and were welcomed throughout the end-of-life care of the consumer.

Deterioration or changes to consumers’ health were recognised and responded to in a timely manner, as confirmed by care planning documents reviewed by the Assessment Team. Staff provided recent examples of when deterioration or changes in a consumer’s conditions were recognised and responded to.

Staff were aware of consumers’ needs and preferences and knew where to access the most current information. Consumers and representatives advised they were satisfied with the delivery of care, including the communication of changes to consumers’ conditions.

Staff described the process for referring consumers to health professionals and allied health services. Care planning documentation demonstrated timely referrals to medical officers, allied health therapists and other providers of care and services.

The service had policies and procedures in place which guided staff practices on antimicrobial stewardship and infection control management. Consumers and representatives were satisfied with the service’s management of COVID-19 precautions and infection control practices.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 felt supported to engage in activities of interest to them, and were provided with supports which promoted their well-being, independence and quality of life. Care planning documentation accurately identified consumers’ needs goals and preferences.

Staff described the various methods used to work in partnership with consumers and representatives to support their emotional and psychological well-being. Care planning documentation identified the interventions and strategies used to support consumers’ emotional, spiritual and psychological well-being.

Consumers felt the service assisted them to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and do things of interest to them. The Assessment Team observed consumers engaging in conversations and activities throughout the service.

Consumers were confident staff and others responsible for the delivery of their care were aware of consumers’ needs and preferences. Care planning documentation identified information which supported the delivery of safe and effective care for consumers.

Staff indicated they had access to a range of service providers and established relationships to ensure consumer needs were met. Consumers advised the service assisted them with referrals to individuals, other organisations and providers of other care and services.

Consumers and representatives provided positive feedback regarding the quality and quantity of meals, and noted their dietary requirements were catered for. Management and staff outlined the specific dietary needs and preferences of consumers, and had a shared understanding of the process for monitoring the dietary requirements within the kitchen environment.

The Assessment Team observed that where equipment was provided, it was safe, suitable, clean and well-maintained. A review of the preventative maintenance log schedule demonstrated equipment was regularly checked and maintained.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 service environment was observed to be welcoming and consumers were engaged in activities throughout the various lounge areas across the service. Consumers advised they felt comfortable living in the service and were able to personalise their rooms with their belongings.

The Assessment Team observed the service environment was safe, clean, and well maintained and allowed consumers to move freely, both indoors and outdoors. Consumers indicated they enjoyed the comforts of the service, including the gardens and outdoor areas.

The service had preventative and reactive maintenance programs in place which ensured furniture, fittings and equipment were safe, clean and well maintained. Staff were aware of the process used to lodge maintenance requests.

# Standard 6

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| Feedback and complaints | | Compliant |
| 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 indicated they were encouraged and supported to make complaints and provide feedback and indicated they were comfortable discussing issues with staff or management. The service had multiple avenues for consumers to provide feedback, including a formal feedback form, raising issues at meetings, or direct discussions with management.

Consumers were aware of external avenues to raise a complaint, including through the Commission or an advocacy service. Staff demonstrated they understood internal and external complaint and feedback systems and were aware of advocacy and translation services available for consumers and representatives.

Consumers and representatives reported management and staff were very responsive to any concerns they had and took appropriate action in response to complaints or feedback. Staff indicated they received education on the management of complaints and described the process that was followed when they received a complaint or feedback.

Management advised information provided through feedback and complaints formed part of the service’s continuous improvement process. The Assessment Team observed systems in place to record and trend complaints, feedback, compliments and suggestions.

# Standard 7

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| Human resources | | Compliant |
| 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

A review of the service’s staffing rostered indicated the workforce was planned to enable the delivery and management of safe and quality care and services. Staff confirmed they understood the up-to-date care needs of consumers by receiving daily handover and they had access to consumers’ care planning documentation.

The Assessment Team observed staff interacting with consumers in a kind, caring and respectful manner. Management and staff were aware of consumer’s cultural and personal backgrounds and provided activity opportunities that aligned with consumers’ cultural heritage.

The service demonstrated the workforce was competent, and members of the workforce had the qualifications and knowledge to effectively perform their roles. Consumers and representatives advised staff were well trained and met the needs of consumers in a friendly and helpful manner.

Management described the service’s training program and relevant processes for identifying staff training needs and described how this informed the service’s training schedule. Staff indicated they were required to complete mandatory training modules, and the completion of these modules was closely monitored by management.

The service had a process to regularly assess, monitor, and review the performance of staff at the service. Staff were aware 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 | | Compliant |
| 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 advised they provided ongoing input into the delivery and evaluation of care and services, though avenues such as consumer meetings, surveys and discussions with staff. Management advised feedback and suggestions made by consumers and representatives were included in the service’s improvement register for investigation and implementation.

The service demonstrated that the organisation’s governing body promoted a culture of safe, inclusive care. The Board utilised 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.

There were organisation-wide governance systems to support effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management. Management advised they were responsible for managing the service’s annual budget.

The service had an effective risk management system in place to identify and manage risks to the safety and well-being of consumers. Management described how incidents were analysed, used to identify risks to consumers and inform improvement actions.

The service demonstrated it had a clinical governance framework and supporting polices in place which addressed antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff advised these policies were including in the schedule of mandatory training.

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)