Performance

Report

1800 951 822

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| Name of service: | Performance report date: |
| Vasey RSL Care Brighton | 26 September 2022 |
| Commission ID: | Activity type: |
| 3526 | Site audit |
| Approved provider: | Activity date: |
| Vasey RSL Care Ltd | 9 August 2022 to 11 August 2022 |

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 considered by Kathryn Spurrell, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 Site audit, the Site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives, and others.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

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 1

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| Consumer dignity and choice | | Compliant |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | 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. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

## Findings

Consumers said they are treated with dignity and respect and are able to maintain their identity and culture and live the life they choose. The Assessment Team inspected care planning documentation that included individualised cultural and diversity requirements and staff explained how these were met.

Consumers described how they were supported and encouraged to exercise independence and choice and individualised care planning documentation demonstrated each consumer’s choice for care and support to remain independent. Staff demonstrated a shared understanding of care preferences and gave examples of how the service supports consumers to be independent and make decisions about their care and services, including activities involving risk.

Staff supported consumers to take risks enabling them to live their best life possible, by undertaking risk assessments and putting risk mitigating strategies in place in line with the service’s policies regarding dignity of risk.

Consumers and representatives confirmed staff provided timely and accurate information to them through a variety of ways including written communication noticeboards, Public Address announcements and meeting minutes.

Consumers confirmed staff respected their privacy including when providing care. The service described the supports in place to guide staff practice for maintaining consumer privacy, protect personal information and storage of information.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| 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. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

## Findings

Consumers and representatives described their involvement in care planning and assessments and confirmed they are regularly updated by the service of any changes to care needs. Staff described the assessment process for consumers’ needs and care documents demonstrated the service undertakes a comprehensive assessment when the consumer enters the service to identify their needs, goals, and preferences.

Consumers and representatives said staff have had discussions with them about advance care planning and end of life planning. The service has a procedure on palliative approaches and advance care planning guidance to staff on engaging people in advance care planning.

Care planning documentation showed assessment and planning is undertaken with consumers and others the consumer wishes to have involved, including external organisations. Consumers and representatives said outcomes of assessment and planning are communicated to them effectively and they have access to their care and services plan.

Consumers and representatives confirmed care and services are reviewed in line with a three-monthly review process, when their circumstances have changed, or incidents have occurred, staff confirmed this and accurately displayed their knowledge of reporting and documenting incidents or changes in condition of consumers.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

## Findings

Consumer care plan documentation demonstrates consumers are receiving individualised care, which is safe, effective, and tailored to their specific needs. Consumers and representatives stated they are receiving safe and right care for them that meets their individual needs and preferences. The organisation has policies, procedures, guidelines, and flowcharts for key areas of care including but not limited to, restrictive practices, skin integrity, and pain management, all of which are in line with best practice and staff can access this information via the organisation’s intranet and hard copy information.

Care planning documentation assessed the key risks to consumers and detailed strategies and interventions to manage those risks. These included falls, behaviours, restrictive practice, skin integrity, weight management, pain, and swallowing. Staff could describe the high impact and high prevalence risks for specific consumers within the service.

Consumers’ care planning documentation includes advance care planning and the needs, goals, and preferences for consumers end of life care. Consumers and representatives expressed confidence when the consumer needs end of life care the service will support them to be as comfortable as possible.

Consumers were satisfied their needs and preferences were effectively communicated between staff, and this resulted in the effective delivery of care including the recognition of deterioration or changes in their condition. Staff described the process of recognising and responding to deteriorations or changes in consumers including how these were communicated and the processes in place to ensure the sharing of knowledge.

Consumers’ care plans showed input from other providers of care and services was sought and their recommendations were incorporated into care plans. Consumers and representatives were satisfied with ease of referrals to medical officers, specialists, and allied health professionals. The service had a referral process in place and staff described how consumers were referred to other providers of care and services.

Staff showed their practices were aligned to standard and transmission-based precautions and showed their understanding of antimicrobial stewardship. The service maintains policies and procedures for infection control and measures for the occurrence of an outbreak.

# Standard 4

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| Services and supports for daily living | | Compliant |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

## Findings

Consumers were satisfied the services and supports for daily living met their needs, goals, and preferences. Consumers receive safe and effective services to maintain their independence, well-being, and quality of life. Staff demonstrated knowledge of consumers’ needs and preferred activities and care planning documentation identified consumers’ choices and provided information about the services and supports consumers needed to do the things they want to do.

Consumers described services and supports available to promote emotional, spiritual, and psychological well-being. Consumers felt connected and engaged in meaningful activities that are satisfying to them. Staff provided examples of supporting consumers for their emotional and psychological well-being. Care planning documentation recorded consumers’ individual emotional support strategies and how these are implemented.

Consumers sampled felt supported to participate in activities within the service and in the outside community as they choose. The service enabled consumers to maintain social and personal connections important to them. Care planning documentation identified the people important to individual consumers and the activities of interest to the consumer. The service demonstrated timely and appropriate referrals of consumers to other organisations, individuals and providers of other care and services. Consumer’s care planning documentation showed the service collaborates with external providers to support the diverse needs of consumers.

The service has an electronic care management system, readily available for all staff, and external organisations where services and supports for daily living is shared.

Consumers and representatives expressed satisfaction with the meals provided by the service and met the consumers’ preferences and dietary requirements. Staff were able to explain the specific dietary needs and preferences of specific consumers, and had a shared understanding of the process for monitoring the dietary requirements within the kitchen environment. The equipment observed by the Assessment Team was safe, suitable, and clean.

# Standard 5

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| Organisation’s service environment | | Compliant |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| 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. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

## Findings

Consumers stated that the service environment is welcoming to their visitors, said they felt safe and comfortable, and it feels like their home. Staff advised how they support consumers to personalise their rooms with furniture, photographs, artwork, and bedding to promote a sense of belonging and independence. The Assessment Team observed consumers interacting in communal areas, participating in indoor and outdoor activities.

Consumers said they feel free to move around the service both indoors and outdoors. There is a maintenance person onsite most days who ensures the environment is safe and well maintained. The service has systems and processes in place to identify hazards, maintenance issues and cleaning concerns and staff explained their cleaning schedule to the Assessment Team and explained how they ensure these are completed in a timely manner.

Consumers stated fittings and furnishing meet their needs and said they feel safe at the service. Staff stated the equipment is sufficient, and management were able to demonstrate processes on how these are replaced when they are no longer functional or operational. Staff demonstrated how maintenance and preventative issues are reported.

**Standard 6**

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| Feedback and complaints | | Compliant |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

## Findings

Consumers and representatives felt supported and confident to provide feedback and lodge complaints and could describe the avenues available to them. The service has policies and procedures to guide staff in the management of feedback, complaints, and compliments.

Consumers were aware of different methods of raising complaints and the advocacy services available to them if required. The Assessment Team observed that information regarding internal and external complaints, feedback processes and advocacy services are provided via the consumer handbook, in brochures and on notice boards throughout the service.

Staff demonstrated an understanding of open disclosure in practice including the complaints management process and described how they have applied open disclosure with consumers and representatives in the event something has occurred or gone wrong.

Management described how feedback and complaints are recorded, actioned, resolved, and used to inform continuous improvement. The Assessment Team reviewed the service’s Plan for Continuous Improvement which demonstrates how feedback is used to improve care and services. **Standard 7**

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| Human resources | | Compliant |
| 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 |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

## Findings

Consumers considered they get quality care and services when they need them from staff who are knowledgeable, capable, and caring. Management confirmed COVID issues had presented challenges to staffing rosters, however the health and well-being needs of the consumers was consistently met by the service.

Staff were observed interacting with consumers and their representatives in a kind, caring and respectful manner. Consumers said they are treated with care and staff were respectful of their identity, culture, and diversity. Staff confirmed they had received training in cultural diversity, privacy respect and dignity, staff training programs included comprehensive onboarding training, mandatory training, and role specific training as well as access to resources, equipment and further training as needed.

The organisation has defined recruitment and onboarding processes, including initial recruitment, an orientation checklist and buddy shift for new starts to ensure understanding of the service’s systems and processes. Training records showed the training programs include onboarding, mandatory, and role specific training.

Management monitors and reviews the performance of staff through an annual appraisal and review process, which informs staff development and performance against Key Performance Indicators. The Assessment Team reviewed records of performance reviews and found the service was up to date with the annual appraisal program.

**Standard 8**

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| Organisational governance | | Compliant |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| 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 |
| 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

Consumers are engaged in the development, delivery and evaluation of care and services through participating in regular care and service plan reviews, feedback and complaints, audits, surveys, and consumer meetings.

Consumers and representatives said the service is well run, and they are satisfied with their involvement in the delivery of care and services.

The management team discussed a range of strategies when describing how the governing body ensures the service is promoting a culture of safe, inclusive, and quality care. Communication and information from the Board regarding changes at the service are received through various channels. The Board is notified of any major incidents and maintains oversight through regular reporting, site visits and involvement in the development of organisational policies.

The service has implemented effective governance systems relating to the management of information, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints.

The service’s risk management framework included policies describing how to manage high impact or high prevalence risks, identifying, and responding to consumer abuse and neglect, supporting consumers to live the best life they can.

The service’s clinical governance framework included antimicrobial stewardship, restraint minimisation and open disclosure processes. Staff understood the open disclosure principles and gave examples of its use.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)