Performance

Report

**1800 951 822**

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| Name of service: | RFBI Berry Masonic Village |
| Service address: | 41 Albany Street BERRY NSW 2535 |
| Commission ID: | 0401 |
| Approved provider: | Royal Freemasons' Benevolent Institution |
| Activity type: | Assessment Contact - Site |
| Activity date: | 19 April 2023 |
| Performance report date: | 29 May 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 Berry Masonic Village (**the service**) has been prepared by J Durston, 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.
* the Performance Report dated 31 May 2022 following the Site Audit undertaken from 19 April 2022 to 21 April 2022.

# Assessment summary

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| Standard 7 Human resources | 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 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 |

Findings

The service was previously found non-compliant in Requirement 7(3)(a) following a Site Audit conducted on 19-21 April 2022 that identified the service was unable to demonstrate its workforce was planned to enable the delivery and management of safe and quality care and services.

An Assessment Contact was conducted on 19 April 2023. The Assessment Team found the service has implemented multiple improvements to address the issues raised in the 2022 Site Audit. The provider recruited an additional enrolled nurse to work 4 days per week, to support the registered nurses, who is experienced in medication management and has improved timeliness of medication administration. The service has recruited 4 registered nurses as part of an international recruitment program, who are completing their Australian certification requirements. The service continues its recruitment drive, distributing flyers in major shopping areas and working with TAFE to attract staff. The service conducted a roster review, resulting in increased care and cleaning hours, and matching staff skills and competencies to the needs of the consumers when allocating shifts.

Consumers and representatives said staff are meeting the care needs of consumers. They confirmed they are satisfied with the staffing levels and the call bells are answered in a reasonable time frame. All consumers interviewed confirmed they were satisfied that the staff meet their needs. They confirmed that staffing levels have improved since the Site Audit, and their call bells are answered in a timely manner.

Management advised the service has significantly decreased the use of agency staff having identified the need for a stable workforce. A review of the staff roster for the fortnight prior to the Assessment Contact showed that all unexpected leave was covered by another staff member or by extending hours of other shifts. Management said they monitor and review call bell response times on a weekly basis.

Accordingly, I find Requirement 7(3)(a) is compliant.

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