RFBI West Wyalong Masonic Village

Performance Report

64 Ungarie Road   
WEST WYALONG NSW 2671  
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**Commission ID:** 0469

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

**Assessment Contact - Site date:** 18 August 2020

**Date of Performance Report:** 28 October 2020

# Publication of report

This Performance Report **may 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

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| --- | --- |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(b) | Non-compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commission’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 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 9 September 2020
* the Assessment Team’s report for the Assessment Contact – Desk conducted 21 May 2020. The Assessment Contact - Desk report was informed by review of documents and interviews with management and staff

# STANDARD 3 Non-compliant Personal 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

While the service has demonstrated improvements to the effective management of some high impact or high prevalence risks associated with the care of each consumer, including the use of psychotropic medications, there has not been effective management in the monitoring of medication administration and management. In addition, information indicated that the service did not effectively manage high impact or high prevalence risks associated with the care of each consumer, including in relation to incident management, behaviour management and wounds.

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements have been assessed as Non-compliant.

### Assessment of Standard 3 Requirements

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

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The Assessment Team found that the service did not effectively manage high impact or high prevalence risks associated with the care of each consumer.

The Assessment Team found that the service had made a number of improvements, including the recording of psychotropic medication and completion of authorisation forms for restraint, but found that psychotropic medications have been used as chemical restraint as part of the consumers behaviour management, and not in accordance with restraint minimisation principles. However, in its response the approved provider submitted details about the use of psychotropic medications, and I accept that that information demonstrates that psychotropic medication is being used as a last resort and is in accordance with restraint minimisation principles.

The Assessment Team also found that the service did not effectively manage high impact or high prevalence risks associated with the care of each consumer, including in relation to incident management, medication administration, behaviour management and wounds. In particular, the Assessment Team found that, in relation to consumers with identified behaviours, their care plans had strategies and triggers were not effectively mapped to enable effective management for the consumer. Further, there was evidence which indicated that not all incidents are reviewed or that risk management strategies are implemented for safe and effective medication management practices, or that all consumers were reviewed and assessed in a timely manner to minimise the impact on them. In addition, wound management was not always conducted in accordance with organisation policy or documented appropriately by staff.

In relation to these matters, the approved provider supplied details of corrective actions that have occurred since the assessment contact, including the provision of education, review and updating of care plans and behaviour and wound charts. In my opinion this information did not refute the findings of the Assessment Team but did demonstrate that the approved provider had taken actions which are designed to address these matters. While these improvements are acknowledged, I consider that it will take time for them to become embedded and for the approved provider to demonstrate their sustainability.

I consider that the approved provider is non-compliant with this requirement.

# STANDARD 7 Human 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

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Overall sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

The service demonstrated that the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.

The Assessment Team identified information which indicated that the service has actively sought to expand the numbers of staff and increase the skill sets of those staff. The service is managing unfilled shifts and staff working overtime in a way that does not have a negative impact on the delivery and management of safe and quality care and services for consumers. Consumer feedback was generally positive with consumers saying they get the care and services they need, and call bells are answered in a timely manner. A few staff members interviewed spoke about staffing levels improving.

I have reviewed this information and consider that the approved provider is compliant with this requirement.

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

The service demonstrated that regular assessment, monitoring and review of the performance of each employee was completed in line with the service’s performance feedback and development policy.

The Assessment Team identified that a Staff appraisal recording system has been developed which highlights when staff are due for appraisal. The service’s monitoring report demonstrated that a large majority of permanent employees have had a performance review in the last 12 months with the remaining other employees scheduled for the coming weeks or are on leave. Additionally, the service had either completed or scheduled performance reviews for all casual staff.

I have reviewed this information and consider that the approved provider is compliant with this requirement.

# STANDARD 8 Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Management and staff demonstrated knowledge and awareness of the clinical framework, antimicrobial stewardship, and open disclosure principles.

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(e) Compliant

*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.*

The organisation provided a documented clinical governance framework including antimicrobial stewardship, minimising the use of restraint and open disclosure.

The Assessment Team provided information that staff and management interviewed were able to discuss the relevant policies and provide examples of relevance to their work. Management and staff were able to describe training they had received since the last assessment and an understanding of these principles. Management were able to provide examples of changes that had been made as a result of the implementation of these policies.

I have reviewed this information and consider that the approved provider is compliant with this requirement.

# 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.

### Requirement 3(3)(b)

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

* Demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer, including but not limited to effective incident management and review of incidents, safe and effective management of medications and review of medication incidents, individualised and effective management of behaviours and provision of best practice wound care
* Ensure that processes are developed and implemented to monitor improvement activities.