Performance

Report

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| Name of service: | RFBI Basin View Masonic Village |
| Service address: | 130 The Wool Road BASIN VIEW NSW 2540 |
| Commission ID: | 0624 |
| Approved provider: | Royal Freemasons' Benevolent Institution |
| Activity type: | Assessment Contact - Site |
| Activity date: | 13 June 2023 to 14 June 2023 |
| Performance report date: | 14 July 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 Basin View Masonic Village (**the service**) has been prepared by J Earnshaw, 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 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
* other information and intelligence held by the Commission in relation to the service

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

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 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 |

Findings

The service was found non-compliant under these requirements following a Site Audit conducted from 24 to 26 May 2022. Deficiencies related to the service being unable to demonstrate that policies and procedures relating to personal and clinical care, including behaviour support and restrictive practices were consistently applied and how consumers are monitored to ensure their safety when choosing to participate in risk-based activities.

The assessment contact conducted from 13 to 14 June 2023 found the service had taken action to improve performance under this requirement. The service demonstrated implemented targeted measures in response to the non-compliance identified, including:

* Provision of education to staff relating to behaviour management.
* Engagement of an external dementia specialist team to provide educational support to staff regarding understanding and managing dementia-related complex care needs.
* Behaviour support plans are now available within the electronic care management system to ensure alerts are generated where tasks have not been completed.
* Conducted a review of high-risk/high-prevalence activity, including consumers who choose to participate in risk-based activities, and completed risk assessments for residents at risk.

Consumers and representatives considered consumers received personal care and clinical care that is safe, right for them, and in accordance with the consumer’s individual needs and preferences.

Care planning documentation for consumers demonstrated effective assessment, evaluation and management of clinical care needs including in relation to restrictive practices, challenging behaviours, wound care, pain management, and diabetes management.

Where restrictive practices are in place, assessments, informed consent from consumers/ representatives and monitoring were demonstrated. Behaviour support plans are in place for consumers who are subject to restrictive practices.

Staff demonstrated a shared understanding of consumers’ behavioural care needs and the processes in place to support care delivery. The service has documented policies and procedures relevant to this requirement to guide staff practice.

Consumers and representatives expressed satisfaction that the service is supporting consumers to engage in risk, while managing the risks posed to consumers. Staff demonstrated knowledge of consumers engaging in risk, and how those risks are managed.

The service demonstrated it has effective processes to manage high-impact or high-prevalence risks associated with the care of each consumer, including monitoring risks to consumers who chose to participate in risk-based activities.

The Assessment Team report brought forward information demonstrating the service has implemented dignity of risk considerations for consumers engaging in risk-based activities such as smoking and introduced measures including signage in consumers’ rooms, in common areas, reminding consumers that these indoor areas are non-smoking areas, and directional signage throughout the service to guide consumers to the outdoor smoking areas.

The service was able to demonstrate effective monitoring, auditing, review, and clinical oversight of care delivery for consumers through incident management systems, training records, and clinical indicator data.

In coming to my decision for this requirement, I have considered the information included in the assessment team report under this and other requirements alongside the approved provider’s compliance history and the demonstrated continuous improvement evidenced by the implementation of activities of improvement which has addressed the deficiencies identified under these requirements, Therefore, it is my decision that these requirements are compliant.

# 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 |

Findings

The service was found non-compliant under these requirements following a Site Audit conducted from 24 to 26 May 2022. Deficiencies related to the service environment not consistently supporting consumers to interact and function effectively.

The assessment contact conducted from 13 to 14 June 2023 found the service had taken actions to improve performance under this requirement by effectively implementing targeted measures to ensure consumers’ ability to interact and function within the service environment.

The service implemented wayfinding measures including placing pictorial and directional signage throughout the service. The service environment was observed to be safe, and clean throughout and consumers were observed to be mobilising freely throughout the service.

The service has increased lifestyle and leisure staffing hours to provide additional support to improve care delivery, and consumer engagement in the memory support unit.

Consumers and representatives expressed satisfaction with the care and services provided at the service and reported of a feeling of homeliness and safety at the service. Staff were observed interacting kindly with consumers and consumers were observed relaxing and attending activities in the common areas, and safely navigating throughout the service.

Management demonstrated the purchase of new outdoor furniture for the memory support unit to provide a more interactive and engaging space for consumers and their visitors.

Consumers and representatives expressed satisfaction with the service environment, The Assessment Team observed consumer rooms decorated with photographs and personal items.

In coming to my decision for this requirement, I have considered the information included in the assessment team report under this and other requirements, alongside the approved provider’s compliance history. Therefore, it is my decision that this requirement is compliant.

# 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)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The service was found non-compliant under these requirements following a Site Audit conducted from 24 to 26 May 2022. Deficiencies related to the service being unable to demonstrate the workforce was planned to enable the delivery and management of safe and quality care and services.

The assessment contact conducted from 13 to 14 June 2023 found the service had taken targeted measures to address the non-compliance.

The service has reviewed staffing levels and increased staffing hours to ensure timely care and services for consumers; including additional staffing provided in the memory support and leisure and lifestyle staff providing activities and engagement across 7 days of the week.

The service demonstrated the workforce is planned to meet the needs of consumers and the service has systems and processes in place to ensure there is sufficient staff rostered across all shifts. Call bell response times were monitored, with delays in response for assistance investigated by management.

Consumers and representatives consider consumers received quality care and services when they need them from people who were knowledgeable and capable.

Staff considered there were sufficient staff to deliver care and services in accordance with the consumers’ needs and preferences. Staff confirmed they undergo regular performance appraisals.

Management described and documentation review confirmed, systems and processes were in place to identify training needs and to monitor staff performance.

In coming to my decision for these requirements, I have considered the information included in the assessment team report under this and other requirements, alongside the approved provider’s compliance history. Therefore, it is my decision that these requirements are compliant.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

The service was found non-compliant under this requirement following a Site Audit conducted from 24 to 26 May 2022. Deficiencies related to the service being unable to demonstrate effective workforce governance or the sufficiency of staffing levels.

The assessment contact conducted from 13 to 14 June 2023 found the service had improved governance systems and was able to demonstrate implemented targeted measures to strengthen compliance under these requirements.

The organisation demonstrated effective governance systems in place relating to information systems, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.

Consumers and representatives considered the organisation was well run and they could partner in improving the delivery of care and services. Consumers and representatives confirmed they had opportunities to provide feedback and be involved in the development of care and services.

Consumers and representatives expressed satisfaction with the way information about care and services is managed and how information is provided to them. Staff reported having access to accurate and up-to-date information about consumers’ needs and preferences.

The service has a plan for continuous improvement, identifying opportunities for improvement through a range of sources including feedback and complaints mechanisms, clinical and incident data, meetings, and internal audits.

The service was able to demonstrate compliance with relevant aged care regulations including, restrictive practices and serious incident reporting requirements.

The service demonstrated systems are in place to monitor workforce competency and ensure the workforce is appropriately planned to facilitate the delivery of safe and effective consumer care.

The service demonstrated systems are in place to encourage the provision of consumer feedback and complaints and ensure appropriate and proportionate action is taken. Evidence was observed of how consumer feedback and complaints positively contribute to improvement initiatives and outcomes.

Management described, how expenditure is managed under an annual budget and provided examples of out-of-budget approved purchases for equipment to support consumer needs.

The service has policies and procedures in relation to this requirement to guide staff practice.

In coming to my decision for this requirement, I have considered the information included in the assessment team report under this and other requirements, alongside the approved provider’s compliance history. Therefore, it is my decision that this requirement is compliant.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)