Regis Armadale

Performance Report

607-613 Dandenong Rd   
ARMADALE VIC 3143  
Phone number: 03 8563 7000

**Commission ID:** 3882

**Provider name:** Regis Aged Care Pty Ltd

**Site Audit date:** 22 June 2021 to 24 June 2021

**Date of Performance Report:** 28 July 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, 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 taken into account in developing this 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.
* the provider’s response to the Site Audit report received 20 July 2021

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Most consumers consider they are treated with dignity and respect, can maintain their identity, culture and diversity make informed choices about their care and services and live the life they choose. Care planning documents reflected the diversity of consumers, their backgrounds and care needs. Staff speak respectfully to consumers and treat them in a respectful manner.

Consumers interviewed confirm they are encouraged to do things for themselves and staff know what is important to them. Consumers interviewed confirm their personal privacy is respected.

Discussions with staff and review of care planning documents also outline the consumers are supported to maintain social connections with family and friends.

Consumers said they can exercise choice and independence such as doing activities outside of the service, choice of meal and choice of activity within the service. Where consumers choose to take risks, these are discussed with the consumer and risk assessments are undertaken and reviewed depending on the rating of the risk as part of the regular ‘wellness’ checks.

Consumers and representatives are satisfied that information they are provided with is current, accurate, timely and communicated clearly and easy to understand. Consumers and representatives are updated in a timely manner about incidents that have occurred.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*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.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*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.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

Most consumers and representatives consider they are partners in the ongoing assessment and planning of their care and services.

Care planning documents showed evidence of staff completing initial care assessment when consumers enter the service and also ongoing planning and assessments especially as consumers preferences change or following incidents. Care documents contained consumers’ goals, preferences, health risks and individual preferences. Advanced care directives are completed on entry to the service and provide information on the consumers’ wishes for their end-of-life treatment and care.

Staff know consumers’ risks and can describe strategies to ensure safe and effective care is provided and are aware of what is important to consumers in terms of how care is delivered. Staff describe how consumers, representatives, health professionals and other organisations contribute to the consumer’s care and how they work together to deliver a tailored care and service plan.

Clinical staff provide consumers or their representative with an opportunity to discuss outcomes of assessment and planning when conducting monthly ’wellness checks‘. Care staff have ready access to consumers’ care plans to facilitate service delivery.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

### Requirement 2(3)(b) Compliant

*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.*

### Requirement 2(3)(c) Compliant

*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.*

### Requirement 2(3)(d) Compliant

*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.*

### Requirement 2(3)(e) Compliant

*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.*

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

Consumers consider they generally receive personal care and clinical care that is safe and right for them.

Consumers and representatives said care is safe, meets consumers’ needs and is effectively managed. Representatives are satisfied consumer comfort, end of life care and support is provided. Deterioration is identified and monitored and referrals to health professionals occur in a timely manner. The service effectively documents and communicates information about consumers’ condition, needs and preferences including verbal and written handover.

Staff interviews, and documentation reflect individualised care is safe, effective and tailored to the specific needs and preferences of the consumer. This includes best practice management to optimise health and well-being of skin integrity, pain, restraint and behaviours. Other high impact or high prevalence risks associated with the care of each consumer, are effective.

Consumers who require the use of chemical restraint are on the whole effectively assessed and monitored and reviewed according to regulatory requirements. Consultation with representatives occurs and as needed medication is not given without other non-pharmacological strategies being trialled.

Consumers with high risk of skin breakdown or wounds were being actively managed and monitored by the service. Staff document all care provided and also when care is refused. Pressure relieving devices are available such as specialised nursing chairs, pressure relieving cushions, air mattresses, heel booties and limb protectors.

The service has an infection control policy including an antimicrobial stewardship policy and an outbreak management plan and supporting documentation to guide staff practice.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*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.*

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

### Requirement 3(3)(d) Compliant

*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.*

### Requirement 3(3)(e) Compliant

*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.*

### Requirement 3(3)(f) Compliant

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

### Requirement 3(3)(g) Compliant

*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.*

# STANDARD 4 COMPLIANT Services and support for daily living

### 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

Most consumers consider they receive the services and supports for daily living that are important for their health and well-being, enabling them to do the things they want to do. Consumers feel supported by the service to do the things they like to do.

The service promotes each consumer’s emotional, spiritual and psychological well-being. Pastoral care is provided to consumers, with a focus on ensuring consumers have meaning in their life.

Consumers described how they can do things of interest either within or outside of the service and maintain social connections and how the service supports them to maintain family and social connections.

Recreation care plans describe consumer activity preferences as well as the support that is required for participation. The emphasis is on person centred rather than group recreation. The lifestyle care plans contain individualised information. Ongoing evaluation of lifestyle needs is reflected in a wellness check and evidenced in progress notes, when a change in need is identified. Consumers were observed using a variety of lifestyle equipment and resources throughout the service that were clean and in good repair.

Care planning documents show timely referral and support provided by individuals and organisations for consumer participation and wellbeing. Lifestyle staff described links with a range of community groups to enhance consumer experiences.

Overall consumers and representatives expressed satisfaction with the quantity, quality and variety of food provided. A choice of meal is offered at each session. If consumers are hungry, they can ask for more. Care planning documentation include consumer needs, preferences, likes and dislikes, nutritional assessments, and dietary requirements. Catering staff are advised by nursing staff or the dietician if there are any changes to the dietary or nutritional needs of individual consumers. The service engages dining room champions to enhance the dining experience.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

## Assessment of Standard 4 Requirements*.*

### Requirement 4(3)(a) Compliant

*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.*

### Requirement 4(3)(b) Compliant

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

### Requirement 4(3)(c) Compliant

*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.*

### Requirement 4(3)(d) Compliant

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

### Requirement 4(3)(e) Compliant

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

### Requirement 4(3)(f) Compliant

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

### Requirement 4(3)(g) Compliant

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

Consumers and representatives confirmed that the internal and external environment is pleasant, and they can personalise their own living areas. Consumer’s relatives and friends are made to feel welcome.

There are a variety of communal spaces both indoors and outdoors. These include small lounge areas, outdoor tables and chairs and kitchenettes with a coffee machine available for use by consumers and visitors.

The memory support unit is designed to support the functioning of people with cognitive impairment using strategies such as certain décor in corridors and communal areas, tactile wall displays and a personalised box outside each consumer’s bedroom with items to provide each consumer with sensory stimulation.

The Assessment Team observed the service to be safe, clean and well maintained. maintenance is managed using a preventative and reactive work schedule which is reviewed daily. A maintenance log is maintained that records weekly, monthly and quarterly maintenance requirements.

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

Consumers provided feedback that they feel safe and they are encouraged to provide feedback at any time to the service. Staff support consumers and representatives to raise any concerns and documentation demonstrated how feedback and complaints were actioned and assisted in improving the service.

Feedback forms, information regarding external complaint processes and feedback boxes are available throughout the service. Information in relation to advocacy and language services are also available throughout the service.

#### Consumers were satisfied with the action taken by management in relation to recent feedback provided. Open disclosure process is practiced when actioning outcomes of complaints. There had not been formal complaints but feedback had been provided by staff in a number of areas, as they felt it would impact the consumers if not addressed.

The complaints process is fed into ongoing continuous improvement at the service and feedback and complaints documentation demonstrated action taken and improvements made.

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

Overall, consumers considered they get quality care and services when they need them and from people who are knowledgeable, capable and caring. The Assessment Team observed kind, caring and respectful interactions with consumers by staff. Staff and consumers expressed that there were sufficient staffing numbers to ensure safe and quality care is provided.

The service has a range of systems and process to ensure the number and mix of their workforce is adequate and unplanned leave is replaced. The service demonstrated the workforce is competent and members of the workforce have qualifications and skills to effectively perform their roles. Mandatory training is completed by staff on a yearly basis and the service provides further education to staff as required.

The service demonstrated regular assessment, monitoring and review of the performance of each member of the workforce. Staff confirmed they receive feedback from management. The service demonstrated a system for staff appraisal and performance management processes. Staff performance is assessed during their six-month probation period to determine if staff are competent and capable in their role.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The service demonstrated that consumers and representatives are involved in the development, delivery and evaluation of care and services. Management seeks input from consumers and representatives and action improvement ideas. Management described how consumers are engaged and supported to be involved in the development, delivery and evaluation of care and services. One consumer was recently involved in the recruitment process for new staff.

Other areas consumers are able to contribute to the improvement of care and services is through Resident and Representative meetings and food focus meetings.

The governing body promotes a culture of safe, inclusive and quality care. Consumers and representatives expressed feeling safe at the service and living in an inclusive environment with provision of quality care and services. Governance systems are in place and the service demonstrated their application in considering best outcomes for consumers. The Board monitors and reviews routine reporting and analysis of data related to consumer experience. The Board then satisfies itself that systems and processes are in place to ensure the right care is being provided in accordance with the aged care quality standards.

The service demonstrated the organisation’s risk management framework. Risks are reported, escalated and reviewed by management at service level and the organisation’s executive management including the board. The service demonstrated components of the risk management system including incident reports, audits, meetings with consumers, representatives and staff. Feedback is communicated through service and organisation meetings, leading to improvements to care and services for consumers. The service records, analyses trends, and reports on risk areas including falls, weight loss, compulsory reporting, infections and infectious outbreaks and complaints.

The service demonstrated the organisation’s clinical governance framework which includes polices relating to antimicrobial stewardship, minimising the use of restraint, and open disclosure. There is reporting conducted on infection related incidents monthly which is then analysed and evaluated to identify any trends. Open disclosure is practiced at all times and explanation provided to representatives following incidents, of what is put in place to prevent further incidents.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*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.*

### Requirement 8(3)(d) Compliant

*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.*

### Requirement 8(3)(e) Compliant

*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.*

# 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 in order to remain compliant with the Quality Standards.