Performance

Report

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| Name: | Vasey RSL Care Brighton East |
| Commission ID: | 3449 |
| Address: | 709-723 Hawthorn Road, BRIGHTON EAST, Victoria, 3187 |
| Activity type: | Site Audit |
| Activity date: | 28 August 2023 to 30 August 2023 |
| Performance report date: | 24 October 2023 |
| Service included in this assessment: | Provider: 2788 Vasey RSL Care Ltd  Service: 2200 Vasey RSL Care Brighton East |

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 East (**the service**) has been prepared by Denise McDonald, 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 Site Audit 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 team’s report received on 2 October 2023

# 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.

# 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 1

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| Consumer dignity and choice | |  |
| 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 and representatives said consumers were treated with dignity, respect and their culture valued. Staff were knowledgeable of consumers’ life histories and cultural backgrounds. Care documentation reflected consumers’ lives prior to entering the service and rights to dignified and respectful care were detailed in consumer handbooks.

Consumers confirmed staff understood consumers’ cultural needs and preferences. Staff described facilitating relevant cultural events and an awareness of tailoring care to cultural sensitivities. Care documentation reflected consumers’ culturally diverse needs and preferences.

Consumers and representatives said they were supported to make decisions regarding consumers’ care and services. Staff were knowledgeable of consumers’ choices and encouraged independence. Care documentation evidenced choices made by consumers and responsive care.

Management and staff were aware of consumers wishing to take risks and described responsive supports. Staff were guided by a risk policy describing consumers’ right to self-determination when choosing to take risks. Care documentation identified risks, mitigation measures and signed agreements between consumers and the service.

Consumers and representatives said they were kept informed by the service and information was explained to them if required. Care documentation evidenced staff using various tools to share information with bilingual consumers, and staff were observed adapting their communication to consumers with varying linguistic, sensory or cognitive abilities.

Consumers said their privacy was respected and staff confirmed they knocked on doors, awaited consent to enter and discussed consumer information privately. Consumer information was secured the service’s password protected electronic care management system and staff were observed respecting consumers’ privacy.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| 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

The assessment team recommended Requirement 2(3)(a) was not met. I have considered the assessment team’s findings; the evidence documented in the site audit report and the provider’s response and have found:

The Site Audit report evidenced inconsistent documentation of medical diagnoses regarding 2 named consumers to validate their use of prescribed psychotropic medications. Use of such medications was recorded on the service’s psychotropic register; however, relevant diagnoses were not recorded in the consumers’ medical histories. Care documentation evidenced behaviour support plans, regular reviews by geriatricians, psychiatrists and medical officers supporting use of psychotropic medications and informed consent from representatives.

Further, the Site Audit report evidenced wound care for a named consumer was misaligned to service policy insofar as during some periods, wound photographs were not taken weekly, and some were taken without a disposable ruler. However, the report noted photographs were taken weekly during other recorded periods of care, documentation provided adequate information to support appropriate wound management and the consumer’s wound was healing.

The provider’s response received 2 October 2023 acknowledged the findings of the Site Audit report and included a plan for continuous improvement which outlined the corrective actions taken, commenced, or planned to remedy the deficiencies. The service’s scheduled actions included auditing care plans for all consumers prescribed psychotropic medication to ensure validated diagnoses are clearly recorded, and to facilitate further restrictive practice training for nurses in addition to training for the same undertaken by staff following the site audit. The provider’s response further planned for care documentation for all consumers with pressure injuries to be audited, to review wound management equipment, prevention strategies and wound documentation, clarify staff responsibilities and provide further staff training.

Based on the Site Audit report and the provider’s response, I have reached a different view from the Assessment Team’s recommendation of not met and find the service compliant with this requirement. While the service acknowledged diagnoses for 2 named consumers prescribed psychotropic medications could have been more clearly documented, the consumers had been appropriately assessed and reviewed by health professionals prior to and during medication use. Further, the provider’s response sets out appropriate measures to ensure improvements to documentation and staff awareness.

Regarding wound management, the Site Audit report evidenced minor inconsistencies with service policy for a named consumer; however, evidence demonstrated the consumer’s wound was appropriately managed and was healing. The provider’s response sets out sufficient actions to improve documented wound care procedures and to clarify staff responsibilities when caring for consumer wounds.

For the reasons detailed above, I find Requirement 2(3)(a) to be compliant.

I find the remaining 4 Requirements under Quality Standard 2 compliant as:

Representatives confirmed staff discussed consumers’ end of life wishes with them for inclusion in advance care plans. Staff said end of life wishes were discussed upon entry, during care reviews, or when circumstances changed. Care documentation evidenced consumers’ needs and preferences, including advance care plans, where appropriate.

Consumers and representatives said they were involved in care assessment, planning and review. Staff described partnering with other care providers to plan safe and effective care. Care documentation evidenced consultation with consumers, representatives and other individuals and organisations supporting consumer care.

Consumers and representatives confirmed staff regularly discussed outcomes of care assessment and planning and they could obtain a copy of their care plan if they wished. Staff confirmed updating consumers and representatives regarding care outcomes following review by allied health professionals, which was reflected in care documentation.

Consumers and representatives provided positive feedback regarding review of care and services. Care plans were reviewed every 4 months or in response to changes or incidents. Care documentation reflected routine and responsive review of consumers’ condition and needs. Policies and procedures guided staff through care review processes.

# Standard 3

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| 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 |
| 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

Consumers provided positive feedback regarding personal and clinical care. Staff described care delivered in response to consumers’ individual needs and preferences. Most care documentation evidenced consumers were receiving care that was safe, effective, tailored and developed in consultation with allied health professionals. Some inconsistencies regarding clinical care are considered under Requirement 2(3)(a) where they are most relevant.

Consumers and representatives gave positive feedback regarding management of high-impact and high-prevalence risks. Management described analysing risks to identify trends to inform continuous improvements. Staff were aware of prevalent risks and care documentation reflected appropriate risk assessments and interventions tailored to consumer need.

Staff described comfort and pain management for palliating consumers and referring to a specialist palliative service for further support. Care documentation for a palliating consumer reflected their condition, pain and comfort management, and end of life goals and preferences. Staff were guided by palliative care policies and had recently participated in relevant training.

Consumers and representatives said staff promptly recognised changes in consumers’ condition and responded appropriately. Staff knew how to identify and respond to changes and were observed monitoring consumers’ condition to detect any decline. Care documentation evidenced prompt identification of and response to changes.

Consumers and representatives provided positive feedback regarding communication of relevant information between the service and other care providers. Staff described exchanging consumer information during handovers, through care documentation or the electronic care management system. Care documentation reflected consumer information shared between staff regarding individual needs and preferences.

Consumers and representatives said referrals to other individuals and organisations was timely and appropriate. Staff were knowledgeable of referral pathways to various allied health professionals including physiotherapists and speech therapists. Care documentation evidenced timely referral of consumers to a range of specialists.

Staff and management were knowledgeable of infection control practices and their relevant responsibilities, as evidenced in policies and procedures. Staff were guided by an infection control lead and understood antimicrobial stewardship. Visitors and staff underwent viral screening at entry and staff were observed practising hand hygiene.

# Standard 4

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| Services and supports for daily living | |  |
| 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

Most consumers said they were supported to participate in activities of interest which enhanced their quality of life and wellbeing. Staff confirmed activities were tailored to consumers’ needs and preferences and consumer feedback was welcomed. A lifestyle calendar evidenced a range of activities and consumers were observed participating in exercises and bingo. Management confirmed further tailored activities would be implemented for consumers with dementia.

Consumers said the service supported their emotional, spiritual and psychological well-being. Staff confirmed facilitating visits by religious representatives and identifying consumers’ behavioural changes before providing individualised support. Care documentation evidenced consumers’ spiritual needs and responsive support strategies.

Consumers said they were supported to undertake activities within the service and community, and staff described support available to enable consumers’ participation and maintenance of important relationships. Care documentation identified those of importance to consumers and activities of interest.

Consumers provided positive feedback regarding effective sharing of information with those involved in their care. Staff were made aware of consumers’ needs, likes, dislikes, preferred activities and support from external providers through handovers and the electronic care management system. Care documentation evidenced up to date information regarding consumers’ needs and preferences to support daily living.

Consumers provided positive feedback regarding timely and appropriate referral to other care and service providers. Management described engaging external counselling services to meet consumers’ specific emotional needs. Care documentation evidenced referrals to providers for additional support.

Most consumers gave positive feedback regarding the variety, quality and quantity of meals. Staff confirmed the menu rotated every 4 weeks and included alternative options and consumer input was welcomed through discussion and meetings. The provider’s response to the Site Audit report confirms discussion of preferences with a minority of consumers dissatisfied with the lack of culturally diverse meals had been undertaken.

Consumers confirmed access to equipment, which was safe, suitable, clean and well-maintained. Staff confirmed cleaning mobility equipment, including wheelchairs and hoists which were readily available. Mobility and lifestyle equipment was observed to be suitable, clean and in good condition.

# Standard 5

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| Organisation’s service environment | |  |
| 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 said the service environment was welcoming and easy to navigate. There were communal areas, a library, courtyards, lounges and dining areas. Management ensured consumers were introduced to staff and other consumers at entry and encouraged consumers to personalise their rooms. The service was observed to include mobility infrastructure and clear navigational signage.

Consumers and representatives confirmed the service environment was safe, clean, well-maintained and they could move around freely. Staff confirmed daily cleaning of the shared service environment, weekly detailed cleaning of consumer rooms and maintenance processes. The provider’s response to locked doors noted in the Site Audit report confirmed review underway in consultation with a dementia support service.

Consumers said, and observations confirmed, furniture and fittings were clean and well-maintained. Staff were knowledgeable of maintenance processes and confirmed requests were completed promptly. Consumers were observed using various equipment and furniture which was in good condition.

# Standard 6

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| Feedback and complaints | |  |
| 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 said they were encouraged and felt comfortable providing feedback or making a complaint. Management confirmed encouraging feedback and complaints through email, during meetings and care plan reviews. Staff were guided by policies and procedures to ensure consumers and representatives were aware of relevant processes.

Most consumers and representatives said they were aware of advocacy services and all consumers were comfortable raising issues with staff in the first instance. Staff were knowledgeable of advocacy and language services and informed consumers of such services through newsletters and posters displayed throughout the service.

Consumers and representatives said staff promptly responded to their complaints and worked to resolve their concerns. Staff described processes to respond to feedback and complaints, including the use of open disclosure. Records confirmed appropriate actions taken in response to complaints, including the use of open disclosure.

Consumers confirmed their feedback and complaints were used to improve care and services. Meeting minutes reflected discussion of complaints with consumers and responsive actions. Records reflected resolution of issues to the satisfaction of consumers and a decrease in trending complaints.

# 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 |
| 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 provided positive feedback regarding staffing numbers and confirmed their care needs were promptly met. Management described filling shift vacancies with ongoing staff and were recruiting for additional staff. Records evidenced the majority of calls for assistance were responded to within benchmarked timeframes.

Consumers and representatives said staff were kind, caring and respectful. Staff were observed interacting with consumers in a kind and caring manner, including gently guiding consumers to attend activities. The dignity and respect policy and staff handbook evidenced the organisation’s commitment to treating consumers respectfully.

Consumers and representatives said staff were competent, skilled and experienced. Management described reviewing candidate competencies during the onboarding process, new staff participating in orientation training and initial support from experienced staff. Staff described being supported in their roles and records confirmed staff were security vetted, held professional registrations and were appropriately qualified.

Consumers and representatives felt staff had been appropriately trained to perform their duties. Staff confirmed participating in mandatory training and management described identifying additional training needs through consumer feedback. Education records evidenced a high proportion of staff had completed training for open disclosure, infection control and serious incidents, among other topics.

Management confirmed assessing staff performance through annual appraisals, ongoing monitoring and discussions. Records confirmed staff participated in formal performance appraisals 3 months post commencement, then annually thereafter, and documentation for outstanding appraisals had been provided to staff. The service was guided by a performance appraisal policy when conducting reviews.

# Standard 8

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| Organisational governance | |  |
| 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 and representatives provided positive feedback regarding their involvement in the development and delivery of consumers’ care and services. Consumers and representatives were involved through care plan reviews, meetings, surveys and audits. Meeting minutes evidenced consumer involvement in discussions regarding continuous improvements, catering services and lifestyle programs, among other topics.

The organisational governing body promoted delivery of safe and inclusive care and services and was routinely informed of service operations through clinical reports and audit findings. Management confirmed staff received information from regulatory peak bodies, via the governing body, relevant to their roles, as well as routine communications through newsletters to advise of organisation wide changes.

The service had an established suite of systems and processes to support information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. The organisation’s systems and processes complied with relevant legislation and the continuous improvement plan evidenced actions taken in response to feedback and complaints.

A systematic approach was used to manage high-impact and high-prevalence risks to identify, report, escalate and review risks and incidents to improve care delivery. The organisation operated under a clinical governance framework to ensure best practice risk mitigation strategies. Staff demonstrated an operational knowledge of risk management and risks were routinely reported to senior management for broad oversight.

Management confirmed collaborating with an allied health professional to manage antimicrobial stewardship and infection prevention. Staff were knowledgeable of antimicrobial stewardship, using restrictive practices as a last resort, and the principles of open disclosure. Frameworks, policies and guidelines assisted staff to maintain best practice.

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-1)