Regis Bunbury

Performance Report

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**Commission ID:** 7247

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

**Assessment Contact - Site date:** 6 October 2020

**Date of Performance Report:** 11 January 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

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| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | 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 Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the Approved Provider indicated they would not be submitting a response to the Assessment Contact - Site report.

# STANDARD 3 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

The Assessment Team assessed Requirement (3)(a) within this Standard. As no other Requirements within this Standard were assessed no recommendation of Compliance for the Standard has been made.

The Assessment Team have recommended this Requirement is met.

Based on the Assessment Team’s report I find this Requirement Compliant. The reasons for my decision are detailed under the specific Requirement below.

### 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.*

The Assessment Team found overall consumers receive care that is best practice, tailored to their needs and optimises their health and well-being. Specific feedback from consumers and representatives included:

* A representative said they were very happy with the care their spouse is receiving and they are ‘very well looked after’.
* A representative reported they are aware of consumer’s wounds and confirmed staff keep them informed of changes in the consumer’s care needs.
* A representative confirmed they were involved in discussions about the use of a chemical restraint and are aware of the crash mats that are placed by the consumer’s bed to minimise risk of injury should they fall. They said staff contact them promptly after incidents. The consumer described staff as ‘lovely’ and said they liked living at the service.
* A representative said nursing staff ask them to help give the consumer their medication as they do not have time, and they sometimes find medication residue in the consumer’s mouth when they visit. Refer to Requirement 8(3)(c) below for more information relating to staffing.
* A representative whose family member’s clinical condition is deteriorating confirmed they have been kept informed while their condition was deteriorating, and they were ‘very happy’ with the care provided.

The Assessment Team reviewed policies and processes to guide staff in providing appropriate personal and clinical care. Staff have access to these on the intranet and updates and changes in practice are provided to staff in a memo file.

Documents reviewed by the Assessment Team included specific and general care plans containing personalised strategies for the provision of clinical and personal care, such as pressure prevention strategies, wound care, pain management interventions and non-pharmacological strategies to minimise the impact of behavioural symptoms of dementia. Progress notes demonstrated completion of monthly ‘wellness checks’ when consumers’ care plans are reviewed, vital observations taken, a urinalysis completed, the medication list reviewed, incidents for the past month reviewed, a head to toe assessment completed, weight reviewed, and the consumer’s goals confirmed and updated as required. Records relating to wound care, use of restraints, skin integrity and pain management confirm staff are following policies and procedures. Changes to consumers’ condition is documented and care plans modified to ensure personal and clinical care remains effective and appropriate.

During interviews with the Assessment Team a nurse explained that assessments are used to identify consumers’ clinical needs and personal preferences, and this information is used to develop care plans that guide staff when providing care. Staff were able to describe what clinical and personal care they provided to individual consumers such as working as a team when a consumer’s behavioural symptoms of dementia escalate, releasing a consumer’s authorised restraints regularly and applying booties when a consumer is resting in bed. Care staff spoke of using non-pharmacological interventions when behavioural symptoms of dementia are escalating, and of informing the nurse on duty if these were unsuccessful. Care staff said they are supported by a clinical team and have access to a nurse if they have concerns about a consumer’s care. They described how they report and complete documentation for incidents involving consumers’ personal or clinical care.

The Assessment Team reviewed evidence of processes in place to monitor staff compliance with this Requirement and to identify opportunities for continuous improvement.

For the reasons detailed above I find the service Compliant with Requirement (3)(a) in Standard 3.

# STANDARD 8 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 Assessment Team assessed Requirements (3)(c) and (3)(d) within this Standard. As no other Requirements within this Standard were assessed no recommendation of Compliance for the Standard has been made.

The Assessment Team have recommended both Requirements are met.

Based on the Assessment Team’s report I find both Requirements Compliant. The reasons for my decisions are detailed under the specific Requirements below.

## Assessment of Standard 8 Requirements

### 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.*

The Assessment Team found the service demonstrated it has an effective organisational wide governance system that drives information management, continuous improvements, financial governance, feedback and regulatory compliance. The Assessment Team received some feedback suggesting there was a lack of staff to deliver care and services. Review of the service’s workforce governance system and clinical indicator data did not suggest the current processes for determining staff numbers had an adverse impact on consumers.

In relation to information management staff use a password-protected electronic record management system to store all consumers’ information. Verbal handovers occur between shifts and changes to consumers’ care and condition are passed on during daily ‘huddles’ or through alerts on the electronic record management system.

In relation to continuous improvement management confirmed they maintain a continuous improvement plan and feedback from a variety of sources including feedback forms, resident/relative meetings, from staff and through observations are added to this plan and followed up. Review of the plan confirmed suggestions for improvement are included across all Quality Standards and include feedback from consumers.

In relation to financial governance management confirmed a corporate finance team has oversight of the service budget including a capital expenditure budget. The service manager is responsible for developing rosters and determining appropriate staff allocations across the service within their allocated budget.

In relation to workforce governance management said rosters and allocations are completed at service level and the mix and number of staff is based around acuity and needs of consumers at any given time. They confirmed each role has a duty statement relevant to each shift. Staff working in different areas of the service reported they do not always have time to review policies and procedures and staff working in Boronia and Waratah wings said there are not enough staff to manage behavioural symptoms of dementia. The Assessment Team reviewed clinical indicator data and identified no data to suggest physical and behavioural symptoms of dementia are adversely impacting consumers. A representative expressed concern about the assistance provided to consumers to take their medication, and another expressed concern about call bell response times. The Assessment Team followed up both concerns. Management issued reminders to staff about administering medication while the Assessment Team were onsite, and a review of call bell data showed no response over 10 minutes for the specific consumer identified in the four week prior to the assessment contact visit.

In relation to regulatory compliance management advised the corporate quality manager circulates updates to legislation, including COVID-19 updates from the Department of Health. Relevant information is shared with staff at meetings, via memos in the staff room and on the intranet. The Assessment Team reviewed appropriate records relating to compulsory reporting and the maintenance of a discretion not to report register. Care, clinical and lifestyle staff described what they do if they see or are made aware of any incidents of physical or verbal aggression and stated they would complete an incident report and make an entry in the progress notes. Management confirmed two senior staff are responsible for reviewing progress notes regularly to ensure incidents are reported correctly and within timeframes.

In relation to feedback and complaints records confirm advice provided by management, that a consolidated register of feedback is maintained and used to record action taken to follow-up and address concerns, feedback provided to complainants, and to direct continuous improvement activities where relevant. Staff were able to describe the service’s feedback and complaints process and consumers confirmed they knew how to provide feedback and lodge a complaint if required.

For the reasons detailed above I find the service Compliant with Requirement (3)(c) in Standard 8.

### 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.*

The Assessment Team found the service has effective risk management systems and practices in place to manage high impact or high prevalence risks associated with the care of consumers. The service was able to demonstrate it responds appropriately, and in a timely manner, to abuse and neglect of consumers. The service has adequate processes and communication mechanisms in place that assists in supporting consumers to live the best life they can. Specific feedback provided by consumers included:

* All consumers interviewed stated they felt happy and safe at the service and were happy with the care they received.
* Most consumers said staff encourage them to participate in group activities and there are a variety of activities available to suit their preferences.
* A consumer said they are a smoker and staff assist them to smoke independently outside, as is their preference.

During interviews with the Assessment Team staff identified vulnerable consumers and confirmed consumers whose conditions were deteriorating were discussed at handover to ensure all staff were aware of their changing care needs. Staff confirmed they had received training relating to elder abuse and dignity of risk and accurately described dignity of risk and how it applied to their roles.

The Assessment Team reviewed a range of policies and supporting documents that contribute to the service’s risk management framework including but not limited to restraint and behaviour management policies, an elder abuse policy and a reportable incident register. Records within the reportable incident register detail the nature of the incident, the involvement of external services such as the Police, and any involvement of the organisation’s human resource team. Records confirm the service is appropriately reporting, investigating and finalising reported incidents as directed by their policies and procedures. Clinical indicator data is collected and analysed monthly, the outcome of which is added to the continuous improvement plan to guide improvement activities.

The Assessment Team reviewed evidence of processes in place to monitor that the service continues to meet this Requirement.

For the reasons detailed above I find the service Compliant with Requirement (3)(d) in Standard 8.

# 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.