Performance

Report

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| Name of service: | RFBI Lakemba Masonic Village |
| Service address: | 72 Sproule Street LAKEMBA NSW 2195 |
| Commission ID: | 0206 |
| Approved provider: | Royal Freemasons' Benevolent Institution |
| Activity type: | Assessment Contact - Site |
| Activity date: | 27 June 2023 |
| Performance report date: | 21 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 Lakemba Masonic Village (**the service**) has been prepared by K. Reed, 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 provider’s response to the assessment team’s report received 20 July 2023
* 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** | **Non-compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# 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.

* The service environment needs to be clean, and free from malodour.
* Consumers who do not smoke are entitled to fresh, clean air with an absence of cigarette smoke.

# 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 |

Findings

The service was using effective processes to manage high-impact or high-prevalence risks associated with the care of each consumer at the service. The service demonstrated the implementation of a monitoring systems to identify and manage the emergence of high-impact and high-prevalence risks associated with consumers and their personal and clinical care.

Documentation identified the service was effectively managing high-impact and high-prevalence risks. Consumers and staff provided feedback how the service managed wounds and pressure injuries, explaining implemented methods and treatments to minimise impact of high-prevalence and high-impact risks.

The Assessment Team reviewed documents including incident reports, behaviour support plans, training records and clinical indicator data, which identified effective monitoring and clinical oversight of care delivery for consumers that demonstrated the service was effectively managing high-impact and high-prevalence risks. Behaviour support plans were reviewed every three months to provide current information on managing consumers with challenging behaviours.

Registered staff explained the process of reporting and responding to consumer falls including, notifying the consumers’ representatives, reporting the incident, performing neurological and pain observations, and referring to the medical officer or hospital as required. All consumers who have had falls are referred to the service physiotherapist for mobility assessments.

Wounds were treated in accordance with the service’s wound management policy and treated in accordance with each consumer’s wound management plan.

The service has taken actions to address Non-compliance identified in this Requirement following the Site audit 22-24 February 2022, actions have included:

For a named consumer who exhibited mental health concerns, the service developed a support plan for the consumer including assistance with transport, access to external service providers and psycho-geriatrician review. The named consumer provided negative comments regarding their mental health during the Assessment contact, and this was discussed with management who implemented immediate action to support the consumer.

Staff received additional training focused on the assessment, identification and management of high-impact and high-prevalence risks to consumers. The service’s Plan for Continuous Improvement identified this education was completed on 11 October 2022.

Emerging high-impact and high-prevalence risks were discussed and managed during each clinical hand over and with the Clinical Manager during a scheduled daily meeting. Identified risks were revisited and discussed with management each week during a scheduled clinical staff meeting. During clinical staff meetings risks were discussed, mitigation approaches were evaluated, and strategies were developed to manage and minimise existing and arising risks. The Care Manager was allocated the responsibility for maintaining clinical oversight throughout the service and conducted audits on care plans and assessment to ensure content provided reflected consumer care needs.

Registered staff confirmed the process of using the electronic care management system to monitor the behavioural management of consumers and explained processes that were used to track progress as behaviours escalated.

The service monitored and reported emerging risk through the National Aged Care Quality Indicator Program. The Assessment Team identified the service indicator reports from 2023 had indicated pressure injuries were an identified risk at the service. Registered staff confirmed constant monitoring and treatment of wounds, regularly turning and adjustment of consumer position and pressure injury cushioning/support were used as preventative measures.

Registered staff were recording progress notes daily for risks associated with consumers’ care and that care plan and assessment reviews were being undertaken regularly by the Clinical Manager.

Based on the information recorded above, it is my decision this Requirement is now Compliant.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Non-compliant |

Findings

The service was found to be Non-compliant in this Requirement at the Site audit conducted 22-24 February 2022, actions taken to address the Non-compliance have been ineffective as consumers expressed dissatisfaction with the cleanliness of the service environment and consumers’ rooms were observed as unclean, and evidence of cigarette smoking was noted in the common courtyard.

Three named consumers provided feedback they were dissatisfied with the cleanliness of their room and fittings. The Assessment Team observed a strong smell of faeces in one named consumer’s room and brown stains on furniture were noted consistent with faecal matter. The floor of the room was dirty with dust and debris throughout the room.

Four of seven complaints recorded in the service’s feedback register related to consumer or representative dissatisfaction with the level of cleaning services.

In the Approved provider’s response to the Assessment Contact report information includes a 100% environmental audit of consumer rooms was completed 17 July 2023. Nine consumer rooms have been deep cleaned by an external provider, and an additional seven rooms will be cleaned by 25 July 2023. Consumers and representatives were notified of the deep cleaning and feedback was sought from consumers and representatives on 12 July 2023. Education was provided for the Quality Officer and General Manager on completion of Quality audits.

The Approved provider’s response also contains information relating to a review of cleaning hours, an additional 7.5 hours weekly to cleaning hours will be implemented by 07 August 2023. Cleaning staff underwent competency assessments which was completed by 17 July 2023. A schedule of curtain washing has been developed and staff have been educated regarding the schedule.

The Assessment Team observed evidence of cigarette smoking within the common courtyard of the service during an entry tour provided by management. The Assessment Team observed a plastic cup overflowing with cigarette waste upon a patio table within a few metres of the main entry to the courtyard, with the surrounding ground discoloured and littered with cigarette ash. The residual odour of cigarette smoke was also identified. Management providing the tour said consumers do not smoke in the common courtyard, however immediately instructed nearby staff to clean the area of the cigarette litter before continuing the tour of the service.

The response from the Approved provider indicates a cleaning schedule has been implemented for the designated smoking area and 100% of staff education has been achieved for cleanliness in the designated smoking area. Regular visual audits and environmental audits will identify any gaps in the service environment, and improvements have been reported in the consumer environment. Regular feedback will also be sought from consumers and representatives relating to the service environment.

Actions taken by the service to address the Non-compliance identified in this Requirement during the Site audit 22-24 February 2022, have included:

The completion of dignity of risk assessments for all non-smoking consumers was to be completed, however the Assessment Team identified one consumer and their representative had completed the assessment, and management were unable to evidence any additional dignity of risk assessments had been completed for other non-smoking consumers. This information was not considered in the Approved provider’s response to the Assessment contact report.

While a survey was undertaken on 09 March 2022 relating to smoking in the common courtyard and this resulted in most consumers did not have concerns regarding the courtyard being used as a smoking area, I also note 13 consumers, or their representatives did not participate in the survey. I also note further discussion on the smoking area occurred 11 March 2022, which resulted in the change of location of the smoking area, resulting in consumers expressing satisfaction regarding the change of location.

While I consider the service has implemented actions to clean the service environment including the smoking areas. I am not convinced the service has suitably addressed the issue of consumers smoking outside the designated smoking area which was evidenced on a tour of the service environment by the Assessment Team. I am also not convinced feedback from consumers relating to their concerns regarding the cleanliness of their living environments were considered prior to the Assessment Team’s findings and feedback.

It is my decision; therefore, this Requirement remains Non-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)