Performance

Report

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| Name of service: | Vasey RSL Care Bundoora |
| Service address: | 5-7 Tower Avenue BUNDOORA VIC 3083 |
| Commission ID: | 3370 |
| Approved provider: | Vasey RSL Care Ltd |
| Activity type: | Site Audit |
| Activity date: | 8 November 2022 to 10 November 2022 |
| Performance report date: | 9 January 2023 |

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 Bundoora (**the service**) has been prepared by M.Nassif 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; 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.

# 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 staff treated them with dignity and respect and their identity and culture was valued. Staff described how they valued each consumer’s identity, culture and diversity. Care planning documents recorded individual backgrounds with cultural needs and diversity identified.

Staff, consumers and representatives confirmed that consumers from culturally and linguistically diverse backgrounds were respected, and the care provided to them was culturally safe. Staff described the different backgrounds of individual consumers and how they respected their cultural identity. Care planning documents contained information about consumers’ cultural backgrounds and preferences, and staff described how they met these needs and preferences.

Consumers and representatives stated they were supported to exercise choice and independence regarding how their care and services were delivered, and how they maintained connections and relationships. Staff were knowledgeable about consumers’ preferences and choices and described how they supported consumers to make informed choices. Care planning documents recorded consumers’ care choices and the supports needed to maintain their independence.

Staff described how they supported consumers to take risks and how they assisted consumers to understand the benefits and potential harm, when they made decisions concerning risk. Staff described how they involved consumers in problem solving to develop and document solutions to mitigate risks. This was reflected in care planning documents.

Consumers and representatives stated they were provided with current, accurate and relevant information which assisted them in making choices. Staff described how they provided information tailored to the needs of consumers to enable them to exercise choice. Care planning documents recorded the various communication strategies required for each consumer.

Consumers stated their privacy and confidentiality was always respected by staff. Staff described the practical ways they respected the personal privacy of consumers and this information aligned with feedback from consumers and observations. Staff were observed knocking on consumers’ doors, waiting for a response before entering. The service had mandatory staff training and documented policies in relation to maintaining privacy and the collection, disclosure, security and use of personal information.

# 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

Consumers and representatives were satisfied the assessment and care planning processes considered risks to consumers and informed the delivery of safe and effective care and services. Staff described how they assessed consumers, considered risks to their well-being, and planned the delivery of their care services. Care planning documents demonstrated effective, comprehensive assessment and care planning processes to identify the needs, goals and preferences of consumers.

Care planning documents identified and addressed consumers’ current needs, goals and preferences, including their advance care plans and end of life wishes. Consumers and representatives confirmed they had been given the opportunity to discuss current care needs, including advance care or end of life planning, if they wished. Management said information on advance care planning was included in the admission pack.

Consumers and representatives said they were actively involved in the assessment, planning and review of their care and services from the day of admission. Staff described how they include consumers, representatives and allied health professionals in the assessment and planning process. Care planning documents showed the consumer was a partner in the assessment and planning of their care and services and they could choose who else to involve.

Consumers and representatives were aware of care plans and some said they had a copy or had sighted the document. Representatives stated the service maintained good communication with them, particularly around post-incidents and changes in care and medication. They said staff explained things to them clearly and clarified clinical matters, if needed. Management described how the service effectively communicated the outcomes of assessment and planning to consumers and representatives and documented them in a care and services plan.

Consumers and representatives reported their care was regularly reviewed and they were satisfied staff made appropriate changes following incidents or changes in their condition. Management said they monitored and documented consumers’ condition on an ongoing basis. Clinical staff said incidents or any changes to consumers’ care were communicated to families as soon as possible, and care plans were updated accordingly. Care planning documents indicated changes in consumers’ condition, such as deteriorating wounds or pain, triggered reassessment and appropriate changes to their care and services.

# 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 confirmed they received safe and effective personal and clinical care that was best practice, tailored to their needs and optimised their health and well-being. Care planning documents reflected individualised, safe, effective care that was tailored to the needs and preferences of each consumer. The service had documented policies and procedures that guided staff practice and were readily available electronically.

Management explained how the service effectively managed high-impact and high-prevalence risks through monitoring clinical data, analysing performance indicators and the implementation of suitable risk mitigation strategies for individual consumers. Consumers and representatives said the service was effectively managing risks to consumers' health. This was consistent with care planning documents. The service had a documented risk management framework and policies were available to all staff on high impact or high prevalence risks associated with the care of consumers.

Care planning documents included an advanced care plan and end of life goals and preferences, where applicable. Staff described the way care delivery changed for consumers nearing end of life and the practical ways they maximised their dignity and comfort. Staff described how they approached conversations around end of life and how they cared for consumers by supporting regular family visits, regular repositioning, providing hygiene and comfort care, pain relief and pastoral care.

Consumers and representatives said the service recognised and responded to changes in consumer’s capacity or condition in a timely manner. Care planning documents and progress notes showed the identification of, and response to, a deterioration or change in their condition. Clinical staff explained how consumers’ current condition would be discussed during handovers and staff meetings, and a review by a medical officer and change to the care plan may result.

Care planning documents demonstrated that progress notes and care and service plans provide adequate information to support effective and safe sharing of consumer information to support care. Consumers and representatives said the consumer’s care needs and preferences are effectively communicated between staff and that they receive the care they need.

Care planning documents confirmed timely and appropriate referrals to other providers of care and services, where needed. Consumers and representatives said referrals were timely and appropriate and they could access a wide range of medical specialists and allied health services. Staff described the process for referring consumers to other health professionals and how this informed the care and services provided.

The service had documented policies and procedures to minimise the risks of infection and to promote the appropriate prescribing of antibiotics. The service showed preparedness for an infectious outbreak and had an up-to-date outbreak management plan and two infection prevention and control leads. Staff had received training and showed an understanding of infection prevention and control principles and actions they could take to minimise the use of antibiotics.

# 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

Consumers were satisfied the service provided them with safe and effective services and supports for daily living that met their needs, goals and preferences and optimised their independence, health, well-being, and quality of life. Staff explained the lifestyle needs, goals and preferences of specific consumers. Care planning documents detailed the lifestyle needs, goals and preferences of consumers and the support they required.

Consumers were satisfied the service promoted their overall emotional, spiritual and psychological well-being. Staff described how they supported consumers when their mood was seen to be low. Care planning documents contained information about consumers’ emotional, spiritual and psychological well-being, with strategies of how best to support them.

Consumers stated they were supported to participate in satisfying and interesting activities, engage with the community within and outside the service, and keep in touch with the people that were important to them. Staff provided examples of how they supported specific consumers with their daily living activities and helped maintain their important relationships. Care planning documents included information on lifestyle needs and interests, as well as personal and social relationships of importance.

Consumers said staff knew them well and information about their condition, needs and preferences was communicated effectively within the service, and with others sharing responsibility for their care. Staff described ways information about consumers’ condition, needs or preferences was kept up-to-date and shared. The service had an electronic documentation system which contained accurate and current information to support the delivery of appropriate services and supports for daily living.

Consumers said they were supported by timely referrals to other organisations and providers of care and services. Consumers stated they could organise their own appointments outside of the service or the service would organise appointments for them. Care planning documents confirmed the process of referral to external providers was timely and appropriate. Allied health professionals such as physiotherapists were observed working with consumers onsite.

Consumers and representatives stated the meals were varied and of suitable quality and quantity. The service had processes in place where consumers had choice and could order what they wanted each day from various options on the menu. Alternatives to the menu were available if the consumer did not like the menu options. Staff described how they met individual consumer’s dietary needs and preferences and how dietary changes were effectively communicated.

Consumers said the equipment provided was safe, suitable, clean and well maintained. Staff described how they cleaned equipment between use and kept it clean per infection control processes. Staff understood how to report an issue with equipment and described how maintenance was prioritised. Equipment in the service was observed to be safe, suitable, clean and well maintained.

# 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 they felt at home in the service, and it was welcoming to them and their visitors. Staff advised they supported consumers to personalise their rooms to promote a sense of belonging and independence. Visible signage provided clear guidance around all areas of the service.

Consumers stated the service environment was safe, clean, well maintained and comfortable, and they could move freely to all areas of the indoor and outdoor environments. This was consistent with observations. Consumers were observed walking in the outside garden and staff were assisting and supervising. The service had processes in place for identifying and reporting a hazard, and maintenance or cleaning issues. Cleaning staff described their daily cleaning schedules and requirements. Maintenance staff described how all scheduled and unscheduled maintenance was managed promptly via an electronic database.

Consumers stated all furniture, fittings and equipment were safe, clean, well maintained and suitable for their use. Consumers felt safe when staff used the mobility or transfer equipment with them. Staff described how the infection control processes used on shared equipment and explained how they reported maintenance issues. Maintenance documentation showed regular servicing of equipment. Equipment, fittings and furnishings were observed to be safe, clean and well maintained.

# 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 management and staff encouraged feedback and complaints and they had used different tools and avenues to complain. Documents confirmed different feedback tools were used by consumers and representatives to make a complaint. Minutes of resident and representative meetings indicated consumers and representatives were supported to provide regular feedback.

Consumers and representatives demonstrated their awareness of other avenues for making complaints and the advocacy and language support services available. Staff described how they had assisted consumers from culturally and linguistically diverse backgrounds to access language services when needed. Several different feedback and advocacy brochures were observed on display in different areas of the service.

Consumers and representatives stated they were satisfied with how complaints were managed and resolved. Staff showed clear understanding of their responsibilities and the open disclosure process when responding to complaints or when things went wrong. The service’s complaints register showed all complaints received were addressed promptly, followed up diligently and appropriately actioned.

Consumers and representatives were satisfied with how their feedback and complaints were recorded and resolved. They said staff provided regular updates on the status of their complaints and/or feedback. Management described documented processes by which feedback and complaints were used to improve the quality of care and services.

# 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 and representatives were satisfied with staffing numbers and the quality of care they provided. Some consumers thought there should be more staff however, they did not describe negative impacts. Staff said there were processes in place to ensure staffing levels were sufficient to match the changing needs of consumers. Management said the service had access to a pool of government personal care workers during the COVID-19 outbreak to cover staff that were sick. Management advised they do call bell audits and investigate all call bell responses greater than 10 minutes.

Consumers and representatives said staff were kind, caring and respectful. Staff interactions were observed to be kind, caring and respectful of each consumer's identity, culture and diversity. Staff demonstrated they were familiar with each consumer’s individual needs and identity and could articulate an in-depth knowledge of their condition and preferences.

Consumers and representatives said staff were competent, knew what they were doing, and had the skill and knowledge to meet their care needs. Management said orientation for new employees included an induction program and staff must complete mandatory training. Position descriptions set out the qualifications required for each role and police checks were undertaken in accordance with legislation. Records showed staff were suitably competent and qualified to provide effective, safe and quality care and services.

Management explained how the service recruited, trained and support its workforce to deliver outcomes in line with the Quality Standards. Consumers and representatives said they were confident in the organisation's workforce. Staff said they received ongoing training, support, professional development, supervision and feedback to carry out their role and responsibilities. Documents showed processes in place to prepare members of the workforce for their role. Records showed regular relevant training was provided to deliver and improve outcomes for consumers.

Management advised that staff performance was regularly monitored through observations, competency checks, consumer and representative feedback, internal audits, clinical data and performance reviews. Staff confirmed regular performance reviews were conducted however, some were overdue. Documentation showed performance reviews were scheduled and part of the service’s continuous improvement framework.

# 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 expressed satisfaction with the level of engagement in the development, delivery and evaluation of care and services. Consumers and representatives said the organisation encouraged them to take part in consumer engagement meetings and provide feedback through various different platforms available. Staff demonstrated a clear understanding of the importance of encouraging and supporting consumers to be actively involved in the decision-making process related to the delivery of care and services. Documentation confirmed consumers and representatives participated in monthly meetings and care planning.

The service was governed by the organisation’s Board who promoted a culture of safe, inclusive and quality care and services and was accountable for their delivery. The Board came from a variety of backgrounds and provided extensive professional experience and expertise to the organisation. The governance structure stated the Board’s responsibilities included strategic direction, risk management and financial oversight. Operational responsibility was delegated to a Chief Executive Officer who ensured organisational planning and administration was consistent with the organisation’s mission and values.

Management described how the organisation had effective organisation wide governance systems in relation to; information management, continuous improvement, financial governance, the workforce, regulatory and legislative compliance, and feedback and complaints management. The service had policies and procedures available to guide staff understanding and support the implementation of the organisation’s governance arrangements.

The service had effective risk management systems in place for high impact or high prevalence risks to consumers, identifying and responding to elder abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents. Staff clearly identified the high prevalence and high impact risks at the service using a structured monitoring system which included quality indicators and trends analysis to identify and manage these risks. Staff demonstrated a sound knowledge of various risk minimisation strategies.

The service had a documented clinical governance framework with policies relating to antimicrobial stewardship, minimising the use of restraint, and open disclosure. Management described how these policies and procedures were implemented and monitored across the service. Staff explained they had received training and gave examples of how these policies applied to their work. Records confirmed the policies were being implemented by the service.

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