Regis Burnside

Performance Report

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**Commission ID:** 6085

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

**Assessment Contact - Site date:** 7 December 2020 to 8 December 2020

**Date of Performance Report:** 23 February 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** | **Non-compliant** |
| Requirement 3(3)(b) | Non-compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(a) | Non-compliant |
| Requirement 5(3)(b) | Non-compliant |
| **Standard 6 Feedback and complaints** |  |
| Requirement 6(3)(c) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) | 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 30 December 2020.

# STANDARD 3 NON-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

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 Standard 3 as part of the Assessment Contact and have recommended the Requirement as not met. All other Requirements in this Standard were not assessed.

Overall, consumers sampled said they get the care and services they need and felt safe in the care they receive from staff.

However, the Assessment Team were not satisfied the service demonstrated effective management of high impact or high prevalence risks associated with the care of consumers, specifically in relation to behaviour, pain and wound management.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response to come to a view of compliance with Standard 3 Requirement (3)(b) and find the service Non-compliant with Requirement (3)(b). I have provided reasons for my finding 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, specifically in relation to behaviour, pain and wound management. The Assessment Team’s report highlighted six consumers and provided the following evidence:

Consumer A

* The consumer was observed in their room, continuously calling out and moaning for a two hour period. Staff did not enter the room to attend to the consumer.
* The consumer’s care plan states, ‘behaviour escalation may be due to unmet care needs’.
* Staff stated the behaviour indicates the consumer requires assistance, including continence management and repositioning. Staff stated they were aware the consumer was calling out, however, prioritised care of other consumers as Consumer A was considered to be safe in bed.

Consumer B

* Behaviour charting indicates 21 verbal incidents with 20 described as ‘verbally demanding something other than unmet need’. There is no further information as to what the behaviours referred to.
* An incident identified on the incident report register has not been sufficiently documented in the consumer’s progress notes. Progress notes relating to the incident state, ‘incident logged’.

Consumer C

* Clinical management could not demonstrate how behaviour management strategies had been reviewed for effectiveness following an incident where Consumer C was assaulted by another consumer. Strategies were not reviewed until a second incident occurred.
* Behaviour charting did not identify if behaviours were physical aggression towards staff or consumers or the impact of the behaviours.
* Interventions were noted to have mild to no effect on numerous occasions. There was no indication if the behaviours continued or if pharmalogical interventions were required.
* Progress notes relating to behaviours did not consistently include interventions trialled prior to administration of ‘as required’ medications or follow up notes when non-pharmalogical interventions were ineffective.

Consumer D

* The consumer has an ongoing pressure injury which has shown signs of deterioration/no improvement for at least six months.
* Weekly wound reviews contained minimal information about the stage of the wound, description of the wound or of the surrounding skin. Wound reviews appeared repetitive and inconsistent with some wound photographs.
* Over a six month period, wound assessment and management plans indicate the dressing regime has not been reviewed or updated, despite the wound not healing/improving.
* Clinical management stated there are no processes to guide staff in referral of chronic/non-healing wounds for medical or specialist review. A wound referral procedure viewed by the Assessment Team indicated clinical staff should have escalated the wound several weeks ago.
* The representative stated they regularly observe pillows to support the consumer with pressure relief not correctly placed when they visit, which is most days.
* The consumer indicated they experience pain in relation to the pressure injury. The representative stated the consumer also experiences pain related to their medical condition and on movement.
* Several progress notes indicate the consumer experienced pain during nursing interventions, however, staff are not effectively using prescribed as required pain relief to support effective pain management.

Consumer E

* A pressure injury has shown signs of deterioration in at least the last five months. A new pressure injury, below the original wound, was identified two months preceding the Assessment Contact.
* Weekly dressings have not been consistently undertaken and the depth of the wound has not been documented or monitored.
* Despite decline of the initial pressure injury, an additional pressure injury developing, and concerns raised by the consumer’s family and an allied health specialist, a referral to a wound specialist has not been initiated.
* Repositioning has not been consistently implemented in line with care plan management strategies. Staff could not identify the frequency of pressure area care for the consumer.

Consumer F

* The consumer was observed to be grimacing in pain and actively restless and confirmed they had “pain everywhere”, including from a leg wound.
* Regular and as required pain relieving medication is prescribed. As required medication has not been administered since October 2020 despite the consumer’s request.
* Entries on a pain chart initiated four days preceding the Assessment Contact indicate ‘no pain’, conflicting with information provided by the consumer and their representative.
* The consumer’s representative confirmed the consumer has reported increasing episodes of pain which had not been effectively managed.
* Pain medication was not prescribed in accordance with best practice. The total amount of regular and as required medication prescribed for the consumer exceeded the maximum therapeutic dose.

The provider’s response indicated they accept the Assessment Team’s findings. Additionally, the provider’s response included an Education plan, an operational plan and a Continuous improvement plan directly addressing the deficits identified in the Assessment Team’s report. The Continuous improvement plan outlines actions, strategies for achieving, time-frames, measures and progress and demonstrates the organisation has been proactive in addressing the issues identified. Information provided included, but is not limited to:

* Review of pain, wound, behaviour, skin integrity and incident reporting for the consumers identified.
* Review of 100% of consumer clinical files, wounds and management, consumers requiring pressure care and behaviours.
* Implemented a monthly pain monitoring and review process.
* A pain management professional development module has been reissued to staff and wound management training provided.
* Engagement of a wound specialist to review all wounds.

I acknowledge the provider’s commitment to address the issues identified in the Assessment Team’s report. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Assessment Contact, the service did not effectively manage high impact or high prevalence risks, specifically in relation to six consumers. I have placed weight on evidence provided in the Assessment Team’s report, including observations and feedback from consumers, representatives and staff which demonstrates high risk areas, such as behaviours, pain and wounds have not been effectively identified, assessed, managed and/or monitored for the six consumers highlighted in the Assessment Team’s report. This has had a negative impact for these consumers, including ongoing pain, behaviour issues and deterioration of pressure injuries.

For the reasons detailed above, I find the provider, in relation to Regis Burnside, Non-compliant with Requirement (3)(b) in Standard 3.

# STANDARD 5 NON-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

The Quality Standard is assessed as Non-compliant as two of the three specific Requirements have been assessed as Non-compliant.

The Assessment Team assessed Requirements (3)(a) and (3)(b) in Standard 5 as part of the Assessment Contact and have recommended these Requirements as not met. All other Requirements in this Standard were not assessed.

In relation to Requirement (3)(a), the service environment of the memory support unit had some elements of dementia enabling design principles and navigational aids for consumers, representatives and visitors. Most bedrooms were observed furnished with consumers’ own furnishings. However, observations and feedback provided to the Assessment Team through interviews with representatives and staff demonstrated not all areas of the service environment are welcoming or ensure each consumer’s sense of belonging, independence, interaction and function is optimised.

In relation to Requirement (3)(b), observations and feedback provided to the Assessment Team through interviews with staff, consumers and representatives found the service environment was considered safe, clean and well maintained. However, the Assessment Team noted consumers in the memory support unit were unable to move freely, both indoors and outdoors.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response to come to a view of compliance with Standard 5 Requirements (3)(a) and (3)(b) and find the service Non-compliant with these Requirements. I have provided reasons for my finding in the specific Requirements below.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Non-compliant

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

The Assessment Team were not satisfied all areas of the service environment, specifically the memory support unit, were welcoming or optimised each consumer’s sense of belonging, independence, interaction and function. The Assessment Team’s report provided the following evidence, specifically in relation to the memory support unit:

* Three representatives reported the environment was “unfriendly and derelict”, the area has very little room for the consumers to move around and consumers seem to be sitting in the lounge area a lot with the television or music playing and hardly any interaction or activities.
* The entry to the memory support unit leads straight into a corridor which appears narrow and dark, with a low ceiling; there were no windows and glass on the door at the end of the corridor had been covered with plastic film.
* Consumers were observed wandering up and down the corridor and into other consumers’ rooms. Consumers and staff using the corridor were observed on several occasions to be in ‘congested’ situations, most frequently from a consumer in a wheelchair moving up and down the corridor, staff with cleaning/medication trolleys and other consumers walking up and down the corridors while attempting to pass one another.
* Consumers were observed sitting in the dining/lounge area with music playing on the television. Staff did not interact with consumers until around 11:15am.
* A television was observed in the living area, however, consumers sitting in the area were not engaged. The Assessment Team observed a cartoon playing on the second morning of the Assessment Contact.
* Consumers were consistently observed to be sitting and walking around with minimal engagement from staff. Consumers sitting in the dining room were not engaged by staff or activities and there were no activities or equipment available to consumers to engage them.
* All areas of the service, with the exception of the memory support unit, were observed to have festive and plentiful Christmas decorations. Lifestyle staff were observed to hang three items of tinsel in the corridor of the memory support unit. Unlike other areas of the facility, no further effort or attempts to create a festive atmosphere in the memory support unit were made prior to or during the Assessment Contact.
* Staff interviewed confirmed they found it “quite hard” working in the memory support unit environment on account of its restrictive size.

The provider’s response indicated they accept the Assessment Team’s findings. Additionally, the provider’s response included an Education plan, an operational plan and a Continuous improvement plan directly addressing the deficits identified in the Assessment Team’s report. The Continuous improvement plan outlines actions, strategies for achieving, time-frames, measures and progress and demonstrates the organisation has been proactive in addressing the issues identified. Information provided included, but is not limited to:

* Plan to extend the memory support unit to include a lounge area.
* Plan to undertake an environmental review of the memory support unit, training of staff and review of individual consumer needs.
* Change of decal on door to enable sun light into the unit.
* Review of storage space.

I acknowledge the provider’s commitment to address the issues identified in the Assessment Team’s report. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Assessment Contact, observations and feedback provided to the Assessment Team through interviews with representatives and staff, specifically relating to the memory support unit, demonstrated the area is not welcoming for consumers and does not promote consumers’ independence, interaction and function. Throughout the Assessment Contact, the Assessment Team observed consumers not to be engaged with the environment or with staff. Corridors were observed to be congested, impeding consumers’ mobility and ability to move to areas of their choosing. Additionally, whilst other areas of the service were noted to be festive with plentiful Christmas decorations, no effort was made to create the same festive atmosphere for consumers residing in the memory support unit.

For the reasons detailed above, I find the provider, in relation to Regis Burnside, Non-compliant with Requirement (3)(a) in Standard 5.

### Requirement 5(3)(b) Non-compliant

*The service environment:*

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

The Assessment Team were not satisfied consumers in the memory support unit were able to move freely, both indoors and outdoors. The Assessment Team’s report provided the following evidence specifically in relation to the memory support area:

* Two representatives stated the area is small and does not allow consumers much room to move around.
* One representative confirmed if it was not for the staff that attended to their family member, they would consider moving them, as the area is nothing like the rest of the service that has space and looks nice and welcoming.
* Observed doors to a secure outside area were locked and remained locked for the two days of the Assessment Contact.
* Staff and management confirmed the doors are always locked to enable adequate supervision of consumers and promote safety; consumers are required to request access to outdoors from care staff.
* Observed the corridor to be narrow and restrictive of consumers’ movements internally, particularly when mobilising in a wheelchair. One wheelchair-bound consumer was observed mobilising in the corridor with difficulty on account of equipment and furniture obscuring the path. The consumer collided with furniture and struggled to mobilise past a cleaning trolley temporarily stationed in the corridor.
* Staff interviewed confirmed consumers are unable to move freely outdoors as the doors are locked. Staff stated consumers are required to remain indoors unless a staff member can accompany them outdoors and reported representatives had expressed concern about consumers’ inability to access outdoor areas and their reliance on staff to accompany them.
* Management acknowledged consumers could not move outdoors freely and reported they would consider unlocking the doors in future.

The provider’s response indicated they accept the Assessment Team’s findings. Additionally, the provider’s response included an Education plan, an operational plan and a Continuous improvement plan directly addressing the deficits identified in the Assessment Team’s report. The Continuous improvement plan outlines actions, strategies for achieving, time-frames, measures and progress and demonstrates the organisation has been proactive in addressing the issues identified. Information provided included, but is not limited to:

* Undertaking assessment regarding possibility of leaving the door to the outdoor area permanently unlocked.
* Care plan consultations held with consumers, including gaining environmental feedback.
* Reminders to staff relating to ensuring and enabling free and clear pathways and in relation to access to courtyard areas.

I acknowledge the provider’s commitment to address the issues identified in the Assessment Team’s report. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Assessment Contact, the memory support unit environment did not enable consumers to move freely, both indoors and outdoors. Doors to a secure outside area were observed to be locked and remain locked for the two days of the Assessment Contact. Information provided to the Assessment Team by staff and management confirmed doors to the secure outdoor area were always locked with consumers required to request access to the area from care staff. Additionally, the internal environment did not promote consumer safety with corridors observed too restrictive of consumers’ movements with equipment and furniture obscuring the corridor.

For the reasons detailed above, I find the provider, in relation to Regis Burnside, Non-compliant with Requirement (3)(b) in Standard 5.

# STANDARD 6 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

The Assessment Team assessed Requirement (3)(c) in Standard 6 as part of the Assessment Contact and have recommended this Requirement as met. All other Requirements were not assessed and, therefore, an overall rating of the Standard is not provided.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 6 Requirement (3)(c) and find the service Compliant with this Requirement.

Overall, sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* felt they could make complaints and felt safe to do so.
* felt changes were made at the service in response to complaints and feedback.
* management are very approachable and responsive, and they feel confident the manager will fully investigate and respond to any concerns they may have.
* they are able to speak with management about any concerns and generally feel happy with the service’s response.

The service demonstrated they respond to and take action in relation to complaints and an open disclosure process is used when things go wrong. Management provided examples of where open disclosure processes had been initiated. Open disclosure processes were also described by consumers and representatives when discussing actions the service had taken in response to their feedback and complaints.

Clinical staff described the organisational process for handling complaints and demonstrated familiarity with the concept of open disclosure and the processes involved.

Consumers and representatives are able to raise issues through monthly meeting forums. Meeting minutes viewed by the Assessment Team included complaints related to food and discussions related to open disclosure. Documentation viewed demonstrated complaints are logged, investigated and resolved in consultation with consumers and/or representatives.

Based on the information detailed above, I find the provider, in relation to Regis Burnside, does comply with Requirement (3)(c) in Standard 6.

## Assessment of Standard 6 Requirements

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

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

# STANDARD 7 NON-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

The Quality Standard is assessed as Non-compliant as one of the five specific Requirements has been assessed as Non-compliant.

The Assessment Team assessed Requirements (3)(a) and (3)(b) in Standard 7 as part of the Assessment Contact and have recommended Requirement (3)(a) as not met and (3)(b) as met. All other Requirements in this Standard were not assessed.

Most sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* staff were kind and caring and confirmed they felt “well treated” by staff.
* generally satisfied with staff interactions; stating they do their best and some staff had gone “above and beyond”.
* whilst some staff were “excellent”, others "had no compassion whatsoever”.
* one consumer reported they frequently have to wait long periods of time for responses to call bells and meal assistance.

In relation to Requirement (3)(a), observations undertaken by the Assessment Team during mealtimes, specifically in the memory support unit, and feedback provided by consumers, representatives and staff demonstrated the numbers of workforce were insufficient to meet consumer needs.

In relation to Requirement (3)(b), the service demonstrated workforce interactions with consumers were kind, caring and respectful, staff were recruited based on the organisation’s values and the service had taken action following allegations of staff misconduct or poor performance.

Most staff were observed talking to consumers in a kind and caring manner, bending down and making eye contact. Staff were observed to greet consumers by name, gently support consumers when mobilising and providing emotional support and reassurance when consumers expressed agitation. However, two care staff were observed assisting consumers with their meals without acknowledging if they liked the food, were enjoying their meals or initiating any conversation.

Staff interviewed described ways in which they demonstrate care, kindness and respect to consumers and confirmed they had observed staff interactions to always demonstrate kindness and respect.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response to come to a view of compliance with Standard 7 Requirements (3)(a) and (3)(b) and find the service Compliant with Requirement (3)(b) and Non-compliant with Requirement (3)(a). I have provided reasons for my finding in the specific Requirement below.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-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 Assessment Team were not satisfied the organisation demonstrated the number and mix of members of the workforce effectively enables the delivery and management of safe quality care and services. The Assessment Team’s report provided the following evidence:

* Observed two consumers to wait between 13 to 20 minutes before a member of staff was available to assist with meals. Another consumer asked a care staff member to take them outside with the staff member stating they would have to wait about 15 minutes until they were free.
* Observed one consumer in the memory support unit not to be adequately supported by staff with their meal. For the 45-minute duration of the meal the consumer was observed to only have a few spoonful’s of dessert.
* Staff stated there are two care staff who work in the memory support unit during the lunch meal service with support from a lifestyle care staff member. The Assessment Team observed a staff member required 45 minutes to assist one consumer with their meal (the duration of the meal service). This left two staff to assist all other consumers with their meals.
* Observed one consumer calling out for staff assistance continuously in the memory support unit for two hours. Staff interviewed confirmed they were unable to meet the consumer’s care needs because they were busy attending to other consumers.
* One consumer confirmed they “always” have to wait a long time for call bells and “often” are unable to be assisted to the toilet in time, resulting in episodes of incontinence.
* One consumer reported they had been waiting for half an hour and was still waiting for their meal. The consumer confirmed the meal is often cold by the time it is delivered.
* Four staff reported there were insufficient numbers of staff to meet consumers’ needs resulting in consumers’ breakfast served late, consumers not being adequately assisted with meals, delay in call bell response, and some consumers not being showered until lunchtime. Negative impacts to consumers described included episodes of incontinence and delays in consuming meals as a result of staff being unable to assist when requested.
* Data indicates an increase in comments and complaints relating to staffing, from one to seven complaints, in the three months preceding the Assessment Contact. Feedback included delays in call bell response times, showering, medication, and continence.
* In the month preceding the Assessment Contact, two complaints were received relating to staff taking extended breaktimes during mealtime impacting on consumers’ dining experience. There were also 23 occasions of delayed call bell response times.
* Call bell response times were recorded between 15 and 35 minutes with one response time recorded in excess of one hour.
* All Continuous improvement forms for extended call bell response times had not been fully completed to include corrective action taken and outcome. There was no evidence consumers had been consulted or the cause and impact documented. Three representatives reported to the Assessment Team they were unaware consumers had experienced extended call bell response times.

The provider’s response indicated they accept the Assessment Team’s findings. Additionally, the provider’s response included an Education plan, an operational plan and a Continuous improvement plan directly addressing the deficits identified in the Assessment Team’s report. The Continuous improvement plan outlines actions, strategies for achieving, time-frames, measures and progress and demonstrates the organisation has been proactive in addressing the issues identified. Information provided included, but is not limited to:

* Undertaking review of rosters and workflows across the service resulting in an increase in hours per day.
* Training for staff on consumer engagement while assisting with care.
* Customer service training to be rolled out.
* Review of meal delivery and workflow, including review of staffing at these times.

I acknowledge the provider’s commitment to address the issues identified in the Assessment Team’s report. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Assessment Contact, staffing levels were not sufficient to provide consumers with quality care and services. In coming to my finding, I have placed weight on feedback from consumers, representatives and staff and observations made by the Assessment Team which indicate staff are not always available to assist consumers in a timely manner, including with meals, answering call bells, attending to care needs and general requests. This was also noted through the service’s data which indicated an increase in comments and complaints related to staffing. I have also considered feedback from consumers and staff indicating negative impacts for consumers in relation to staffing, including delays with call bell response times, meal assistance and continence and care needs.

Additionally, I have also considered that extended call bell response times have not been followed up with consumers, including identifying impacts and initiating corrective actions in line with the service’s process.

For the reasons detailed above, I find the provider, in relation to Regis Burnside, Non-compliant with Requirement (3)(a) in Standard 7.

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

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

# 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 Requirement (3)(c) in Standard 8 as part of the Assessment Contact and have recommended this Requirement as met. All other Requirements were not assessed and, therefore, an overall rating of the Standard is not provided.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 8 Requirement (3)(c) and find the service Compliant with this Requirement.

The Assessment Team were satisfied the organisation demonstrated effective organisation wide governance systems, including in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service demonstrated effective authority and control delegated from the Board to the executive management team which governs the organisation.

The service has effective information management systems and processes to ensure staff have access to information to perform their roles and provide consumers and/or representatives with information about care and services. Consumers and representatives interviewed said there had been improvements in relation to communication following the appointment of a new Facility manager.

The organisation maintains a Plan for continuous improvement outlining the related Standard/Requirements, actions, persons responsible, progress and completion dates. The Plan guides improvement activities at a service level and demonstrated improvement initiatives are identified through a range of sources. Management provided examples of improvement initiatives both in progress and completed and staff interviewed described how they contribute to the service’s continuous improvement process.

In relation to regulatory compliance, policies and procedures are regularly reviewed and updated in response to legislative or regulatory changes. Staff interviewed described a range of mechanisms that are used to ensure they are made aware of legislative and regulatory changes. An incident log and compulsory reporting register are maintained. Review of documents indicated all consumer assaults, including four allegations of staff assaulting consumers, had been documented on the compulsory reporting log and reported and/or managed in line with legislative requirements.

Based on the information detailed above, I find the provider, in relation to Regis Burnside, does comply with Requirement (3)(c) in Standard 8.

## 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.*

# 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.

The provider’s response included a Continuous improvement plan outlining actions and improvements the service have or plan to implement which directly address the issues identified by the Assessment Team in the relevant Requirements.

**In relation to Standard 3 Requirement (3)(b)**

* Ensure staff have the skills and knowledge to:
* recognise changes to consumers’ health and well-being, including clinical deterioration, pain, behaviours and skin integrity/wounds, implement appropriate management strategies and initiate referrals to Medical officers and/or allied health specialists.
* report, appropriately document and manage clinical incidents.
* initiate assessments, develop appropriate management strategies and monitor effectiveness of strategies relating to behaviour management, pain, skin integrity and wounds.
* Ensure policies, procedures and guidelines in relation to management high impact or high prevalence clinical risks are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to management high impact or high prevalence clinical risks.

**In relation to Standard 5 Requirements (3)(a) and (3)(b)**

* Review the memory support unit environment to ensure the area is welcoming and promotes consumers’ independence, interaction and function.
* Review processes in relation to consumers’ ability to access outdoor areas from the memory support unit.
* Review the internal environment of the memory support unit to ensure consumers’ are able to safely and easily move to areas of their choosing.

**In relation to Standard 7 Requirement (3)(a)**

* Ensure appropriate and adequate staffing levels and skill mix are maintained to deliver care and services, including meals in line with consumers’ needs and acuity.
* Ensure consultation with consumers where call bell response exceeds key performance indicators to identify impacts and initiate appropriate actions.