Performance

Report

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| Name: | RFBI Leeton Masonic Village |
| Commission ID: | 0892 |
| Address: | 71-89 Karri Road, Leeton, New South Wales, 2705 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 12 June 2024 |
| Performance report date: | 15 July 2024 |
| Service included in this assessment: | Provider: 5146 Royal Freemasons' Benevolent Institution  Service: 6223 RFBI Leeton 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 Leeton Masonic Village (**the service**) has been prepared by V Plummer, 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.

# Assessment summary

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| Standard 3 Personal care and clinical care | 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)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

Consumers and representatives provided positive feedback in relation to the clinical care the consumer receives and said known risks of consumers were managed effectively. Care planning documentation evidenced high-impact, high-prevalence risks were identified, assessed, and monitored with strategies in place, including, falls and diabetes management, skin integrity and wound care, and other specialised care needs. Staff were able to describe the individual consumers’ risks and described strategies in place to manage and minimise those risks.

Care documentation evidenced staff are effectively monitoring, assessing, and managing consumers clinical needs. Interviews with management and review of service documentation, including incident management records, demonstrated effective management of high-impact and high- prevalence consumer risks. Staff were guided by policies and protocols, including a risk management framework.

I have considered the information within the assessment contact team report, and I have placed weight on the information provided in the assessment contact report, including the positive feedback from consumers, staff knowledge in managing consumers’ risks, and documentation review reflecting effective management of consumers’ risks.

It is my decision Requirement 3(3)(b) 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

Consumers and representatives provided positive feedback in relation to consumers care and services and said there were enough staff on duty who are knowledgeable in providing consumers’ individualised care and clinical needs. Documentation demonstrated the service has systems in place to regularly review the delivery and management of safe, quality care and services.

Staff described their understanding of consumers’ individualised needs and confirmed the regular education and training they receive to ensure they are qualified and competent including training on clinical tasks and on the escalation process. A suite of other allied health professionals are engaged at the service in addition to the medication competent care staff.

In relation to the workforce responsibilities (including, 24 hours a day, 7 days a week (24/7) registered nurse (RN) requirement and mandatory care minutes), there are RNs rostered on-site and on duty 24/7, including senior care managers who are RNs. However, a review of the service’s roster, interviews with staff and management identified, while the service is meeting its mandatory RN minutes, they are not currently meeting total care minute targets. Management described ongoing actions to recruit, (including the recruitment of overseas staff) train, and retain clinical and care staff, in order to meet the needs of consumers and the mandatory care minute targets. This included the utilisation of labour hire staff, with permanent contracts in place for RNs and care staff. The service is utilising a mix of registered staff and care staff across the service 24/7. In relation to workforce responsibilities, the service provides staff training and monitors staff competencies, including medication competency.

Most consumers stated staff were always responsive to their requests for assistance and management advised additional staff have been recruited to provide support to consumers in the memory support unit.

I have considered the information within the assessment contact report, and I have placed weight on the information including the positive feedback from consumers and representatives interviewed, staff knowledge of the consumers’ care needs and escalation processes, and the additional support and engagement of other allied health professionals in consumers’ clinical care.

It is my decision Requirement 7(3)(a) is Compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(e) | 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. | Compliant |

Findings

The service has a documented clinical governance framework and policies in relation to antimicrobial stewardship, restrictive practices, and open disclosure, which provides guidance to staff and the service to ensure the delivery of quality care to consumers. Staff demonstrated an understanding of the clinical governance framework and provided practical examples of how antimicrobial stewardship, minimising the use of restraint and open disclosure was implemented within their daily tasks.

The clinical governance system covered a range of clinical topics including high impact, high prevalence risks including specialised clinical care, palliative care, falls and medication management, pain and wound management, incident management, infection prevention and control and restrictive practices. The service maintains a high-risk register to identify consumers with clinical care risks, which is monitored by senior management and regularly reviewed. The clinical governance process includes clinical observations and policies and processes for recognising and responding to deterioration in consumers’ health and wellbeing, as well as an escalation process for staff to adhere to. Records show the organisation has a systematic approach to clinical auditing and data analysis which supports improvements in clinical care, with clinical oversight from the governing body.

I have considered the information within the assessment contact team report, and I have placed weight on the information within the report including the evidence of effective implementation of the clinical governance framework at the service through the monitoring and management of high impact and high prevalence consumer risks, a competent and qualified workforce, and ongoing continuous improvement actions.

It is my decision Requirement 8(3)(e) 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)