Vitality Club Home Care Packages

Performance Report

C4/ 57 Rothschild Ave   
ROSEBERY NSW 2018  
Phone number: 0426 825 820

**Commission ID:** 201395

**Provider name:** Vitality Club Pty Ltd

**Assessment Contact - Site date:** 29 September 2020

**Date of Performance Report:** 15 November 2020

# Publication of report

This Performance Report **may 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 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(b) | Non-compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(d) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(d) | Non-compliant |

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# Detailed assessment

This performance report details the Commission’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 - 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 Contact - Site report received 28 October 2020.

# 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 Quality Standard is assessed as Non-compliant as one of five specific requirements has been assessed as Non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-Compliant for the Quality Standard.

## 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 details demonstrating comprehensive service-level assessment are not documented on the consumer’s record. An assessment tool or similar documentation process is not in place to ensure the collation of information from all relevant sources to inform development of the care plan nor is there a standard format for documenting a detailed assessment. Staff interviewed were able to describe how information is gathered, however this is not captured in a consistent or comprehensive way on the consumer’s record. Progress notes sighted contain minimal information and do not provide details. Staff referred to email trails for details, advising that each staff member may have emails containing information, but these are not stored on the consumer’s record. Care plans do not include all care and services required by the consumer or describe how each of the consumer’s assessed needs are to be met, such as whether the consumer is independent or the level of assistance they require, how assistance is to be provided and who will provide this assistance. In their response the approved provider acknowledged the gaps identified and has taken action to create a formalised and standardised assessment tool which will be kept on the consumer’s file for appropriate record keeping. Staff have been trained in its use and all consumers are being reassessed using this new tool. All consumer files have been audited by management and staff have now stored email correspondence and other notes in the consumer’s file. Care plans have been updated to include a description of a consumer’s functional capacity in managing activities of daily living and staff have been trained to document all types of support (both informal and formal) being received in relation to all activities. Case Managers have been given a template for progress notes and regular quality assurance checks will be completed to ensure they are meeting expectations.

Whilst I acknowledge the actions subsequently taken by the approved provider to address the gaps identified, at the time of the assessment contact, assessment and planning processes did not identify and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.

I find that the approved provider is non-compliant with this requirement.

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Assessment Team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

The workforce is suitably recruited, inducted, trained and supported to deliver the outcomes required by these standards. There are monitoring systems to ensure the selected and oriented employee is the ‘right fit’ with the organisation and their role.

I find that the approved provider is compliant with this requirement.

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Quality Standard is assessed as Non-compliant as one of five specific requirements has been assessed as Non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-Compliant for the Quality Standard.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Non-compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*

The assessment team found effective risk management systems were not in place in relation to managing high impact, high prevalent risks. Risk assessments are completed for all consumers with a Home Care Package however, these could not be produced during the assessment contact for any consumer. Discussions with management and staff established that a falls risk assessment has not been conducted for each consumer as a standard procedure. Consumer’s care plans do not set out the non-response plan developed in consultation with them should they be unexpectantly not home for a scheduled visit.

Effective management systems were in place in relation to identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can.

In their response the approved provider acknowledged that the risk assessment template in use was applied inconsistent and risk reports were not routinely being uploaded to consumer files and were they detailed enough. Staff have been given further training in risk assessment and risk mitigation. A Falls Efficacy Scale has been added to the initial and reassessment process. The provider stated that they do have a Non response policy and procedure setting out the action to be taken in the event of a non-response to a scheduled visit however they acknowledged that this does not result in an individualised plan being developed with consumers which is included on their care plan which all subcontractors servicing the client can access. The provider stated that from now on this plan will be progressively documented in upcoming reassessments.

Whilst I acknowledge the actions subsequently taken by the approved provider to address the gaps identified, at the time of the assessment contact, effective risk management systems and practices for managing high impact or high prevalence risks associated with the care of consumers were not in place.

I find that the approved provider is non-compliant with this requirement.

# 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.

### Requirement 2(3)(b)

*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.*

* Implement a formalised and standardised assessment tool which will be kept on the consumer’s file.
* Ensure progress notes are stored on the consumers file for appropriate record keeping.
* Ensure care plans include a description of a consumer’s functional capacity and contain information about the types of support being received in relation to all activities.

### Requirement 8(3)(d)

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*

* Ensure the risk assessment template in use is applied consistently and kept on the consumer’s file.
* Ensure each consumer has an individualised ‘non response to a scheduled visit’ plan in their care plan which sets out actions to be taken and by whom which is accessible to all who provide services to the consumer.