Vasey RSL Care Community Services (East)

Performance Report

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| **Address:** | 172 Burwood Road HAWTHORN VIC 3122 |
| **Phone:** | 03 9810 5500 |
| **Commission ID:** | 300159 |
| **Provider name:** | Vasey RSL Care Ltd |
| **Activity type:** | Assessment Contact - Desk |
| **Activity date:** | 8 August 2022 |
| **Performance report date:** | 20 September 2022 |

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# Performance report prepared by

S Bickerton, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

**Services included in this assessment**

**Home Care Packages (HCP):**

* Vasey RSL Care Community Services (West), 26446, 172 Burwood Road, HAWTHORN VIC 3122
* Vasey RSL Care Community Services (East), 19005, 172 Burwood Road, HAWTHORN VIC 3122
* Vasey RSL Care Community Services (North), 19006, 172 Burwood Road, HAWTHORN VIC 3122
* Vasey RSL Care Community Services (South), 19007, 85 Overport Road, FRANKSTON VIC 3199

# Overall assessment of Service/s

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| Standard 4 Services and supports for daily living | HCP |  |
| Requirement 4(3)(a) | HCP | Not Assessed |
| Requirement 4(3)(b) | HCP | Not Assessed |
| Requirement 4(3)(c) | HCP | Not Assessed |
| Requirement 4(3)(d) | HCP | Compliant |
| Requirement 4(3)(e) | HCP | Not Assessed |
| Requirement 4(3)(f) | HCP | Not Assessed |
| Requirement 4(3)(g) | HCP | Not Assessed |
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# Detailed assessment

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the services, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been considered in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff, consumers/representatives and others

# STANDARD 4 Services and supports for daily living

# HCP

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

The service was previously found to be not complaint in requirement 4(3)(d) under this Quality Standard when a quality review was conducted at the service in November 2021.

The service participated in a reassessment of requirement 4(3)(d) in August 2022 and provided evidence of returning to compliance with this requirement.

One of the seven specific requirements have been assessed as compliant. The other six specific requirements have not been assessed in this instance as they were previously identified as being compliant.

**Assessment of Standard 4 Requirements**

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| Requirement 4(3)(a) | HCP | Not Assessed |

*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.*

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| Requirement 4(3)(b) | HCP | Not Assessed |

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

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| Requirement 4(3)(c) | HCP | Not Assessed |

*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.*

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| Requirement 4(3)(d) | HCP | Compliant |

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

Findings

The service demonstrated the introduction of improvements to ensure information relevant to consumers needs and preferences is documented in consumer care plans and effectively communicated internally and externally.

Following findings of a quality audit conducted at the November 2021, the service demonstrated it has conducted an audit of all consumers files.

* The service evidenced a review and release of an improved assessment tool. An additional twenty consumer questions have been included into this document and existing questions have been updated to collect detailed information from consumers. This assessment tool evidenced being aligned with the Quality Standards.
* The service demonstrated the introduction of folders stored at consumers homes. These folders include a copy of consumer care plans.
* The service demonstrated that consumer care plans are provided to third party contracted services to ensure staff who provide services have access to updated consumer information.
* Service management explained audits of third party contracted services are being conducted to ensure staff received a copy of consumer care plans.
* Service management reported receiving positive feedback from consumers in relation to the new care plans.

After considering the assessment teams report, on balance I find this requirement is compliant.

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| Requirement 4(3)(e) | HCP | Not Assessed |

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

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| Requirement 4(3)(f) | HCP | Not Assessed |

*Where meals are provided, they are varied and of suitable quality and quantity.*

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| Requirement 4(3)(g) | HCP | Not Assessed |

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# 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, however, required to actively pursue continuous improvement to remain compliant with the Quality Standards.