Performance

Report

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| Name of service: | RFBI West Wyalong Masonic Village |
| Service address: | 64 Ungarie Road WEST WYALONG NSW 2671 |
| Commission ID: | 0469 |
| Approved provider: | Royal Freemasons’ Benevolent Institution |
| Activity type: | Site Audit |
| Activity date: | 31 January 2023 to 2 February 2023 |
| Performance report date: | 10 March 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 West Wyalong Masonic Village (**the service**) has been prepared by K. Spurrell, 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.
* 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 said they are treated with dignity and respect, and staff value their identity, culture, and diversity. Staff described the unique needs and preferences of specific consumers and how they support those consumers each day. Care planning documentation identified the unique needs and preferences of each consumer.

Consumers and representatives confirmed that the service recognises and respects their cultural traditions and preferences. Staff identified consumers from culturally diverse backgrounds, and their specific cultural needs, wishes and preferences. Care planning documentation, including lifestyle assessments confirmed that consumers’ cultural needs are identified, and staff have taken initiatives to fulfil them.

Consumers said they are given choice about when care is provided, and their choices are respected. Staff demonstrated knowledge and understanding of consumers’ choices and described how consumers are supported to make informed choices about their care and services. Care planning documentation identified the consumers’ individual choices around when care is delivered, who is involved in their care and how the service supports them in maintaining relationships.

Staff demonstrated they are aware of the risks taken by consumers, and said they support the consumer’s wishes to take risks to live the way they choose. Care planning documentation included dignity of risk forms noting that risks such as choking had been discussed with the consumer and risk mitigation interventions such as supervision while eating identified. Consumers said the service supports them to take risks and they are aware of the mitigation strategies in place and confirmed signing dignity of risk forms.

Consumers and representatives reported they are kept updated by management on any changes via the service’s newsletter, resident meetings and daily rounds by management and lifestyle staff. Brochures about services to support consumers, including external supports such as interpreter services, and external complaints services were observed to be available in English and other languages. Care planning and lifestyle documentation were available for all consumers and written in simple, respectful language.

Consumers described how their privacy is respected by staff such as always knocking on their door and waiting for an affirmative response before entering and being discreet when assisting consumers with personal hygiene care. Staff confirmed consumers’ personal information is kept confidential, and computers are password protected according to level of staff delegation. The service has protocols in place to protect consumer privacy and staff were observed being respectful of consumers’ privacy.

# 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 and representatives said consumers receive the care and services they need, and said they are partners in the care planning process. Staff described the care planning process, and how it informs the delivery of care and services. Care planning documentation showed the involvement of specialists and allied health professionals in assessing risks and supporting risk taking in line with consumers’ wishes. Policy and procedures support the planning of care that considers consumers’ choices and right to take risks.

Consumers and representatives advised that assessment and planning address the consumer’s needs, goals and preferences. Staff described what is important to consumers in terms of how their care is delivered. Care planning documentation was individualised and reflected the consumers’ individual needs and preferences, including end of life care as applicable.

Consumers said they are actively involved in the assessment, planning and review of their care and services. Staff described their role in partnering with consumers and/or their representatives to assess, plan and review care and services. Care planning documentation showed integrated and coordinated assessment and planning involving relevant organisations, individuals and service providers.

Consumers said staff have explained their care plan to them and they consider that it meets their needs, goals and preferences. Care planning documentation evidenced that consumers and/or their representative, are involved in developing the care and services plan and they are included when the service conducts care plan reviews. Staff described processes for documenting the outcomes of assessment and planning in the care and services plan and said care and services plans are accurate and contain enough detail to deliver appropriate and correct care and services for the consumer.

Consumers and representatives said they are notified when circumstances change or when incidents occur such as falls, injuries or incidents related to challenging behaviours. Staff said care plans are regularly reviewed and clinical incidents are reviewed monthly by the service to identify strategies to minimise risk of reoccurrence. The service maintains policies, procedures and staff training to ensure incidents are reported accurately and lead to care reviews when circumstances change, such as a change in health or risk.

# 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 said they are satisfied that care provided meets their needs and optimises their health and well-being. Staff demonstrated they were familiar with the personal and clinical needs of consumers. Care planning documentation evidenced that care that is safe, effective, and specific to each consumer. Consumers receiving restrictive practices had consent and assessments in place, alternatives were trialled, behaviour support plans were in place and restrictive practices used as a last resort. The service uses an assessment tool to monitor the use of all psychotropic medications, antimicrobials, and polypharmacy across the service. Consumers are assessed for potential pain using an appropriate assessment tool and, if they have pain, an appropriate pain management strategy is developed. The service has policies and procedures in place to support the delivery of care provided.

Consumers and representatives were satisfied that high impact or high prevalence risks are effectively managed. Staff accurately described care plans for consumers with high risks such as for those with pressure area risk, falls risks, restraints, weight loss and pain and were familiar with various management strategies for pressure injury prevention and care, pain management, restrictive practices, behaviour support and incident reporting. Care planning documentation contained effective identification of risk, and strategies to manage these were recorded in assessment tools, care plans and progress notes.

Consumers and representatives said they were aware of advance care planning, and this is discussed during reviews. Care planning documentation identified consumers’ personal choices and preferences, and advance care plans in place. Staff said they attend to mouth care, skin care, repositioning and personal hygiene of the consumer to prioritise comfort and dignity during end-of-life care and families are encouraged and welcomed to be present or stay throughout the end-of-life care of the consumer.

Consumers and representatives said they are satisfied with the delivery of care, including the recognition of deterioration or changes in the consumers’ condition. Staff said that the registered staff are responsive when they report any changes in consumers’ conditions. Care planning documentation, progress notes and charting demonstrated that deterioration in a consumer’s health, capacity and function are recognised and responded to in a timely manner.

Consumers and representatives said the service communicates changes in the consumers’ condition effectively and staff described how changes in consumers’ care and services are communicated through verbal and written handover processes, accessing care plans and through electronic notifications. Staff were familiar with current knowledge of consumer changes in care needs and knew where to access the most current information. Allied health providers could access the electronic care management system and reports/recommendations from external service providers were uploaded to care planning documentation.

Consumers and representatives said the service had referred them to appropriate providers, organisations, or individuals to meet their changing personal or clinical care needs and they are satisfied with referral processes. Staff described the process for referring consumers to other health professionals and allied health services and detailed a list of referral agencies including clinical, medical, social and pathology services. Care planning documentation contained input from other providers, such as the medical officer, wound specialist, podiatrists, physiotherapists, speech pathologists and dietitians.

The service has policies to guide infection control practices and staff receive training on infection control practices and best antibiotic practices in line with antimicrobial stewardship guidelines. Consumers and representatives said they were satisfied with the measures the service has in place for the management of COVID-19 and the minimisation of other infection-related risks. Staff demonstrated an understanding of precautions required to prevent and control infection and the steps they could take to minimise the need for antibiotics.

# 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 said they receive services and supports for daily living meets their needs, goals, and preferences. Staff were familiar with preferences of each consumer such as activities that support their wellbeing and how they can support consumers such as assisting a consumer to visit the garden when experiencing a low mood or upset. Care planning documentation identified consumers’ choices and provided information about the services and supports consumers needed to do the things they want to do.

Consumers said they feel connected and engaged in meaningful activities that are satisfying to them. Staff said they support consumers for their emotional and psychological well-being in various ways such as assisting them to attend weekly church services held at the service. Religious, cultural, and spiritual activities and days are observed at the service including Christmas and Easter. Care planning documentation recorded consumers’ individual emotional support strategies and aligned with identified consumer preferences.

Consumers felt supported to participate in activities within the service and outside in the community as they choose. Staff said consumers had recently requested more craft classes be included in the activity program, this is now provided with the support of community volunteers who run the classes. Care planning documentation identified people important to individual consumers and the activities of interest to the consumer.

Consumers said staff were aware of their needs and preferences and representatives confirmed they receive regular and timely updates when consumer conditions change. Staff advised that information about consumer care and needs is shared regularly between staff members and during handover. Progress notes recorded both routine services and changing conditions and support needs of consumers and reflected the involvement of other organisations supporting consumer care.

Care planning documentation showed that the service collaborates with external providers to support the diverse needs of consumers. Consumers said they are supported to attend appointments either with external providers visiting the service or by attending them in the community. Staff described how they respond to changes in a consumers’ condition including actioning medical officer recommendations and following up referrals for pathology and other tests where necessary.

Consumers said they like the food provided at the service, the service accommodates their individual needs and preferences, and mealtimes are an enjoyable experience. The service has processes and systems in place for consumers to provide feedback on the quantity and quality of food, and to request an alternative option to those on the menu. Staff said consumers are consulted monthly at “food focus” meetings and their preferences and choices for meals are taken into consideration before the menu is designed and published. A weekly menu was displayed on noticeboards and in the dining areas in large, easy-to-read print.

Consumers felt safe when using the equipment and said the equipment was easily accessible and suitable for their needs; consumers said they were comfortable raising issues where equipment needed repair and knew how to report any maintenance issues. Staff said mobility equipment is safe, suitable, and well maintained by onsite or external contractors. Equipment used for activities for daily living was observed to be safe, suitable, clean, and well-maintained.

# 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 service was observed to be decorated tastefully including comfortable couches and furniture throughout and fresh fruit on offer to consumers to help themselves as they like. Consumers said that they can personalise their rooms, including bringing in the furniture and possessions of choice and confirmed all necessary maintenance is attended to in a timely manner. Consumers were observed sitting in shaded areas of the garden and engaging with other consumers.

Consumers said the service was clean, safe, and well maintained and their rooms were cleaned regularly, and maintenance issues were dealt with quickly. Communal areas and outdoor spaces were observed to be welcoming, tidy and free of hazards. Consumers were observed moving freely inside and outdoors, including leaving the premises through the main doors. Staff and consumers knew what to do if they identified a hazard or safety issue, and how maintenance is managed at the service.

Staff said they had access to safe and well-maintained equipment to support consumer needs and described how shared equipment used for moving and manual handling of consumers is cleaned and maintained. Preventative and reactive maintenance logs for each area of the service demonstrated effective maintenance systems in place. The kitchenettes, laundry, equipment, and cleaning storage trolleys were observed to be clean and well maintained with materials appropriately stored; the call bell system was observed to be working, with room numbers displayed on the call bell enunciator in hallways.

# 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 said they feel encouraged, safe, and supported to provide feedback and make complaints and staff are responsive when they raise issues. Staff described avenues available for consumers and representatives to provide feedback or make a complaint. The Service has processes and systems in place for consumers, representatives, visitors, and staff to provide feedback or make a complaint, these are included in the continuous improvement process.

Consumers and representatives said they are aware of the complaints and escalation process if required. Staff demonstrated understanding of advocacy policies available for consumers and described how they assist consumers who have cognitive impairment and communication difficulties such as translation services available. Noticeboards had posters giving consumers information about external advocacy services.

Consumers and representatives said the service addresses and resolves their concerns and complaints; staff and management provide an apology when things go wrong. Staff described the feedback and/or complaints process and confirmed all complaints are escalated to senior personnel and management for investigation and follow-up. The service has policies and procedures to guide staff through the complaints management and open disclosure process.

The service has systems in place to record and trend complaints, feedback, compliments and suggestions, and reports and meeting minutes demonstrate that they are used to improve service. Management demonstrated how feedback and complaints are reviewed and used to improve the quality of care and services through the continuous improvement plan. Consumers reported that complaints and feedback are used to improve how care and services are provided.

# 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 said staff respond to their requests for assistance and they receive quality care and services. Staff confirmed they are supported by management to deliver care and services. Call bell response times demonstrated staff attend to consumers in a timely manner. The service was observed to be calm and organised; staff were talking with consumers, beds were made, consumers were up and ready for activities, meals were delivered on time, and staff assisted consumer with meals in a timely manner.

Consumers said staff are kind and caring and they respect their identity, culture, heritage, and diversity. Staff demonstrated how they provide care that is respectful to identity, culture, and diversity. Interactions were observed to be caring and respectful with staff taking time to interact with consumers and ask their preferences. Care planning documentation demonstrated the consumers story, needs, and preferences are known.

The service maintains an up-to-date register of staff qualifications and reviews this register regularly. Staff said they have the necessary skills to perform their role and are supported by senior staff. Clinical management were observed providing carers with guidance and support. Consumers and representatives said staff are well trained and meet the needs of consumers in a friendly and helpful manner.

Consumers and representatives said staff know what they are doing, and they are well trained. Management said ongoing training and development is provided for all staff and their participation in the training programs is logged and recorded. Staff said they received training during their orientation and induction and regularly through the year.

Management said the performance of staff is reviewed at least once a year using a formal performance appraisal process. Staff demonstrated an awareness of the service’s performance development processes, including performance appraisals involving discussions of their performance with their supervisor. Staff records identified performance appraisals, mandatory training and competency assessments are scheduled and conducted every year.

# 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 said they provide ongoing input into care and services through a variety of channels such as consumer meetings, regular surveys, and face to face discussions. The service has monthly consumer/representative meetings with a standing agenda that includes suggestions, complaints and feedback, and regular surveys are conducted with consumers to obtain their opinions on the care and services. Care planning documentation evidenced case conferences included feedback from consumers and representatives on service delivery and care.

The service demonstrated that the organisation’s governing body promotes a culture of safe and inclusive care; various governance boards use information from consolidated reports to identify the service’s compliance with the Quality Standards and initiate improvement actions to enhance performance and monitor care and service delivery. The Board monitors clinical governance using data from internal audits, clinical indicator reports, serious incident data, incidents or near misses, consumer/staff feedback and visits from the Aged Care Quality Safety Commission.

Organisational documentation demonstrated effective organisation-wide governance systems in relation to areas including, but not limited to, continuous improvement, workforce governance, regulatory compliance and feedback, and complaints. Consumers and representatives said the service encourages feedback and complaints and uses this information for continuous improvement. Staff were able to describe key principles of the organisation-wide governance systems, such as feedback and complaints and regulatory compliance. The service has policies and procedures that detail processes around each governance system to guide staff practice.

The services’ risk management systems are implemented to monitor and assess the high impact or high prevalence risks associated with care of consumers. Risks are reported, escalated, and reviewed by management at the service level, corporate risk management committee, chief executive officer, chief financial officer, chief of operations and the Board. Feedback is communicated through service and organisation meetings leading to improvements to care and services for consumers. Staff explained risk management processes at the service, including key areas of risk that had been identified and are being mitigated.

The services’ clinical governance framework guides clinical practice and includes policies and procedures on clinical risk management, antimicrobial stewardship, falls minimisation and the identification and response to potential reportable incidents. The service holds a monthly site management and quality meeting to ensure clinical care is best practice and guided by the needs, goals, and preferences of consumers. The service ensures that care and services are delivered in partnership with aged care consumers to provide a holistic and person-centred approach.

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)