Regis Bunbury

Performance Report

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**Commission ID:** 7247

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

**Assessment Contact - Site date:** 5 January 2022

**Date of Performance Report:** 28 February 2022

# Performance report prepared by

Michelle Glenn, 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.

# Overall assessment of this Service

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| --- | --- |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(d) | Non-compliant |

# Detailed assessment

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 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 consumers, representatives, staff and management
* the provider’s response to the Assessment Contact - Site report received 2 February 2022.

# STANDARD 3 NON-COMPLIANTPersonal 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 Quality Standard is Non-compliant as the one Requirement assessed has been found Non-compliant.

The Assessment Team assessed Requirement (3)(a) in Standard 3 Personal care and clinical care as part of the Assessment Contact and have recommended the Requirement not met. The Assessment Team were not satisfied the service demonstrated each consumer is provided safe and effective personal and clinical care that is based on best practice and tailored to their needs.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and based on this information, I find Regis Aged Care Pty Ltd, in relation to Regis Bunbury, Non-compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care. I have provided reasons for my finding in the specific Requirement below.

**Assessment of Standard 3 Requirements**

**Requirement 3(3)(a) Non-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 were not satisfied the service demonstrated each consumer is provided safe and effective personal and clinical care that is based on best practice and tailored to their needs. The Assessment Team’s report provided the following evidence relevant to my finding:

Consumer A

* Bowel evacuation was not monitored to ensure the consumer was provided effective management of constipation. Organisational policies were not followed in assessment and management of Consumer A’s irregular bowel movements to provide safe and effective clinical care.
* Weekly weighs were not conducted in line with specialist directives or the care management plan. Policy directives were not followed in response to Consumer A’s gradual weight loss
	+ Management stated weekly weighs were not undertaken as the consumer was palliative. However, the Assessment Team verified the consumer was not identified as palliative while residing at the service
* Therapeutic massage, ordered to be undertaken for pain management by an allied health professional 4 times a week, was not conducted over a 15 day period in October 2021 due to lack of staff. The consumer was receiving medication for pain and pain was being monitored during this time.
* Progress notes in November 2021 report a small vomit in the morning and evening, with the morning notation indicating the consumer appeared to be in pain. No as required medication for pain was administered.
	+ Further assessment following the episodes was not undertaken in line with policy which indicates further assessment is required following nausea and vomiting.

Consumer B

* Policies and procedures were not followed in relation to monitoring and escalation of Consumer B’s bowel management. Treatment administered for constipation was not effectively followed up, documented and actioned.
* Management acknowledged the organisation’s policy was not always being followed and that information between care staff and clinical staff was not always transferred effectively.

Consumer C

* Consumer C was not provided with supervision and assistance for fluids as required.
* Speech pathologist and Dietitian directives were not being followed. Supplements were not being provided as ordered by the Dietitian and fluids are not being given in line with the Speech pathologist’s directives.
* Management acknowledged the service is not following directives of the weight management flow chart regarding Consumer C’s food and fluid intake.
* Policies and procedures were not being followed in relation to monitoring Consumer C’s bowel evacuation. Constipation was not effectively followed up and actioned.
	+ The care plan does not provide effective guidance to staff relating to follow up of constipation or include interventions to manage constipation effectively.

Consumer D

* Consumer D’s nutrition and hydration care management plan was not being followed as the Assessment Team observed the consumer was not supervised with morning tea.
* Records show the consumer has had recent weight loss. The service is not following policies and procedures regarding weight management guidelines.

Consumer E

* The organisation’s policies were not being followed to ensure best practice in management of Consumer E’s nutrition and hydration.
* Weight records show Consumer E has lost weight over the past month with progress notes in December 2021 indicating the consumer had a greater than 5% weight loss in the last month. However, this note has not alerted staff to commence a food/fluid chart as directed by the service’s flow chart.

The provider’s response directly addressed evidence documented in the Assessment Team’s report and included commentary and supporting documentation. Additionally, a Continuous improvement plan has been developed in response to the Assessment Team’s report to address areas for improvement identified The provider’s response included, but was not limited to:

In relation to Consumer A

* There are two relevant organisational processes aligned to the Clinical assessment policy.
	+ In relation to process 1, staff did not detect discomfort, aperients and as required medication were considered on alerts of bowels not opened for three days and Medical officer consideration was ongoing.
	+ In relation to Process 2, the assessment was not required as there was no sudden change in the consumer’s condition, there was no discomfort over the period noted in September 2021 and staff acted on day four after being alerted of bowels not opened three days.
* The Assessment Team have not included proactive bowel management strategies in place, including non-pharmalogical dietary management.
* The Assessment Team’s statement that bowels did not open for a seven day period in September 2021 is incorrect. Bowel actions were not recorded for a four day period with bowels opened on the fifth day.
* In relation to weekly weighs, there was no such order from the Dietitian. The consumer’s weight was 34.8kg in October, not 34.1kg as noted by the Assessment Team.
	+ The consumer was weighed four times during the period August to November 2021, not twice as indicated by the Assessment Team.
	+ The consumer was reviewed by a consultant Physician and Geriatrician, most recently in August 2021, who addressed weight management issues and referenced a review for a possible palliative care option.
* In relation to therapeutic massage, this is exceptional reporting and the Health professional reported appropriately.
* In relation to vomiting episodes, the General practitioner was contacted and directives provided and actioned. During this time, the consumer’s pain was monitored. Following further episodes, transfer to hospital was initiated and undertaken immediately.

In relation to Consumer B:

* It is important to note avenues within the electronic care management system for monitoring and recording of pain, including charting and assessment forms which sit independently aside from progress notes.
* Unfortunately, staff were not provided an opportunity to clarify the suite of charting and assessment forms.
* The consumer’s pain management and comfort was evidenced and being monitored. Pain charting was undertaken from 31 December 2021 to 6 January 2022 with a clear progress note detailing evaluation of charting. Documentation to support this was not included in the provider’s response.

In relation to Consumer C:

* There are inaccuracies in assessment by the Assessment Team regarding Consumer C’s weight loss. It is acknowledged a 3.1kg loss is recorded in August 2021, after which the consumer gained weight for two months with a slight weight loss the following two months.
* The consumer was reviewed by a Speech pathologist subsequent to the Assessment Contact.

In relation to Consumer D:

* The consumer has not lost more than 5kg in one month. This is inaccurate with weight loss recorded at 4.19kg. The consumer’s weight recorded in January 2022 is reflective of stabilisation.
* The consumer was reviewed by a Dietitian subsequent to the Assessment Contact.

In relation to Consumer E:

* Weight was recorded at 43.4kg in July 2021 and 45.15kg in January 2021. The consumer should have been re-weighed to confirm the weight in December 2021 as an alternative chair had been used.
* Weight chairs have been re-calibrated and a specific chair allocated to Consumer E to ensure accurate readings.

I acknowledge the provider’s response to the Assessment Team’s report, including supporting documentation and the Continuous improvement plan outlining actions taken in response to deficits highlighted by the Assessment Team. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Assessment Contact, each consumer was not provided personal and/or clinical care which was best practice or tailored to their needs, specifically in relation to weight and bowel management.

In relation to Consumer A, I have considered that bowel management has not been effectively monitored or timely actions initiated in response to bowels not being opened for extended periods. Bowel charting included in the provider’s response indicates bowels were not opened during the dates highlighted in the Assessment Team’s report between four to six days. This is not in line with the consumer’s assessed needs and care plan information. I have also considered that as required aperients were not consistently administered in the period highlighted by the Assessment Team to facilitate bowel evacuation. Documentation included in the provider’s response indicates aperients were only administered on one occasion in September 2021. However, periods of bowels not being opened for periods of five days were noted in October 2021 without interventions with aperients noted. An additional, daily aperient was prescribed in October 2021 which resulted in more regular bowel evacuation being documented.

I acknowledge the provider’s response indicating staff took a holistic view of the Consumer A’s consecutive bowel actions immediately prior to the dates highlighted, bowel patterns over time, observational food and fluid intake, lack of discomfort and frail condition. However, I have considered that actions were not taken in line with the organisation’s guidelines, including a focussed clinical assessment of the gastrointestinal system. At the time of the Assessment Contact, management indicated the guidelines should be used when a consumer does not have their bowels open for three days. While the provider asserts there was no sudden change in the consumer’s condition to prompt such assessment, such an assessment could have been used to screen for risk or potential problems, an identified indication on the policy.

In relation to organisational processes not being followed for Consumer A, I have further considered this evidence in my finding for Standard 8 Organisational governance Requirement (3)(d).

In relation to weights, supporting documentation included in the provider’s response indicates weekly weights were not a recommendation of the Dietitian following review in June 2021. In relation to therapeutic massage, the provider asserts this is exceptional reporting and was reported appropriately by the Health professional. I have considered information in the Assessment Team’s report indicating appropriate pain management was being provided to Consumer A during this time. In relation to a change in Consumer A’s condition, I have considered commentary included in the provider’s response indicating appropriate actions were taken on the day, including clinical observations and liaising with the General practitioner.

In relation to Consumer B, I acknowledge the provider’s response indicating the consumer’s pain during the period identified by the Assessment Team was being monitored. However, I find that the consumer’s bowel management was not sufficiently monitored or timely actions taken in response to bowels not being opened, in line with the consumer’s assessed needs and strategies outlined in the care plan. I have also considered that where actions had been taken, these actions had not been sufficiently documented or followed-up to ensure appropriate, ongoing monitoring occurred.

In relation to Consumer C, I have considered that while the consumer was noted to have a gradual weight loss of more than 5% in a three month period, actions were not taken in response, in line with the organisation’s weight management processes. In relation to bowel management, the provider’s response indicates Consumer C did not require interventions. However, the dates documented in the provider’s response relate to December 2021, not the dates indicated in the Assessment Team’s report. As such, I find the consumer’s bowel management was not being effectively monitored or timely actions initiated in line with the consumer’s care plan and assessed needs. I have also considered that the care plan did not provide sufficient guidance for staff in relation to bowel management, specifically, management of constipation.

In relation to Consumer D, I note the provider’s response indicates the consumer lost a total of 4.19kg in one month, not 5kg as noted in the Assessment Team’s report. I also acknowledge that the provider’s response asserts that in January 2022, the consumer’s weight stabilised. However, I have considered that despite the recorded weight loss, actions have not been taken in response, including in line with the organisation’s weight management policy. This includes initiating additional monitoring processes, such as food and fluid charting. I have also considered that the Assessment Team observed the consumer to be consuming fluids independently. This is contrary to specialist’s directives which indicate the consumer requires supervision with meals and fluids.

In relation to Consumer E, I have considered that despite a recorded weight loss of greater than 2kg in a one month period, further actions were not initiated, including in line with the organisation’s weight management policy.

In relation to actions not being taken in line with organisational policy and processes relating to weight management for Consumers C, D and E, I have considered this evidence in other Requirements which reflect the core deficiency. I find the evidence provided aligns with Standard 8 Organisational governance Requirement (3)(d) and, as such, have considered it with my finding for that Requirement.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Bunbury, Non-compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care.

# STANDARD 8 NON-COMPLIANTOrganisational 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 Quality Standard is Non-compliant as the one Requirement assessed has been found Non-compliant.

The Assessment Team assessed Requirement (3)(d) in Standard 8 Organisational governance as part of the Assessment Contact and have recommended the Requirement not met. The Assessment Team were not satisfied the service’s risk management systems and practices are effectively used resulting in the service being unable to consistently deliver best practice care in the management of high impact or high prevalence risks and resulting in consumers being at repeated risk of preventable harm.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and based on this information, I find Regis Aged Care Pty Ltd, in relation to Regis Bunbury, Non-compliant with Requirement (3)(d) in Standard 8 Organisational governance. I have provided reasons for my finding in the specific Requirement below.

**Assessment of Standard 8 Requirements**

**Requirement 8(3)(d) Non-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.*

The Assessment Team were not satisfied the service’s risk management systems and practices are effectively used, resulting in the service being unable to consistently deliver best practice care in the management of high impact or high prevalence risks and resulting in consumers being at repeated risk of preventable harm. The Assessment Team’s report provided the following evidence relevant to my finding:

* The risk management system was not effective in alerting management to the fact that clinical staff are not consistently delivering best practice care in the management of high impact or high prevalence risks. Three consumers were identified as not receiving appropriate bowel management and two consumers who were not having their nutrition and hydration needs appropriately monitored. Organisational policies in assessment and management of bowels and weight were not being followed.
* The incident management system is not being effectively used to drive continuous improvement or prevent similar incidents occurring.
	+ In relation to Consumer A, deterioration of condition and subsequent death, was not identified to be related to the care the consumer was receiving and, therefore, was not identified as being an adverse incident. The matter was not entered into the incident management system or considered as a Serious Incident Response Scheme case.
* An internal investigation did not identify any issues of concern or any improvement actions required. However, the Assessment Team indicate the failure to thoroughly investigate the issue represented a missed opportunity to review bowel management practices, resulting in two current consumers not receiving best practice care in relation to bowel management.
	+ Nine incidents of neglect had been reported since April 2021. A trend appeared to be associated with inadequate transfer of clinical information, with staff not appropriately communicating and escalating identified risk. Management indicated they were aware of issues relating to transfer of information and discussion in relation to this had commenced, however, strategies have yet to be implemented to address this, resulting in consumers being at ongoing risk of preventable harm.
	+ Consumer D had a total of 8 falls in November/December 2021. Progress notes following a fall in December 2021 indicated the consumer was leaning forward in the chair trying to put a cup on the table when their foot became wrapped around various cords. Management indicated the cords did not contribute to the fall which was confirmed on the incident report.

The Assessment Team observed the over way table to not be within reach and the consumer had previously leaned over to place a cup on the floor.

The provider’s response directly addressed evidence documented in the Assessment Team’s report and included commentary and supporting documentation. Additionally, a Continuous improvement plan has been developed in response to the Assessment Team’s report to address areas for improvement identified. In relation to bowel and weight management for Consumers A, B and C, aspects of the provider’s response to Standard 3 Personal care and clinical care Requirement (3)(a) has been considered in the context of this Requirement.

In relation to Consumer D, the provider’s response included, but was not limited to:

* The incident form did not reference cording and in response to an investigation it had been identified the cording was not a contributing factor. Although the cording was not identified as a risk, future mitigation or risk has been addressed.

I acknowledge the provider’s response to the Assessment Team’s report, including the implementation of actions to address the deficits identified. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Assessment Contact, risk management systems and processes, specifically relating to managing high impact or high prevalence risks, were not effectively implemented.

In coming to my finding, I have considered that organisational policies and processes relating to bowel and weight management were not consistently implemented and/or followed.

In relation to Consumer A, I have considered that actions were not consistently taken by staff in line with the organisation’s guidelines in response to a change in bowel elimination patterns, including a focussed clinical assessment of the gastrointestinal system. While the provider’s response asserts there was no sudden change in the consumer’s condition to prompt such assessment, I have considered that such an assessment could have been used to screen for risk or potential problems, an identified indication on the policy.

In relation to Consumers C, D and E, I have considered that while consumers had been identified with weight loss, actions were not taken in response, in line with the organisation’s weight management policies and processes. This has not ensured appropriate monitoring has occurred or strategies to minimise risks to consumers’ health and well-being implemented.

In relation to incident reporting, I have considered that the organisation’s processes have not been effective in ensuring incident data is consistently used to identify improvement opportunities to the delivery of care and services.

Nine incidents reported since April 2021 highlighted issues relating to staff not appropriately communicating and escalating risk. I have considered that while management were aware of trends identified from incidents relating to neglect, strategies have not yet been initiated. In relation to Consumer D, I acknowledge the provider’s response indicating cords were not a contributing factor to the incident reported. However, strategies to minimise the risk of the consumer leaning forward in the chair, noted to contribute to the incident in December 2021, had not been implemented.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Bunbury, Non-compliant with Requirement (3)(d) in Standard 8 Organisational governance.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

**Standard 3 Requirement (3)(a)**

* Ensure staff have the skills and knowledge to:
	+ monitor consumer’s bowel habits and where issues are identified, initiate actions, in line with consumers’ assessed needs and organisational policies and processes;
	+ initiate actions in line with consumers’ assessed needs and organisational policies and processes in response to weight loss.
* Ensure policies, procedures and guidelines in relation to bowel and weight management are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to bowel and weight management.

**Standard 8 Requirement (3)(d)**

* Review the organisation’s risk management processes in relation to managing high impact or high prevalence risks associated with the care of consumers and managing and preventing incidents.
* Ensure staff are aware of and provide care in line with organisational policies and processes, specifically those relating to bowel and weight management.
* Ensure incident data is used to identify improvement opportunities to the quality and delivery of care and services.