RFBI Lake Haven Masonic Village

Performance Report

16 Christopher Crescent
LAKE HAVEN NSW 2263
Phone number: 02 4393 7666

**Commission ID:** 0440

**Provider name:** Royal Freemasons' Benevolent Institution

**Assessment Contact - Site date:** 18 November 2021

**Date of Performance Report:** 23 December 2021

# Performance report prepared by

GCherry, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(c) | Non-compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report dated 18 November 2021 was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Assessment Contact - Site report received on 13 December 2021 including an Action Plan with dates for completion
* Information received by the Commission from members of the public.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

Sampled consumers and representatives gave examples of personal and clinical care not in accordance with consumer’s needs, goals and preferences. Deficits in processes and practices relating to the management of pain, wound care, psychotropic medication and management of consumers when returning from hospital has resulted in negative outcomes for consumers.

Care planning documentation does not reflect consumers receive individualised care that is safe, effective and tailored to their specific needs and preferences.

A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-compliant

*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.*

The service did not demonstrate an effective system to ensure each consumer consistently receives appropriate personal and clinical care. The service did not demonstrate a system of regular review to enable self-identification of deficits in care.

Some consumers and representatives gave examples of needs not being met for example, consumer’s pain and wound management needs have not been adequately identified and managed. A representative expressed dissatisfaction relating to the lack of care provided when a consumer returned from hospital with directives for continence management and palliative/end of life care. Some consumers expressed concerns staff appeared rushed which resulted in a lack of timely response to their requests for assistance.

Care planning documentation does not reflect consumers receive individualised care that is safe, effective and tailored to their specific needs and preferences. Documentation reviewed by the Assessment Team detailed the service is not consistently identifying associated risk and/or potential restrictive practices and implementing appropriate management strategies.

The Assessment Team identified deficits in informed decision making relating to restrictive practices, pain, wound management, medication to alleviate pain, psychotropic medication and a lack of monitoring processes resulting in negative outcomes for consumers. The organisation does not demonstrate understanding of their obligations in documenting and management for consumers receiving chemical restraint.

In their response to the evidence bought forward by the Assessment Team, the provider advised of immediate action taken to address the clinical needs of consumer’s identified. In addition, the provider detailed of planned action to ensure consumer’s receive appropriate care. This includes: appointment of Nurse Practitioner/Clinical Manager supported by an organisational leadership team to embed systems and provide staff mentoring/education with a focus on pain, medication, identification of clinical deterioration, restrictive practices and management of consumers transferring to/from hospital. In addition; appointment of additional registered nurses; wound care reviewed by experienced consultant plus wound care education to be provided to registered nurses; and appropriate assessments conducted for consumer identified as potential risk.

I acknowledge the responsive and planned actions and the commitment by the provider to address deficits and ensure compliance.

However, the provider has a responsibility to ensure consumer’s personal and clinical care needs are consistently met; the service’s self-monitoring systems were not effective in identifying deficits in care.

I find this requirement is non-compliant.

### Requirement 3(3)(d) Non-compliant

*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.*

The service did not demonstrate effective processes to identify and respond in an appropriate and timely manner to deterioration or change in consumers’ condition.

The Assessment Team identified deficits in the identification and implementation of appropriate re-assessment, care plan review and monitoring of a consumer’s continence management needs upon return from hospital and the provision of appropriate palliative and end of life care.

Registered nurses and care staff could articulate the procedure for escalation and monitoring when consumers’ experience a deterioration or change in condition and policies/procedures guide staff in relation to these aspects of care, however the Assessment Team identified this did not occur for a consumer experiencing a sudden change in their condition.

In their response to the evidence bought forward by the Assessment Team, the provider detailed planned action to ensure consumer’s receive appropriate care. This includes: appointment of Nurse Practitioner/Clinical Manager supported by an organisational leadership team to embed systems and provide staff mentoring/education with a focus on identification of clinical deterioration, pain, medication and wound care management, restrictive practices; appointment of additional registered nurses; and appropriate assessments conducted for consumer identified as potential risk.

I acknowledge the responsive and planned actions and the commitment by the provider to address deficits and ensure compliance.

However, the provider has a responsibility to ensure deterioration or change is identified and consistently addressed in a timely manner; the service’s self-monitoring systems were not effective in identifying deficits in care.

I find this requirement is non-compliant.

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

Overall sampled consumers consider they receive quality care and services from people who are caring however gave examples of deficits in care and a lack of timely response when requesting staff assistance.

The service demonstrated staff education and training across the some of the Quality Standards and competencies required by the organisation. However, the effectiveness of training to ensure a competent workforce and monitoring processes to ensure staff have the knowledge to effectively perform their roles and deliver appropriate and timely care was not demonstrated.

A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(c) Non-compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

The service demonstrated most staff have completed mandatory education requirements determined by the organisation to support staff in performing their roles. Care staff complete basic care competencies upon commencement at the service. The service was unable to demonstrate supplementary training/education to ensure staff knowledge/competencies and skills support them in providing required clinical care for the current consumer cohort.

Consumer and representatives said staff are kind and generally respectful, however questioned staff sufficiency and expressed a view staff are rushed resulting in consumers’ needs not addressed in a timely manner.

Interviewed staff said they received training/education on COVID 19 and appropriate personal protective equipment, incident reporting, the Serious Incident response Scheme (SIRS) and restrictive practices. However, some staff said they had not received education relating to managing care as a result of deterioration or changes in consumer’s condition, wound care or pain management.

Management advised they would request organisational review of the tool used in relation to assessing staff’s competency regarding management of wound care as a result of the Assessment Team providing feedback of a discrepancy between the tool and contemporaneous wound care management. In addition, they would review the process of maintaining accurate documentation relating to all staff education.

In their response to the evidence bought forward by the Assessment Team, the provider advised of immediate action taken to address the clinical needs of the consumer’s identified. In addition, the provider detailed of planned action including: appointment of Nurse Practitioner/Clinical Manager supported by organisational leadership team to embed systems and provide staff mentoring/education with a focus on pain, medication, identification of clinical deterioration, restrictive practices, wound care and responsiveness to consumers request for assistance; plus the appointment of additional care coordinators and registered nurses.

I acknowledge the responsive and planned actions and the commitment by the provider to address deficits and ensure compliance.

However, the provider has a responsibility to ensure a competent workforce with appropriate qualifications and knowledge to effectively perform their roles and ensure consumer’s needs are met. The service’s self-monitoring systems were not effective in identifying deficits.

I find this requirement is non-compliant.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* *Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*
	+ *is best practice; and*
	+ *is tailored to their needs; and*
	+ *optimises their health and well-being.*
* *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.*
* *The workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*