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:** 18 February 2022

**Date of Performance Report:** 17 March 2022

# Performance report prepared by

Marek Dubovinsky, 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

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| **Standard 5 Organisation’s service environment** |  |
| Requirement 5(3)(b) | 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 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 provider’s response to the Assessment Contact - Site report received 10 March 2022.
* The Performance Report dated 5 November 2021 for the Site Audit undertaken from 27 September 2021 to 30 September 2021.

# 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) in Standard 3 Personal care and clinical care. All other Requirements in this Standard were not assessed; therefore, an overall rating of the Standard is not provided.

Requirement (3)(a) in this Standard was found non-compliant following a Site Audit conducted on 27 to 30 September 2021, as the service was not able to demonstrate each consumer received safe and effective personal and/or clinical care that was best practice, tailored to the consumers’ needs and optimised their health and well-being. Behaviour Care Plans, used as Behaviour Support Plans, were not tailored to include personalised strategies for management of behaviour. When chemical restrictive practises were used, documentation did not demonstrate all non-pharmacological strategies had been trialled prior to use. In addition, the service had not identified all restrictive practices used and did not have consent for use of restrictive practices for all affected consumers. The Assessment Team’s report provided evidence of actions taken to address deficiencies and have recommended Requirement (3)(a) met.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find the service compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care. I have provided reasons for my finding under the specific Requirement below.

### Assessment of Standard 3 Requirements

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

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

This Requirement was found non-compliant following a Site Audit conducted on 27 to 30 September 2021, as the service was not able to demonstrate each consumer received safe and effective personal and/or clinical care that was best practice, tailored to the consumers’ needs and optimised their health and well-being. Behaviour Care Plans, used as Behaviour Support Plans, were not tailored to include personalised strategies for management of behaviour. When chemical restrictive practises were used, documentation did not demonstrate all non-pharmacological strategies had been trialled prior to use. In addition, the service had not identified all restrictive practices used and did not have consent for use of restrictive practices for all affected consumers. The Assessment Team’s report provided evidence of actions taken to address deficits identified, including, but not limited to:

* Education to nursing and care staff in relation to Behaviour Support Plans, restrictive practices and clinical care review .
* Education was provided to all staff regarding the trail of non-pharmacological interventions prior to administration of medications. Staff have been provided information and further guidance on medication administration and trialling other strategies through a memorandum.
* Training is now mandatory for all staff on Behaviour Support Plans.

The Assessment Team provided the following information collected through interviews and documentation which are relevant to my finding in relation to this Requirement:

* Six consumers and representatives interviewed said they were satisfied with the personal and clinical care being provided.
* Nursing staff interviewed confirmed policies and procedures are available to staff electronically and are able to support best practice. Nursing staff also said if they need further guidance, the clinical management team are supportive and always available.
* All care staff sampled confirmed they have access to consumer care plans and would report changes to the person in charge.
* Five consumer files viewed showed a range of assessments completed to support the delivery of personnel and clinical care, specifically addressing; restrictive practices, behaviour support plans, skin integrity, wound management and pain management.
* Behaviour Support Plans for two consumers which identified strategies, interventions and goals were identified.
* The organisation has written materials which directs clinical care delivery. The Assessment Team viewed a document which cross-referenced each procedure to current best practice.

Based on the information summarised above, I find the service compliant with Requirement (3)(a) 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 Requirement (3)(b) in Standard 5 Organisation’s service environment. All other Requirements in this Standard were not assessed; therefore, an overall rating of the Standard is not provided.

Requirement (3)(b) in this Standard was found non-compliant following a Site Audit conducted on 27 to 30 September 2021, as the service was not able to demonstrate the environment enabled all consumers to move freely inside and outside onto balconies and external courtyard areas and accessibility of fire safety equipment impacting on safety. The Assessment Team’s report provided evidence of actions taken to address deficiencies and have recommended Requirement (3)(b) met.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find the service compliant with Requirement (3)(b) in Standard 5 Organisation’s service environment. I have provided reasons for my finding under the specific Requirement below.

## Assessment of Standard 5 Requirements

### 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.*

This Requirement was found non-compliant following a Site Audit conducted on 27 to 30 September 2021, as the service was not able to demonstrate the environment enabled all consumers to move freely inside and outside onto balconies and external courtyard areas and accessibility of fire safety equipment impacting on safety. The Assessment Team’s report provided evidence of actions taken to address deficits identified, including, but not limited to:

* A fire extinguisher was purchased and installed in the designated smoking area.
* The lift in main building has been reprogrammed to allow access between the first and second floor without keypad code.
* Memory support unit (MSU) installed with pushbutton access allowing free movement of consumers between 8.30am to 5.00pm.
* Locking mechanism to patio door in the MSU removed facilitating garden access for MSU consumers.
* Housekeeping and maintenance staff to monitor door tracks for dirt and debris build up.
* Staff in the MSU were reminded to encourage consumers who were able to access the outdoor secured garden area.

The Assessment Team provided the following information collected through interviews and documentation which are relevant to my finding in relation to this Requirement:

* Seven consumers provided feedback indicating the environment is safe, clean and well maintained and they are supported to go outside when they want to.
* Staff described how the service environment and consumers’ rooms are cleaned and maintained, and confirmed the cleaning regime has increased in response to COVID-19. Staff confirmed there is a reactive and preventative maintenance program.
* The above improvements were confirmed by observations and interviews with staff.
* Areas of the service observed were clean.
* Consumers were observed to be moving freely indoors and outdoors.
* Secure entry and exit points into and out of the building, with COVID-19 safe screening processes in place.
* Fire safety equipment and warning systems were inspected and maintained by an external contractor and monitored through an internal audit process.
* Environmental audits are used by the service to assist in the identification of hazards.
* Maintenance systems include reactive and scheduled maintenance programs.

Based on the information summarised above, I find the service compliant with Requirement (3)(b) in Standard 5 Organisation’s service environment.

# 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.