Performance

Report

**1800 951 822**

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| Name: | RFBI Dubbo Masonic Village |
| Commission ID: | 1055 |
| Address: | 2a Capstan Drive, DUBBO, New South Wales, 2830 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 24 October 2023 |
| Performance report date: | 8 January 2024 |
| Service included in this assessment: | Provider: 5146 Royal Freemasons' Benevolent Institution  Service: 7971 RFBI Dubbo Masonic Village |

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 Dubbo Masonic Village (**the service**) has been prepared by Katrina Platt, 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 (performance assessment) – 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 team’s report received on 20 November 2023.
* the Performance Report dated 6 April 2022 following the Site Audit conducted from 1 March 2022 to 3 March 2022.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements were assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements were assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements were 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 2

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| Ongoing assessment and planning with consumers | |  |
| 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

Requirement 2(3)(e) was found to be non-compliant following a Site Audit conducted from 1 March 2022 to 3 March 2022. An Assessment Contact occurred on 24 October 2023 and I acknowledge the continuous improvement actions undertaken by the Approved Provider following the Site Audit to address the non-compliance.

Comprehensive reviews of consumer care and services were not consistently undertaken and care and services plans were not consistently updated when consumer needs, goals and preferences changed or incidents occurred, which appeared inconsistent with policy and procedure documentation. Care plans also lacked detail about consumer pain management needs, dietary requirements, specialist referrals and end of life care needs and preferences.

In response to the Assessment Team report, the Approved Provider submitted additional information confirming comprehensive care and services reviews were regularly completed, with engagement from medical officers and allied health professionals when necessary. Palliative care needs and pain assessments were attended during end of life in accordance with consumer needs and preferences, and evidenced in end of life care pathway documents which captured advance care planning, medical interventions, care management planning and comfort care.

Based on the additional information provided by the Approved Provider, I am satisfied appropriate reviews of care and services are regularly conducted for consumers when required. I therefore find Requirement 2(3)(e) is compliant.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |

Findings

Requirements 3(3)(b) and 3(3)(f) were found to be non-compliant following a Site Audit conducted from 1 March 2022 to 3 March 2022. An Assessment Contact occurred on 24 October 2023 and I acknowledge the continuous improvement actions undertaken by the Approved Provider following the Site Audit to address the non-compliance.

Requirement 3(3)(b)

Consumers and consumer representatives were satisfied with clinical care provision. Comprehensive assessment and documentation of wounds was not demonstrated, with inconsistent wound photography and wound details captured. Repositioning and pain management were not effectively managed. Neurological observations post-fall were incorrectly documented and were sometimes not recorded, and underlying infections were not considered. Whilst falls risks assessments were completed in a timely manner, fall prevention strategies were not demonstrated in care planning documentation and inconsistency in post-fall pain and deterioration management was evidenced. Medical officer directives were not always followed for diabetes management which resulted in delayed medication administration. Staff were unable to identify high-impact and high-prevalence risks for consumers.

In response to the Assessment Team report, the Approved Provider disagreed the findings in the Assessment Team report were reflective of actual practice and submitted additional clinical information for consideration. Repositioning charts confirmed consumers were repositioned in accordance with their needs and preferences, although there were minor inconsistencies noted during the charting period provided.

The Approved Provider acknowledged wound documentation errors were rectified. Wound charts and clinical notes submitted in the response confirmed wound identification and initial assessment occurred and ongoing monitoring detailed appropriate wound photography, measurements and classification. Delays occurred in wound specialist review, and appropriate referrals management will be discussed under Requirement 3(3)(f).

The Approved Provider noted post-fall neurological observations reflected in the Assessment Team report were inaccurate, and review of the observation charts referenced confirmed the observations were conducted as required and were charted correctly. Monitoring for underlying infection also occurred and appropriate treatment was subsequently provided. Post-fall pain management and deterioration was monitored effectively, with charts provided confirming pain was regularly monitored and post-fall assessments were completed.

The Approved Provider commented about continued training and education focus for staff in all positions continues to ensure safe and quality care provision to consumers. Ongoing management and monitoring of the high-impact high-prevalence risk register with oversight by the clinical governance committee, regular discussions at clinical meetings and case conferencing all contribute to their management of high-impact high-prevalence risks.

Whilst I acknowledge the information contained within the Assessment Team report, I find the evidence submitted by the Approved Provider supports the provision of effective management of high-impact high-prevalence risks. I therefore find Requirement 3(3)(b) is compliant.

Requirement 3(3)(f)

Most consumers and consumer representatives were satisfied with their access to health professionals, which included medical officers and allied health services. Whilst most staff described the referral process, care and services documentation showed appropriate referrals to health professionals were not always undertaken or were not undertaken in a timely manner. Consumer impacts were demonstrated in delayed referrals for wound review, consumer deterioration, speech pathology, podiatry, and dietician review.

In response to the Assessment Team report, the Approved Provider reiterated consumers and their representatives expressed satisfaction with their access to health professionals and noted most staff were aware of the referral processes.

Evidence provided by the Approved Provider indicated podiatry reviews were conducted in accordance with planning documentation, and additionally as required. Dietician reviews were also undertaken when required and recommendations from these reviews were implemented, with discussions offered about the influences of other comordalities and medications.

In relation to delays in referral for consumer deterioration, the Approved Provider discussed the proactive measures taken to manage deterioration which included comprehensive ongoing assessment, pain management, engagement of allied health professionals and regular liaison with medical officers. Evidence was also presented which confirmed those involved in consumer care were satisfied with the referrals made.

Whilst delays in the wound care referral process for one consumer were acknowledged by the Approved Provider, evidence was submitted showing multiple attempts were made to obtain the referral. Evidence was also submitted which supported ongoing intervention and multiple reviews were conducted by the medical officer, and ongoing wound monitoring and pain assessments occurred until the specialist wound review could be undertaken.

Whilst I acknowledge the information contained within the Assessment Team report, I find the evidence submitted by the Approved Provider supports appropriate referrals are being made and appropriate mitigation strategies are evidenced when unintended delays occur. Other information relevant to clinical care as noted in the Assessment Team report and referenced by the Approved Provider will be discussed under Requirement 3(3)(b) above. I therefore find Requirement 3(3)(f) 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 |

Findings

Requirement 7(3)(a) was found to be non-compliant following a Site Audit conducted from 1 March 2022 to 3 March 2022. An Assessment Contact occurred on 24 October 2023 and I acknowledge the continuous improvement actions undertaken by the Approved Provider following the Site Audit to address the non-compliance.

Most consumers discussed the availability of sufficient staff to address their clinical and personal care needs. Impacts were evidenced, however, on timely care provision for diabetes management and wound care, and oversight of end of life care was minimal during evening shifts. Staff described reluctance to perform evening shifts due to increased responsibilities and increased risk to consumers when registered nurses were not routinely rostered. Staff indicated not all tasks were completed during shifts, which included repositioning consumers and completing progress notes, repositioning charts and pain charts. Management discussed increased competencies for care staff and advised registered nurses were available on-call during evening shifts.

In response to the Assessment Team report, the Approved Provider disagreed with the findings and acknowledged that whilst there had been gaps in night shift rostering for registered nurses, their after-hours escalation system was robust and posed no risk to consumers. The Approved Provider noted all care staff are aware of the escalation process and can readily identify the registered nurse on call and contact details when required. This also applies to contacting the after-hours general practitioner service.

The Approved Provider noted the employment market challenges and various strategies adopted to employ and retain care staff and registered nurses nationally and internationally, including ongoing recruitment advertisements, university partnerships, sponsorships, accommodation, and participation in overseas exchange programs. The ongoing formal education and training provided was also referenced.

The Approved Provider discussed several other ways staff are supported, including by the handover process and daily scrum meetings, which provide clear guidance on consumer deterioration. Night staff are rostered to ensure appropriate knowledge, skill and understanding of consumer clinical care is available. For night shifts not covered by a registered nurse, the afternoon shift registered nurse is the on-call nurse, and ensures all medications are given in appropriate time periods and for on-call purposes, has the most updated consumer information available from the afternoon shift to support staff if required.

In making my decision, I have considered the feedback from consumers which indicates there are sufficient staff available to provide them with timely care and services. I acknowledge the employment challenges experienced in the region and note the systems and processes in place for appropriate escalation to the on-call registered nurse, including for end of life care, meets the regulatory requirements. Other information relevant to clinical care as noted in the Assessment Team report and referenced by the Approved Provider will be discussed under Requirement 3(3)(b). I therefore find Requirement 7(3)(a) 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)