Regis Fawkner

Performance Report

101F Major Road   
FAWKNER VIC 3060  
Phone number: 03 9359 9055

**Commission ID:** 4518

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

**Site Audit date:** 3 August 2021 to 5 August 2021

**Date of Performance Report:** 13 September 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 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | 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 Site Audit; the Site Audit 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 Site Audit report received 30 August 2021, where the approved provider chose not to provide a written response but stated they will include areas for improvement on the service’s plan for continuous improvement.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Overall consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose, whilst still maintaining relationships and connections with others.

Staff were observed treating consumers with dignity and respect and respecting their individual choices and preferences. Consumers’ care planning documents include information about their individual preferences.

Consumers expressed satisfaction with how staff deliver care and services and said they feel comfortable and safe. Consumers and representatives described in various ways how the service delivers care and services that are culturally safe.

Consumers have choice in all aspects of their care and services. They can elect what they want to eat, what activities they wish to attend and who they see. Consumers are supported by staff to take risks and live the best life they can. Risk assessment around dignity of risk documentation confirmed discussions with the consumer and their representatives and care professionals being involved in supporting the decision-making processes.

Consumers and representatives interviewed said consumers’ privacy is respected and personal information is kept confidential and the organisation has policies and procedures in place to ensure this occurs.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

Overall, consumers confirmed they feel like partners in the ongoing assessment and planning of their care and services.

The service demonstrated that the processes for assessment and planning including consideration of health and wellbeing risks, informs the delivery of safe and effective care and services. Completed assessments were observed to be current and reassessment is conducted when there are changes to a consumer’s condition.

Consumers’ care planning documents demonstrated individualised goals and preferences with advanced care planning needs in place. The service has guidance material in relation to advance care planning and the end of life pathway.

Care planning documents demonstrated consumers, representatives and a range of other providers of care and services are involved in the care of the consumer. Consumers spoke about the ongoing consultation and involvement they have with staff. Care plans indicates regular reviews of care needs in response to consumer and representative requests. Consumer files reviewed, identified effective communication of the assessment, care planning and review process in partnership with consumers and/or their representatives.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

### Requirement 2(3)(e) Compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

# STANDARD 3 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 organisation supports a methodical approach to assessment, planning and review processes. There are systems in place and guiding documents which support staff for delivery of safe and effective care across all domains of consumer health, personal and social needs.

The service demonstrated that consumers receive safe and effective personal and clinical care which is based on best practice principles, tailored to their needs and optimises their health and wellbeing.

The Assessment Team reviewed care plan information for all consumers sampled which identified individualised risks across all domains of the care plan and included documented strategies to minimise these and inform care.

Care documentation reflects care needs of palliating consumers are recognised, addressed and based on the consumer’s identified needs and preferences.

Consumer files demonstrated changes to consumers’ mental health, cognitive or physical function, capacity and condition are recognised and responded to in a timely manner. Care documents including progress notes, handover sheets, charting and referrals reflect that where appropriate, information regarding consumer health status, preferences and needs are communicated to those involved in care provision and decision making. Consumers have access to a range of health professionals including physiotherapists, speech pathologists, wound consultants and dietitians.

Management and clinical staff described and demonstrated actions to enhance minimisation of infection related risks for consumers. Staff receive education regarding infection control, hand hygiene and use of personal protective equipment. There are policies in relation to antimicrobial stewardship and infection control.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

### Assessment of Standard 3 Requirements

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

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

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

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

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

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

### Requirement 3(3)(d) Compliant

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

### Requirement 3(3)(e) Compliant

*Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

Consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

Recreation care plans describe consumer activity preferences as well as the support that is required for participation. Staff reported an emphasis on person centred rather than group recreation. The lifestyle care plan contains individualised information. Ongoing evaluation of lifestyle needs is reflected and changes made as necessary.

Consumers are able to maintain relationships and participate in activities both inside and outside of the service. Lifestyle staff described links with a range of community groups to enhance consumer experiences

The service has processes for reviewing consumer needs and preferences in relation to supports for daily living and updating staff and others involved in care of any changes.

Overall, consumers and representatives expressed satisfaction with the quantity, quality and variety of food provided. A choice of meal is offered at each session and if consumers are hungry, they able to request for more. Dietary needs are catered for and there are dining room champions used to enhance the dining experience. Cultural dinners are conducted using consumer’s family recipes for which the consumer is given credit

Slings used with lifting machines are currently shared and cleaned after each use, however the service has purchased more slings, so that each consumer will have their own individual sling.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 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

Consumers said they receive personal care and clinical care that is safe and meeting their clinical and personal needs.

Consumers described the environment as welcoming, with some saying they feel ‘at home’ at the service. The service environment offers has a range of communal spaces that optimises consumer engagement and interaction.

The memory support unit has scenic wallpaper on the two entrances to the unit as a distraction to consumers. The lounge/dining area leads out to a sensory garden that is tidy and well maintained. Most consumer rooms in the Bluebell and Daisy (memory support unit) are sparsely decorated and not greatly personalised with the exception of family photographs as the rooms are mostly shared. Management advised there are plans to update the memory support unit and funds have been allocated for this purpose.

The lounge/dining area of the memory support unit leads out to a sensory garden that is tidy and well maintained and there are plans to include a miniature golf area and raised garden beds.

Consumers and representatives reported that the environment is comfortable and clean. Cleaning and maintenance have proactive and reactive systems in place to ensure the service is safe, clean and well maintained.

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

## 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.*

### 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.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT 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

Consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Most consumers or representatives knew of the process for making a complaint and expressed confidence that complaints would be resolved.

The service demonstrated a clear process for receiving and actioning complaints to achieve positive outcomes for consumers. The service showed how it analyses complaints to identify trends and issues. Service management provides a complaints and feedback report to organisational executive management for high level consideration and inclusion in organisational reporting.

The Assessment Team observed consumers raising concerns and staff were responsive to these concerns. One consumer felt it was difficult to raise concerns due to language barriers, however complaints information was available in other languages.

The service holds monthly consumer and representative meetings to discuss issues and consumers advised they would raise issues during this forum. Upon entry to the service, consumers and their representatives are informed about the complaint’s procedure.

The majority of representatives interviewed were aware of external complaint services. Advocacy and language services posters and brochures are displayed at reception and on notice boards throughout the service and is also provided in Italian.

Most consumers and representatives who had provided feedback or complained were satisfied with the process used to resolve issues. Open disclosure principles are used in the handling of complaints, including working collaboratively with consumers and representatives and apologising when necessary.

Documentation showed records of contact with complainants including the identification of improvements. The service’s feedback and complaints system is underpinned by policy and procedure. Trends are identified and action taken to improve services or consumer care. Management complete a walk around the service twice daily, they said during these walks they respond to consumer feedback when offered.

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

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

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

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 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

Consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

The workforce is planned and reviewed for numbers and the skill mix of staff deployed to ensure the delivery and management of safe and quality care and services. Unplanned leave shifts for clinical and care staff are filled as required.

The service has a recruitment, selection and induction process that ensures all staff employed are reference checked and hold appropriate credentials. Staff are required to hold minimum qualifications for each position in the service and this is outlined in position descriptions.

All staff interviewed confirmed completion of mandatory training and related competencies. This includes fire and emergency, manual handling, medication administration, infection control, hand hygiene and the use of personal protective equipment. The organisation has a specialist training department that develops and runs tailored training modules for staff. Training opportunities are identified in three ways, response to organisational strategy, response to regulative and legislative change and in response to gaps identified by individual services.

An annual performance review is are conducted for all staff. Staff identified performance appraisal as a positive experience allowing them to identify areas for skill development. Gaps in performance or knowledge are followed up through individual or group training.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## 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.*

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

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

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 COMPLIANT 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

Overall consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services.

Consumers and representatives are involved in the development and delivery of service improvements via the ‘residents and relatives’ meeting’, surveys and the complaints and feedback system. Improvements generated through consumer involvement include initiatives to celebrate Italian culture such as a quiet coffee room being developed to resemble an ‘Italian coffee shop.’

The service provides reports and analysis to the organisation’s executive team as part of the organisational governance system. These reports are discussed at executive level committee meetings and include the analysis of incidents and feedback.

The organisation’s Board oversees the organisation’s business strategy, plans and budget. The Board delegates the responsibility for the day to day management of its individual services to the executive team, regional general managers and service general managers.

The service is aware of its reporting requirements relating to reportable and non-reportable events and appropriate registers are maintained. Legislative updates are communicated to staff through emails, memoranda and meetings.

The organisation provided:

* a documented clinical governance framework,
* a policy relating to antimicrobial stewardship,
* a policy relating to minimising the use of restraint,
* an open disclosure policy.

Clinical staff take an active role in working with medical practitioners to minimise the use of antibiotics and to ensure administration is clinically indicated and based on a pathology result.

All consumers under restrictive practices have authorised signed consent in place and are monitored as required.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### 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.*

### Requirement 8(3)(d) Compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

### Requirement 8(3)(e) Compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

# 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.