Performance

Report

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| Name of service: | Vasey RSL Care Frankston South |
| Service address: | 85 Overport Rd FRANKSTON SOUTH VIC 3199 |
| Commission ID: | 3038 |
| Approved provider: | Vasey RSL Care Ltd |
| Activity type: | Site Audit |
| Activity date: | 16 January 2023 to 18 January 2023 |
| Performance report date: | 9 February 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 Frankston South (**the service**) has been prepared by G. Hope-Simpson, 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, dated 16 January 2023 to 18 January 2023; 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.

# 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 treat consumers with dignity and respect. Staff demonstrated an awareness of consumers’ cultural backgrounds and individual care and services. The service has a diversity and inclusion policy which guides staff practice and all staff have completed training in cultural diversity.

Consumers and representatives confirmed the service recognises and respects consumers’ cultural background and provides care that is consistent with their cultural preferences. Staff could explain how care and services are delivered in a culturally safe and appropriate way. Care planning documents included information about consumers’ cultural background and practices.

Consumers and representatives said they are given choice about when care is provided, and their choices are respected. Staff confirmed the service supports consumer choice and independence. Care planning documents identified consumers’ individual choices around how and when care is delivered, who is involved in their care, and how the service supports them in maintaining relationships that are important to them.

Consumers described how the service supports them to take risks. Staff said the service supports consumers to make choices and take risks to enable them to live the way they choose. The Assessment Team observed and reviewed in documentation that the service is supporting consumers to take risks to live the best life they can.

Consumers and representatives confirmed the service communicates through printed information, verbal reminders, consumer meetings, and email correspondence. Staff described different ways information is communicated by the service. The Assessment Team observed information being provided in a clear way that supports informed decision making.

Most consumers said their privacy is preserved and staff respect their personal information. Staff could describe the practical ways they respect the personal privacy of consumers at the service. The Assessment Team observed the service has processes in place to protect consumer 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

Consumers and representatives said they are involved in the care planning process. Staff and management described the assessment and care planning process, and how it informs the delivery of care and services. Care planning documentation detailed the individual consumer risks that have been assessed and the strategies to reduce or eliminate those risks.

Consumers and representatives said assessment and planning identifies and addresses the consumer’s current preferences and end of life (EOL) wishes. Staff described how they approach conversations with consumers and their representatives about EOL and advance care planning. The service has advance care planning and EOL guidelines and sampled consumers had this information documented in care planning documents.

Consumers and their representatives said they participate in the planning of care and services. Staff explained how they collaborate with consumers, representatives, and other providers of care to ensure quality care is provided. Care planning documents showed evidence of involvement from a range of services, including medical officers (MO) and allied health professionals.

Consumers said the service regularly communicates with them about their care. Staff said any sudden change in condition of a consumer is communicated to the representatives immediately. The electronic care management system (ECMS) contained summaries of assessments which were available to consumers if requested.

Consumers and representatives said they are notified when incidents occur, or there are changes to a consumer’s condition. Staff were aware of the care plan reviews and the service’s incident reporting processes. Care planning documents identified evidence of review on both a regular basis and when circumstances change.

# 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 and representatives said consumers’ care needs were met and optimised their health and well-being. Staff demonstrated they were familiar with the personal and clinical needs of consumers. Care planning documents evidenced care that is safe, effective, and tailored to each consumer.

Consumers and representatives were satisfied that risks to health are effectively managed by the service. Care planning documents identified effective strategies were in place to manage identified risks. The organisation has an approach for monthly data trending and analysis of high impact and high prevalence risks associated with care of each consumer.

Consumers and representatives expressed satisfaction about how the service provides care to consumers' nearing EOL. Staff were able to describe how they approach conversations around EOL and provide palliative care and maximise the comfort of consumers towards the EOL. Care and services plans contained information about consumers’ EOL care in line with their needs, goals, and preferences.

Consumers and representatives said the service is responsive to changes in a consumer’s condition. Staff could describe how they identify signs of deterioration and communicate this information with family and representatives. Care planning documents showed the service takes appropriate action when incidents or changes in a consumer’s condition occur.

Consumers said their care needs and preferences are effectively communicated between staff. Information about the consumer’s condition, needs and preferences are documented and effectively communicated with those involved in the care of the consumer through the service’s ECMS. Care planning documents included input from MO and allied health professionals.

Consumers said the service has referred them to appropriate providers, organisations, or individuals to meet their care needs. Staff described other providers of care available to consumers, including but not limited to MOs, physiotherapists, dietitians, podiatrists, speech pathologists, dementia services, and palliative care services.

Consumers and representatives said they were satisfied with the service’s management of COVID-19 precautions and other infection control practices. Staff demonstrated an understanding of infection minimisation strategies and the appropriate use of antibiotics in line with the organisation’s policy. The Assessment Team observed staff following infection control procedures.

# 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 could explain how services and supports for daily living have improved their independence, health, well-being, and quality of life. Staff could describe what is important to sampled consumers, and this information aligned with care planning documents.

Consumers could describe how the service promotes their emotional, spiritual, and psychological well-being. Staff described how they support consumers emotional and spiritual needs. Care planning documents included information about consumers' emotional, spiritual and psychological well-being needs, goals and preferences.

Consumers and representatives said consumers are supported to participate in activities and maintain personal relationships. Staff described how they support consumers to participate in the community or engage in activities of interest to them. Care planning documents aligned with the information provided by consumers, representatives, and staff regarding continued involvement in the community.

Consumers said that information about their condition, needs and preferences are communicated within the organisation and with others where responsibility for care is shared. Staff could describe ways in which they share information and are kept informed of the changing condition of consumers.

Consumers said they are supported by other organisations, support services, and providers of other care and services. Staff could describe other individuals, organisations and providers of other care and services and specific consumers who utilise these services. Care planning documents identified referrals to other organisations and services.

Most consumers and representatives expressed satisfaction with the variety, quality and quantity of food being provided at the service. Consumers at the service with dietary needs were accommodated and all staff were knowledgeable regarding their needs. The service has feedback mechanisms which allow consumers to provide feedback on the performance of the kitchen.

Consumers and representatives said they have access to equipment to assist with their daily living activities. Staff advised they have access to the equipment and resources they need to support consumers. The Assessment Team observed consumers’ equipment was 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

The Assessment Team observed, and consumers and their representatives confirmed, the service was welcoming and easy to navigate. Staff could describe aspects of the service environment that made consumers feel welcome and optimised their independence, interaction, and function.

Consumers and representatives said the service environment is safe, clean, and generally well maintained. The service follows a cleaning schedule to ensure all consumer rooms and communal areas are safe, clean, and well maintained. The Assessment Team observed consumers moving freely around the service.

Consumers said equipment is clean and safe for use. Staff described how shared equipment is cleaned and maintained. The service has preventative and reactive maintenance schedules which were up to date and actioned appropriately. The Assessment Team observed the furniture, fittings, and equipment at the service to clean and safe for use.

# 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

Most consumers and representatives said they are aware of how to make complaints and provide feedback. Staff could describe the processes in place to encourage and support consumers and representatives to provide feedback and make complaints. The service has various avenues for making a complaint and providing feedback, including speaking directly to the management team, submitting a feedback form, consumer meetings, surveys, or emailing the care manager.

While some consumers and representatives were not aware of the advocacy and interpreting services, all consumers said they were happy to manage their complaints with the service directly. Staff demonstrated a shared understanding of external complaints and feedback avenues and advocacy and translation services. The Assessment Team observed various written materials around the service which had information about advocacy services and external complaints mechanisms.

Consumers and representatives said management promptly addresses and resolves their concerns following the making of a complaint, or when an incident has occurred. Staff demonstrated an understanding of open disclosure processes. Review of the feedback register confirmed the service takes appropriate and timely action in response to complaints.

Most consumers and representatives reported that their feedback is used to improve services. Consumer meeting minutes and the plan for continuous improvement (PCI) demonstrated complaints, feedback and suggestions are generally documented and changes at the service are communicated with consumers.

# 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

While most consumers and representatives said the service is short staffed, no consumers or representatives raised any significant concerns in relation to the delivery of care. Management described the rostering system and explained how they ensure there is enough staff to provide safe and quality care. Management acknowledged understaffing issues and evidenced recruitment strategies to fill vacancies. Call bell data for January 2022 indicated that most call bells were attended to within 10 minutes.

Most consumers and representatives said staff are kind, caring and gentle when providing care. Staff were observed interacting with consumers in a kind, caring and respectful manner. The service has a code of conduct which guides staff practice. The Assessment Team reviewed documentation evidencing that staff have completed training on cultural diversity and dignity and respect.

Most consumers and representatives said staff are skilled and competent in their roles. Management described how the service ensure staff are competent and capable through orientation, buddy shifts, and regular trainings that captures the Quality Standards. The Assessment Team reviewed documentation which indicated that recruitment, selection, and induction processes are comprehensive.

Consumers and representatives said staff have the appropriate skills and knowledge to ensure the delivery of safe and quality care and services. Staff interviewed said the service provides mandatory and supplementary training to support them to provide quality care. The Assessment Team reviewed mandatory training completion records which showed completion rates of 80 per cent.

The service has a staff performance framework which identifies appraisals are conducted annually. Staff demonstrated awareness of the service’s performance development processes, including performance appraisals which include discussions of their performance and areas where they would like to develop their skills.

# 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 said they provide ongoing input on how consumers’ care and services are delivered and confirmed that the service has sought their input in a variety of ways. Staff confirmed the service keeps consumers and representatives informed and engaged in the delivery of care and services. Documentation review showed consumers are meaningfully engaged in evaluation of services through consumer meetings, feedback mechanisms, and surveys.

Management outlined systems and reporting processes in place through which the governing body monitors the service’s compliance with the Quality Standards. Management discussed how the organisation supports the service in providing care and services through monthly committee meetings which are presented to the Board. The governing body analyses data monthly to ensure a culture of safe, inclusive, and quality care.

Management and staff described processes and mechanisms in place for effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service has an effective ECMS, continuous improvement framework and PCI, established financial governance arrangements, and processes for workforce governance, feedback, and complaints.

Staff could provide examples of how risks are managed within the service. The service has a wide range of frameworks, policies, and procedures to support the management of risks and incidents. The service uses an electronic system to capture incidents and has a system to support the reporting, recording, and reviewing of incidents.

Staff demonstrated an awareness of antimicrobial stewardship, minimising the use of restrictive practices, and open disclosure. The service demonstrated there was a clinical governance framework in place, including antimicrobial stewardship, minimising the use of restraint, and open disclosure.

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)