Performance

Report

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| Name of service: | RFBI Tamworth Masonic Village |
| Service address: | 12 Kitchener Street TAMWORTH NSW 2340 |
| Commission ID: | 0163 |
| Approved provider: | Royal Freemasons' Benevolent Institution |
| Activity type: | Site Audit |
| Activity date: | 27 September 2022 to 29 September 2022 |
| Performance report date: | 01 November 2022 |

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 Tamworth Masonic Village (**the service**) has been prepared by E Blance, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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

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

# Material relied on

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

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

I find this Standard is compliant as 6 of 6 Requirements are compliant.

The service demonstrated consumers were satisfied staff treated them with dignity and respect and that care and services were culturally safe. Consumers expressed they were supported to nominate who they would like involved in their care, communicate their decisions, make connections with others, and maintain relationships of choice.

Staff knew what was important to each consumer and could describe how individual preferences for cares were known and respected. Staff described areas in which consumers wanted to take risks, how the consumer was supported to understand the benefits and possible harm when they make decisions about taking risk, and how consumers were involved in problem-solving solutions to reduce risk where possible.

Care planning documentation reflected consumers’ cultural needs and preferences. Information provided to consumers was current, accurate and timely which supported consumers to exercise choice and consumers’ privacy and personal information was kept confidential.

Staff were observed treating consumers with dignity and respect and understood the consumers’ individual choices and preferences.

# 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

I find this Standard is compliant as 5 of 5 Requirements are compliant.

The service demonstrated consumers were satisfied with the assessment and care planning processes at the service including the consideration of consumer’s current needs, goals and preferences. Consumers expressed their care needs were discussed regularly with staff and when their needs changed.

Staff described the care planning processes including reviews and when there was a change to consumers’ health and wellbeing such as, following an incident or consultation with other health care providers.

Care planning documentation demonstrated assessment and planning included consideration of risks to the consumer’s health and wellbeing, goals and preferences and was conducted in partnership with consumers, representatives and other individuals. Care and services were reviewed regularly, when a change in circumstances was identified, and when incidents impacted the health and well-being of the consumer.

# 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

I find this Standard is compliant as 7 of 7 Requirements are compliant.

The service demonstrated consumers were satisfied with the management of personal and clinical care in accordance with the consumer’s needs, goals and preferences and consumers had access to a medical professional when needed.

Care documentation reflect high impact and high prevalence risks were identified, interventions had been implemented to effectively manage the risks for each consumer and deterioration or changes to consumers’ conditions were responded to. Documentation reflected how the service planned to meet the needs and preferences of consumers at end of life, to ensure comfort care with dignity.

Staff demonstrated an awareness of consumer’s care needs and described the high impact and high prevalence risks for consumers including strategies to ensure these risks were minimised. Staff reflected that information about consumers’ condition, needs and preferences was effectively communicated through documented care and service plans and clinical handover.

The service demonstrated a consistent approach to infection control and minimisation including the use of screening procedures on entry to the service, infection prevention through clinical care and appropriate use of antimicrobial and antiviral medications.

# 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

I find this Standard is compliant as 7 of 7 Requirements are compliant.

The service demonstrated consumers were supported to maintain their independence and relationships as well as their emotional, spiritual and psychological well-being. Consumers expressed they received safe, effective services that enabled them to do the things they wanted to do including being supported to attend church, interact with their families and were provided activities that supported their emotional well-being.

Staff expressed consumers were encouraged to engage in activities that are of interest to them, and were provided with relevant supports, such as equipment and resources to assist them with their independence.

The service demonstrated the meal service was suitable, specific to consumers’ needs and preferences, varied and adequate in the quality and quantity and was developed through consultation with dietitians and consumers.

Equipment was observed to be safe, clean, well maintained and suitable for consumer’s needs and preferences.

# 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

I find this Standard is compliant as 3 of 3 Requirements are compliant.

The service demonstrated consumers were supported and encouraged to decorate their rooms with personal possessions to create a home-like environment and sense of belonging. Consumers expressed the service was easy to navigate with communal and private areas they could use to interact either privately or socially when they choose.

The services external and internal environments were observed to be safe, clean and easily accessible by consumers and visitors. Consumers were observed freely and safely accessing indoor and outdoor areas which supported their independence, mobility, and wellbeing. Furniture and equipment were observed to be maintained.

# 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

I find this Standard is compliant as 4 of 4 Requirements are compliant.

The service demonstrated consumers feel encouraged, safe and supported to provide feedback and make complaints.

Staff demonstrated a shared understanding of the process that is followed when feedback or a complaint is received.

Processes were observed that promoted and supported consumers to provide feedback and make complaints including for access to advocates, language services and other methods for raising and resolving complaints.

Documentation supported that open disclosure processes were applied and documented. Issues raised were actioned in a timely manner and reviewed to improve the care and services provided to consumers.

# 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

I find this Standard is compliant as 5 of 5 Requirements are compliant.

The service demonstrated the workforce was planned to enable the delivery and management of safe and quality care and services. Consumers were satisfied staff were available when they were needed and were kind and caring.

Staff expressed they generally had sufficient time to undertake their allocated tasks and responsibilities while providing care and services in accordance with consumers’ needs and preferences.

Staff were monitored utilising consumer feedback to ensure workforce interactions with consumers were caring and respectful.

The service had policies, procedures and systems to demonstrate effective recruitment, training and performance management of staff across all areas of service delivery.

# 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

I find this Standard is compliant as 5 of 5 Requirements are compliant.

The service demonstrated consumers were involved in the development and evaluation of care and services. Consumers considered the service was well run and they can provide feedback and suggestions to management. A culture of safe, inclusive and quality care was promoted and effective governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints were evidenced including an effective clinical governance framework and associated risk and incident management systems and practices. The governing body consists of a Board of Directors who were actively involved with the service.

Staff demonstrated information was accessible within the organisation’s information management system to support them to undertake their role. Staff expressed opportunities for improvement are identified through a range of sources. Management demonstrated industry standards and guidelines are monitored.

Documentation demonstrated planned and completed improvement actions in relation to various areas of care and service delivery. Documentation showed financial governance includes workforce review and consideration of capital planning and purchase as well as capability development and quality improvement investments.

The service demonstrated governance systems support effective risk management systems including where clinical care is provided.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)