Regis Burnside

Performance Report

6 Booth Avenue
LINDEN PARK SA 5065
Phone number: 08 8338 1944

**Commission ID:** 6085

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

**Assessment Contact - Site date:** 27 April 2021 to 28 April 2021

**Date of Performance Report:** 17 June 2021

# 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

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(b) | Non-compliant |
| **Standard 5 Organisation’s service environment** |  |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | 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 consumers, representatives, staff and others
* the provider’s response to the Assessment Contact - Site report received 19 May 2021
* the Performance Report dated 23 February 2021 for the Assessment Contact conducted 7 December 2020 to 8 December 2020.

# 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 assessed as Non-compliant as one of the seven specific Requirements has been assessed as Non-compliant.

The Assessment Team assessed Requirement (3)(b) in relation to Standard 3. All other Requirements in this Standard were not assessed.

The service was found Non-compliant with Requirement (3)(b) following an Assessment Contact conducted 7 December 2020 to 8 December 2020. The Assessment Team’s report for the Assessment Contact included evidence of actions taken to address deficiencies identified which are detailed in the specific Requirement below. However, the Assessment Team were not satisfied the service demonstrated effective management of high impact or high prevalence risks, specifically in relation to management of pain, fluid and behaviours.

I have considered the Assessment Team’s findings, the provider’s response and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 3 Requirement (3)(b) and find the service Non-compliant with Requirement (3)(b). The reasons for the finding are detailed in the specific Requirement below.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(b) Non-compliant

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

The Assessment Team were not satisfied the service demonstrated effective management of high impact or high prevalence risks associated with the care of consumers. Issues identified related to management of pain, fluids and behaviour for three consumers. The Assessment Team’s report provided the following evidence relevant to my finding:

Consumer A

* The consumer was not satisfied with pain management. The consumer stated, “I don’t get the pain relief I need” and claimed medications prescribed ‘as required’ are ineffective.
* The consumer expressed a pain score of nine out of 10 “most of the time”.
* Claimed staff “haven’t really reassessed it (pain)” and has requested a medical review on multiple occasions, however, “I haven’t seen one in weeks”.
* The medication chart suggests inadequate pain medication is prescribed based on as required medication usage. Clinical staff stated the consumer had been prescribed regular pain relief previously, however, had frequently refused it. Therefore, the medication was prescribed on an as required basis.
* A Pain assessment, Pain management care plan and a Complex management therapy care plan were updated two days prior to the Assessment Contact.
* The pain assessment was not reflective of the consumer’s acute pain.
* Progress notes indicate Consumer A has reported moderate to severe pain frequently since at least 1 April 2021. Staff respond to reports of pain and/or requests for medication and the effectiveness of strategies is documented.
* Pain was identified following pain charting and checks, however, minimal action was taken in response.
* An Allied health annual care plan review identified moderate pain, however, the review identified pain management remained current and effective.
* Consumer A has had minimal input from Medical officers in relation to management of pain and there was limited evidence of collaboration with the consumer relating to pain management.
* Progress notes demonstrate staff had attempted to contact the Medical officer to request a pain review on three occasions prior to and during the Assessment Contact. However, the consumer was not reviewed.
* All care and clinical staff sampled confirmed Consumer A frequently reports severe pain and requests as required pain medication. Staff reported the consumer had been observed crying due to pain in the last two days.
* Clinical staff stated the consumer always wants to see the Medical officer, but they can’t. Another stated a Medical officer review had been requested on at least three occasions, this was upgraded to an ambulance on day two of the Assessment Contact due to unmanaged pain.

Consumer B

* The consumer stated they had been experiencing moderate pain following surgery which was ineffectively managed.
* Pain charting was initiated following return to the service from hospital. However, documentation indicated a pain assessment was not completed following surgery and the care plan was not reflective of the consumer’s current needs.
* The consumer returned to hospital two days after returning to the service for increased pain. A pain assessment and care plan was not reviewed on return to the service three days later.
* Care staff sampled stated the consumer frequently experiences pain and clinical staff stated the consumer rarely reports pain.
* The consumer was observed to have swollen, bilateral feet and legs and was observed mobilising with no stockings, socks or shoes.
* The consumer stated they do not like wearing socks and shoes and denied needing compression stockings. The consumer was aware of strategies to relieve swelling.
* A care plan indicates management strategies, including compression stockings to be worn daily.
* One staff member stated the consumer refuses to wear compression stockings but was unsure of the consumer’s fluid restriction. One staff member was aware of the strategies as outlined in the care plan.

Consumer C

* Three consumers stated they felt anxious and were frequently disturbed by Consumer C’s behaviours. Feedback included:
* Heightened anxiety due to Consumer C’s behaviours. Consumer C enters their room and bangs on the door when it is closed. As a result, the consumer no longer goes to the dining room for meals.
* One consumer stated they like to close their door as it helps block out the noise from Consumer C’s behaviours and keeps the consumer out of their room.
* One consumer stated they do not feel safe due to Consumer C’s behaviours. The consumer stated they sometimes do not go to the dining room because of the behaviours.
* Consumer C was observed to exhibit verbal behaviours on day one of the Assessment Contact. Staff took more than 15 minutes to de-escalate the behaviours.
* A further two behaviour episodes observed were managed effectively in a timely manner.
* Consumer C’s care plan included behaviour management strategies. Staff use and effectiveness of strategies was documented in care plans. Care and clinical staff demonstrated an awareness of Consumer C’s behaviours.
* Management stated the consumer was recently admitted to hospital for delirium and a specialist review had occurred and medication changes implemented. Additionally:
* A detailed review of Consumer C’s behaviours has been undertaken and new strategies are being trialled.
* Feedback from a consumer survey demonstrated overall feedback was positive with no consumers reporting feeling unsafe.
* A mental health team review has been requested.
* Are aware of the impact on other consumers and are working closely with Consumer C to alleviate behaviours.

The provider submitted a response to the Assessment Team’s report and does not agree with the recommendation of not met. The provider’s response included information and supporting documentation directly addressing information in the Assessment Team’s report. The provider’s response included, but was not limited to:

In relation to Consumer A

* The report made a number of statements that were inaccurate and/or not in context with the consumer’s complex file to accurately reflect care received.
* A full review of the consumer’s file indicated an abundance of evidence not sighted in the report, demonstrating effective acute and chronic pain management through use of as required pain medication, which is the pain management strategy for the consumer, as supported by the Medical officer and reflected in the care plan.
* Progress note documentation provided in the response for a 20 day period in April 2021 indicates pharmalogical and/or non-pharmalogical interventions initiated in response to complaints of pain with effect noted.
* The report failed to put use of as required medication into context. There have been numerous and ongoing attempts to move the consumer onto a regular pain management regime, however, these have been consistently refused by the consumer who wishes to remain on as required pain relief.
* This was demonstrated through progress notes provided for a seven month period in 2020.
* The consumer’s file shows appropriate escalation and involvement of the General practitioner as evidenced by the supporting documentation provided in the response.

In relation to Consumer B

* A pain assessment was completed on the day the consumer returned to the service from hospital and continued until they returned to hospital.
* Following return to the service on the second occasion, pain monitoring recommended. A pain assessment and evaluation was completed from the charting information which demonstrated strategies and pain management as being effective.
* Whilst the care plan was not updated to reflect the site of pain, this did not adversely affect or impact the consumer.
* The consumer does refuse compression stockings and the care plan has been updated to reflect this. Fluid has always been effectively managed as demonstrated by weight monitoring being consistently in line with the consumer’s recommended body mass index.

In relation to Consumer C

* A survey was conducted on all consumers in the wing in the month prior to the Assessment Contact. At this time, all but one consumer stated they did not feel safe in the environment with the other consumer’s concerns being unrelated to consumer behaviours.
* Another survey conducted after the Assessment Contact found one consumer reporting feeling unsafe due to Consumer C’s behaviours. The consumer was offered reassurance that staff will continue to monitor and evaluate Consumer C’s behaviours. The consumer has also been provided ongoing emotional support.
* This demonstrates Consumer C’s behaviour management is effective and consumers who expressed feeling anxiety in relation to the behaviours at the time of the Assessment Contact do not consistently feel that way.

The service was found Non-compliant with Requirement (3)(b) following an Assessment Contact conducted 7 December 2020 to 8 December 2020 where it was found high impact or high prevalence risks for six consumers were not effectively managed. Areas highlighted included behaviours, pain and wounds. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Engaged wound care specialists to review consumer wounds and provide wound care advice.
* Consumers undergo weekly skin checks; these were initially conducted by clinical staff over a nine-week period. Care staff have had training in relation to skin checks and are continuing the checks weekly.
* Analysis of consumer wounds has increased.
* Conducted a comprehensive review of pain management for consumers identified at the previous Assessment Contact, including:
* Conducted a full review of consumers with pain, including completion of a pain survey. For non-cognitive consumers, the service undertook observation and clinical review.
* Training relating to identification and management of pain, with specific training for nursing staff on pain charting and monitoring.
* The service has seen an improvement in consumer behaviour, and is continuing with ongoing reviews involving consumers, family and specialist services.

I acknowledge the provider’s response and the supporting information provided. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Assessment Contact, high impact or high prevalence risks were not effectively managed for each consumer. In coming to my finding, I have placed weight on information provided in the Assessment Team’s report relating to behaviours exhibited by Consumer C and the impact these behaviours are having on other consumers.

I acknowledge care documentation for Consumer C demonstrated behaviours were documented and management strategies implemented. Progress notes demonstrated staff implemented recommended behaviour strategies which were noted to be effective. There is also evidence to demonstrate specialist input, medication review and trial of new management strategies. However, I have placed weight on feedback provided to the Assessment Team by three consumers indicating Consumer C’s behaviours have impacted their health and well-being. Impacts described included heightened/significant anxiety, closing the bedroom door to block out the noise from Consumer C and to keep them out of their room and not feeling safe in the service environment because of Consumer C’s behaviours. Additionally, two of these consumers no longer go to the dining area because of consumer C’s behaviours. I acknowledge consumer surveys conducted pre and post the Assessment Contact indicated the majority of the consumers did not feel unsafe at the service. However, the survey did not specifically ask for consumer feedback in relation to other consumers’ behaviours and the impact these behaviours have on consumers.

In relation to Consumer A, I have considered that whilst issues with pain for Consumer A have been ongoing, documentation included in the provider’s response demonstrates pain has been monitored, complaints of pain addressed with both pharmalogical and non-pharmalogical interventions and effect noted. Additionally, Medical officer input has been ongoing. I have also considered that whilst the Assessment Team indicated inadequate pain medication is prescribed based on as required medication usage, it is the consumer’s preference to continue with as required medication for management of pain.

In relation to Consumer B, whilst a pain assessment was not completed on return to the service following surgery, pain charting was commenced and continued following return from hospital on the second occasion. Prior to the Assessment Contact, charting was evaluated, an assessment completed and management strategies implemented. In relation to fluid management, appropriate monitoring and management strategies were in place and staff were generally aware of these strategies. Whilst compression stockings were noted as a strategy in a specialised care plan, the consumer chooses not to wear them. The care plan has been updated to reflect this.

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

# STANDARD 5 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

The Assessment Team assessed Requirements (3)(a) and (3)(b) in relation to Standard 5. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

The service was found Non-compliant with Requirements (3)(a) and (3)(b) following an Assessment Contact conducted 7 December 2020 to 8 December 2020. The Assessment Team’s report for the Assessment Contact included evidence of actions taken to address deficiencies identified which are detailed in the specific Requirement below.

The Assessment Team have recommended Requirements (3)(a) and (3)(b) met. I have considered the Assessment Team’s findings, the provider’s response and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 5 Requirements (3)(a) and (3)(b) and find the service Compliant with Requirement (3)(a) and (3)(b). The reasons for the finding are detailed in the specific Requirements below.

## 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.*

The service was found Non-compliant with Requirement (3)(a) following an Assessment Contact conducted 7 December 2020 to 8 December 2020 where it was found the memory support unit was not welcoming for consumers and did not promote consumers’ independence, interaction and function. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* A review of the environment was conducted by an external consultant and discussions held with a Dementia consultant in relation to the recommendations. The service plans to implement a number of recommendations.
* A full review of the environment and furnishings has been undertaken, upgrades to lighting are in progress and a second lounge area has been created.
* Converted a laundry area into a storage area for lifters and other equipment allowing consumers to move freely up and down the corridor.
* Painted the exposed brickwork to ‘open it up’ and artwork has been removed to make the area feel less cluttered. All non-statutory signage has been removed.
* Separated the lounge and dining room space and removed the television from the dining area.
* The fire doors have been replaced to minimise noise.
* Management said they are engaging the services of an architect and further building works and internal and external environmental improvements will commence towards the end of the year.

Information provided to the Assessment Team by consumers and staff through interviews, observations and documentation sampled demonstrated:

Consumers and representatives were mostly satisfied with the memory support unit environment. Consumer rooms were observed to be clean and personalised and each bedroom door had a coloured design decal to support navigation. Bathroom and toilet areas were clearly signposted.

Consumers were observed seated in the lounge and dining areas and participating in activities. The Assessment Team observed the environment to be less cluttered with no equipment stored in the hallways. Staff sampled demonstrated an understanding of their responsibilities for reporting incidents and hazards.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Burnside, Compliant with Requirement (3)(a) in Standard 5 Organisation’s service environment.

### 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.*

The service was found Non-compliant with Requirement (3)(b) following an Assessment Contact conducted 7 December 2020 to 8 December 2020 where it was found the memory support unit environment did not enable consumers to move freely, both indoors and outdoors. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Front door access at the main reception area automatically opens during business hours to allow free movement of consumers.
* All areas have been deep cleaned, including rooms/carpet shampooing, deep scrubbing of hard floors, external toilets and courtyards cleaned.
* Daily checks to monitor the free movement for consumers are being conducted.
* The double glass doors leading to the outside garden area are now unlocked and windows have an unencumbered view of the outside garden area.
* A memorandum has been sent to staff to remind them to keep the doors to the garden area unlocked between 7.00am – 7.00pm daily.
* Introduced area checks, including review of cleaning standards, and how personal care staff are interacting with consumers.
* Completed a garden risk assessment which identified a number of hazards. As a result, all consumers are supervised whilst in the area pending upgrades.

Information provided to the Assessment Team by consumers and staff through interviews, observations and documentation sampled demonstrated:

Consumers and representatives were mostly satisfied with the memory support unit environment and representatives confirmed outdoor areas can be accessed freely. Staff sampled confirmed they assist consumers to access outdoor areas and the door to the outside area is unlocked.

The Assessment Team observed the memory support area to be clean, free of obstacles, and the doors to the outside area unlocked. The double glass doors to the outside area were open and Lifestyle staff were observed assisting consumers to access these areas and taking them for walks. One consumer was observed self-mobilising in a wheelchair and using handrails to propel themselves into common areas.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Burnside, Compliant with Requirement (3)(b) in Standard 5 Organisation’s service environment.

# STANDARD 7 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

The Assessment Team assessed Requirement (3)(a) in relation to Standard 7. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

The service was found Non-compliant with Requirement (3)(a) following an Assessment Contact conducted 7 December 2020 to 8 December 2020. The Assessment Team’s report for the Assessment Contact included evidence of actions taken to address deficiencies identified which are detailed in the specific Requirement below.

The Assessment Team have recommended Requirement (3)(a) met. I have considered the Assessment Team’s findings, the provider’s response and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 7 Requirement (3)(a) and find the service Compliant with Requirement (3)(a). The reasons for the finding are detailed in the specific Requirement below.

## 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.*

The service was found Non-compliant with Requirement (3)(a) following an Assessment Contact conducted 7 December 2020 to 8 December 2020 where it was found staffing levels were not sufficient to provide consumers with quality care and services. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Conducted a comprehensive roster review to ensure the number and mix of staffing was adequate. This process included staff and consumer surveys and discussions at consumer and staff meetings. Changes include, but are not limited to:
	+ Increased clinical and care staffing numbers and/or extended shifts.
	+ Extended shifts to enable time for handover at the start and end of each shift.
	+ Increased the number of lifestyle staff.
	+ Recruited a total of 28 care staff and six Registered nurses.
* Agency staff, particularly Registered nurses, have been block booked whilst the service continues to actively recruit.
* Comprehensive roster reviews are conducted three monthly.
	+ The last review identified an increase in sick leave. This had been discussed at the staff meeting and an external consultant was engaged to review the workplace culture and commence a six-month program.
* Reviewed and adjusted staff allocations to optimise continuity of care. This includes the designation of care and clinical staff to designated wings.
* Reviewed the clinical structure to enable sufficient clinical governance.
	+ There is now one Clinical care manager, as opposed to two.
	+ Recruitment of three Clinical care coordinators is being finalised. Each Clinical care coordinator will have responsibility for an allocated number of consumers and the Care Manager will have more time to trend and analyse clinical statistics.
* Staff have been provided training and performance management strategies have been utilised where skills deficits were identified. This included pain, behaviour and wound management.
	+ Specialist wound care nurses from an external agency have been deployed to manage consumers’ wounds whilst staff are upskilled.

Information provided to the Assessment Team by consumers and staff through interviews, observations and documentation sampled demonstrated:

Twenty-three of 24 consumers and representatives were satisfied there are enough and a sufficient mix of staff to meet consumers’ personal and clinical care needs. One representative raised concerns relating to turnover of senior management. Management are aware of this issue and are implementing improvement actions in response. Comments and complaints data sampled demonstrated there have been no complaints received in the past three months related to staffing.

Rosters are altered in accordance with consumer needs and in response to intelligence, such as incidents, comments and complaints and staff feedback. Allocation sheets are reviewed on a daily basis to ensure staff allocation and mix is reflective of consumer needs and scheduled activities. There are processes to manage planned and unplanned leave.

All staff sampled, including clinical, care and hospitality, stated there are adequate numbers and mix of staff. Staff confirmed they are provided frequent updates on the staff allocation process and recruitment drive. Information relating to staffing was also noted in the newsletter provided to consumers and representatives.

Call bell response times are monitored and where times are identified over the service’s key performance indicator, appropriate actions are initiated. This includes consulting with consumers to identify any impacts. Most consumers sampled were satisfied call bells are responded to in a timely manner.

### For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Burnside, Compliant with Requirement (3)(a) in Standard 7 Human resources.

# 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 Requirements (3)(b)**

* Ensure staff have the skills and knowledge to:
* monitor effectiveness of strategies relating to behaviour management, taking into consideration impact of behaviours on other consumers’ health and well-being.
* Monitor consumer satisfaction with management of other consumers’ behaviours.