Vasey RSL Care Frankston South

Performance Report

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**Commission ID:** 3038

**Provider name:** Vasey RSL Care Ltd

**Assessment Contact - Desk date:** 6 October 2021

**Date of Performance Report:** 30 November 2021

# Performance report prepared by

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# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

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| --- | --- |
| **Standard 1 Consumer dignity and choice** |  |
| Requirement 1(3)(c) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(b) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(c) | Non-compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* The Assessment Team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by, review of documents and interviews with staff, consumers/representatives and others.
* The provider’s response to the Assessment Contact - Desk report received 1 November 2021.

# STANDARD 1 Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

The Assessment Team assessed one requirement under this Quality Standard and found it Compliant.

An overall rating for the Quality Standard is not provided as not all requirements were assessed.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

The Assessment Team found the service, overall, engages consumers and representatives to support choice and independence. Consumers and representatives can decide who is involved in care planning, including palliative and end-of-life care. Consumer’s representatives gave positive feedback about the service’s communication.

This feedback was marked by a clear appreciation for the frequency with which clinical staff contact consumer representatives. The service supports consumers to maintain contact with people who are important to them while COVID-19 visitor restrictions are in place.

The Assessment Team reviewed evidence relating to five consumers - two of whom had recently passed away which demonstrated the service has processes in place to ensure consumers (or their representatives) are involved in making decisions about end-of-life care.

The response submitted by the Approved provider notes that processes have been strengthened to ensure staff have a clear understanding of the requirements for compassionate visits for consumers during COVID-19 restrictions.

I have reviewed all of the information provided and find this requirement is Compliant as the Approved provider was able to demonstrate that consumers are supported to make decisions, particularly in relation to end of life care and maintaining relationships of choice.

# STANDARD 2 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Assessment Team assessed one requirement under this Quality Standard and found in Non-compliant.

The Quality Standard is assessed as Non-compliant as one of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(b) Non-compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

The Assessment Team found that the service was unable to demonstrate that assessment and care planning identifies and addresses the consumers’ current needs, goals and preferences, including advance care planning and end of life planning, if the consumer wishes. Care planning documents are not consistently updated to reflect changes in consumers’ goals or preferences at key stages of each consumer’s illness trajectory.

* A consumer identified at the end of life did not have individualised needs and preferences consistently reflected or updated in the assessment and care planning process as clinical changes occurred particularly in relation to pain and nausea management. The consumer had ongoing issues with pain. No pain assessment or detailed pain management care plan was completed during their admission. There was no evidence of scheduled pain monitoring or charting to enhance and track the assessment of his pain across a 24-hour period.
* Two further consumers identified as in the palliative stage, did not have care planning documents that adequately identify and address their current needs, goals and preferences, including advance care planning and end of life planning.

Following the death of the first consumer noted above, the service commenced improvements to its palliative care and end-of-life practice. Management and clinical staff advised the Assessment Team that an after-death audit is conducted to identify any gaps in the palliative care process. The gaps identified are then used to inform further continuous improvement. However, while one such audit reviewed by the Assessment Team identified a consumer’s cultural and religious preferences were met following the consumer’s death, these preferences were not recorded in the consumer’s clinical documentation prior to their death.

The Approved provider’s response acknowledges the first consumer noted above did not receive adequate palliative care and end of life care planning. The response notes deep regret and commits to rapid and sustained improvement. A number of improvements which are in progress are recorded including amendment to the initial assessment process, development of a new assessment tool, application for onsite medication imprest and ensuring consumers’ pain is monitored effectively. Four additional improvements are also planned, including training for registered nurses on communication around advance care planning, use of data to monitor consumers’ pain more effectively and training for registered nurse in the use of syringe drivers for effective symptom control.

While the Approved provider’s response refuted some of the Assessment Team’s information about gaps in the palliative assessment and care planning documentation for the other two consumers reviewed, no further evidence was provided in relation to these consumers. The response also provides data relating to the number of advance care and end of life planning care plans, case conferences that have been held for consumers on palliative care trajectories. The response notes that a new after death audit tool will be trialled and that palliative care and pain management processes and resources are under review.

I have reviewed all of the information provided and find that on balance this requirement is Non-compliant because advance care planning and end of life planning was not adequate for a consumer and led to a significant negative impact on their end of life. Whilst acknowledging the Approved provider’s commitment to addressing identified deficits in advance care planning and end of life planning for consumers, these improvements will take time to be fully implemented and embedded in staff practice.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Assessment Team assessed one requirement under this Quality Standard and found in Non-compliant.

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements have been assessed as Non-compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(c) Non-compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

The Assessment Team found that the service did not provide timely and adequate management of nausea and pain one consumer in the final stages of life, which had a negative impact on this consumer’s comfort and dignity before death.

* On admission the consumer was identified as having severe pain in back, shoulder’s and hips requiring strong regular opioid medication, the use of ‘as required’ medication, either Panadol or the stronger opioid Endone, and the use of heat packs for pain management. When the consumer requested ‘as required’ strong pain medication it was not available for almost 2 days. The consumer was not reviewed by a medical practitioner for four days despite ongoing complaints of pain.
* The consumer’s nausea and vomiting medication was not always administered when needed and the consumer continued to experience pain, nausea and vomiting and generalised decline in wellbeing. Five days later a telephone consultation with a palliative care nurse occurred and additional management strategies were recommended. The dosage for the consumer’s pain medication was increased on the sixth day when the consumer reported to their medical practitioner that pain, nausea and vomiting had increased and had become increasingly difficult to manage. The consumer was then transferred to hospital.
* The Assessment Team reviewed four other consumers and did not find any issues relating to the provision of end of life care. Two consumers had deficits in care planning documents related to end of life care.

The response submitted by the Approved provider acknowledges the deficits in end of life care for the first consumer noted and provides additional information in relation to the other four consumers stating that their care needs are being met, general practitioner reviews continue, clinical documentation reviewed, and palliative care consultations have been scheduled as required.

I have reviewed all of the information provided and on balance I find this requirement is Non-compliant as there was significant impact on one consumer as a result of not receiving timely and adequate management of nausea and pain associated with end of life care. I also acknowledge the improvements commenced by the Approved provider as outlined in Standard 2 above, to ensure consumers with complex pain and end of life care needs receive appropriate end of life care. These improvements will take time to be fully implemented and embedded in staff practice.

# 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.

* Review procedures, guidance materials and assessment and care planning tools related to advance care planning and end of life care.
* Provide staff education in relation to providing appropriate and timely consumer end of life care, in particular when complex pain and other symptoms are present.
* Implement effective internal monitoring processes to ensure improvements made are embedded in staff practice and maintained over time.