Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Vasey RSL Care Brighton |
| Commission ID: | 3526 |
| Address: | 21 Downes Avenue, BRIGHTON, Victoria, 3186 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 16 November 2023 |
| Performance report date: | 21 December 2023 |
| Service included in this assessment: | Provider: 2788 Vasey RSL Care Ltd  Service: 2275 Vasey RSL Care Brighton |

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 Vasey RSL Care Brighton (**the service**) has been prepared by L Glass, 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

|  |  |
| --- | --- |
| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed. |
| **Standard 6** Feedback and complaints | **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

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

The Assessment Team found the service is providing tailored personal and clinical care to consumers in line with best practice guidelines and optimising consumer health and well-being.

Consumers and representatives provided positive feedback about the personal and clinical care provided. Overall consumers and representatives confirmed consumers get safe and effective care that is right for them. All expressed a high level of satisfaction with staff understanding and delivery of care that meets consumer needs, goals, preferences, and optimises their wellbeing. Clinical and care staff demonstrated in-depth knowledge of strategies to provide safe and effective personal and clinical care for individual consumers. Documentation reflected best practice interventions, validated assessment tools and comprehensive assessment and planning processes. A review of files reflected individualised needs, goals and preferences to manage restrictive practice, pain, skin integrity and wounds. Management described robust processes and systems to ensure consumers are receiving the care they require to optimise their health and wellbeing. Staff interviewed said they receive restrictive practice, pain and skin/wound care training, and demonstrated related policies and procedures that guide them in tailored and best-practice care.

Consumers and representatives described satisfaction with how the service is effectively managing risks to consumers. All staff and management described and demonstrated effective management of high impact high prevalent risks. Consumer files sampled showed assessment and planning documentation identifying individual consumers’ high impact and/or high prevalent falls and/or weight loss risk. Related management strategies aligned with consumer observations, staff/consumer/representative feedback and documentation reviewed. Management discussed and demonstrated robust governance processes including incident management, data trending and analysis and reporting.

I have considered the Assessment Team report and the recommendation that the requirements are met. I find Requirements 3(3)(a) and 3(3)(b) Compliant.

# Standard 6

|  |  |  |
| --- | --- | --- |
| Feedback and complaints | |  |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |

Findings

The Assessment Team found the service is encouraging and supporting consumers to provide feedback and raise complaints. The service demonstrated that an open disclosure process is followed. All interviewed consumers and representatives confirmed satisfaction with actions taken in response to complaints raised. A complaints management policy and procedure includes information about ensuring an apology (open disclosure) is given following receipt of a complaint and ensuring action plans are to the satisfaction of the complainant. All staff described the open disclosure process used when handling complaints, including working in partnership with consumers and representatives and apologising when necessary. The Assessment Team reviewed the complaints log and identified actions that were taken in response to issues or feedback being raised.

I have considered the Assessment Team report and the recommendation that the requirement is met. I find Requirement 6(3)(c) Compliant.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | |  |
| 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 4. managing and preventing incidents, including the use of an incident management system. | Compliant |

Findings

The Assessment Team found the service is identifying and managing high-prevalence and high-impact risks effectively to ensure consumers’ safety. The service demonstrated management and staff use the risk management system in place, and access policies and processes, which reflect clinical best practice for managing incidents. The service is responding to serious incidents in a timely manner. The Board has oversight of high-impact and high-prevalence risks associated with the care of consumers through quality indicators reports. The service utilises an electronic database to record, manage and identify trends and issues related to quality audits and indicators, and respond accordingly where needed.

The staff is ensuring consumers can live their best lives. Management demonstrated implementation of a strengthened process to ensure consumers subject to restrictive practice have the required informed consent, care planning, and regular reviews. Clinical staff are supported with further training opportunities to understand and apply the service’s processes in relation to high impact and high prevalence risks and reporting serious incidents.

I have considered the Assessment Team report and the recommendation that the requirement is met. I find Requirement 8(3)(d) Compliant.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)