Regis Greenmount

Performance Report

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**Commission ID:** 7802

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

**Assessment Contact - Site date:** 18 March 2021

**Date of Performance Report:** 9 June 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

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(b) | Non-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 staff, consumers/representatives and others
* the provider’s response to the Assessment Contact - Site report received 7 March 2021
* the Assessment Team’s Report and Performance Assessment Report from the Site Audit conducted between 21 and 23 September 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 Personal care and clinical care which was found Non-compliant following a site audit conducted 21 to 23 September 2020. The Assessment Team has recommended the service does not meet this Requirement. Based on the Assessment Team’s Report and the Approved Provider’s response I find the service Non-compliant with Requirement (3)(b) in relation to Standard 3 Personal care and clinical care. I have provided reasons for my finding below.

The Assessment Team found the service has implemented improvements to address the non-compliance identified at the site audit. However, the service has not effectively managed risks associated with one consumer’s risk of developing pressure injuries and one consumer’s risks of aggressive behaviour impacting other consumers.

### 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 found the service had implemented improvements to address the deficits identified at the site audit conducted 21 to 23 September 2020 and specifically in relation to one consumer’s behaviours impacting other consumers. However, the improvements implemented have not been effective at ensuring other consumers with high impact and high prevalence risks are managed effectively.

The Assessment Team found the service did not effectively manage risks associated with each consumer’s care, including one consumer’s risk of developing pressure injuries and one consumer’s risks of aggressive behaviour impacting other consumers. Relevant evidence included:

* One consumer was identified as having a Stage 3 pressure injury in February 2021. The consumer’s condition had deteriorated in the five months prior to the development of the pressure injury including; falls, weight loss, refusal of food and deteriorated and reduced mobility. The service did not assess the consumer’s risk of pressure injuries or review or implement strategies to support the increased risk to skin integrity breakdown during the five months prior to the Stage 3 pressure injury being identified when signs and symptoms of deterioration were present.
* One consumer has had ongoing incidents of physical aggression towards other consumers including hitting and punching multiple consumers. There have been nine reported incidents in five months with an increase in incidents in February 2021. The service has implemented strategies and reviewed the consumer’s behaviour including through referral to specialists. However, the strategies implemented have not been effective at preventing incidents of aggression towards other consumers.

The Approved Provider’s response disagrees with the recommendation of not met for this Requirement. However, acknowledges the opportunity for further improvements and have submitted a continuous improvement plan and staff training plan to address the deficits identified. Relevant evidence included:

* One consumer with a Stage 3 pressure injury has had appropriate and effective wound management since the identification of the pressure injury and the wound has improved. The service identified deficits in assessment following the identification of the pressure injury and implemented improvements.
* One consumer with aggressive behaviours towards others has had appropriate and comprehensive assessment, review and referral to specialists. Strategies are in place to reduce incidents and harm to other consumers. No consumers have been injured following incidents.
* A comprehensive continuous improvement plan has been developed and implemented including staff training on behaviour management and pressure injury identification and assessment and increased monitoring, review and support of staff delivering care in relation to skin care and behaviour management.

The service has made a commitment to continuous improvement and to addressing deficits identified both internally and through site assessments by the Commission. The service has addressed deficits in the effective management of risks for consumers identified in previous site assessments. The service has a system to assess, identify and manage risks associated with consumers’ care including through incident reports and care plan reviews and reassessment processes. However, at the time of the assessment contact the service had not effectively managed high impact and high prevalence risks for each consumer.

One consumer did not have their risk of pressure injuries reassessed when deterioration including weight loss, refusal of food and decreased mobility indicated an increased risk of skin integrity breakdown. The service did not implement strategies to prevent and reduce the risk of skin integrity breakdown and a pressure injury was not identified until it was classified Stage 3. Similar deficits of the service not identifying deterioration in a consumer’s skin condition were identified at a site assessment in May 2020, resulting in non-compliance in this Requirement.

One consumer has not had their risks of aggressive behaviours towards others effectively managed. The service has implemented strategies and completed reassessment in consultation with specialists. However, the strategies are not effective at preventing incidents or the impact to other consumers who have been hit and punched as a result of the unmanaged behaviour. While no physical injury has occurred, two female consumers reported feeling unsafe due to the ongoing behaviours of the consumer. Similar deficits in the management of behaviours were identified at the site assessment in September 2020, resulting in non-compliance in this Requirement.

The service has implemented improvements following decisions of non-compliance in this Requirement. However, the improvements have not prevented similar high impact or high prevalence risks associated with each consumer’s care being managed effectively.

Based on the summarised evidence above I find the service Non-compliant in this Requirement.

# 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 Human resources which was found Non-compliant following a site audit conducted 21 to 23 September 2020 and have recommended the service now meets this Requirement.

The service has implemented improvements to address the deficits identified including implementing additional human resources such as additional care and enrolled nursing shifts, and increased presence of lifestyle staff in the afternoons.

Majority of consumers and their representatives interviewed confirmed there are sufficient mix and numbers of staff to provide care and services in a timely manner and in line with consumer needs. Two of 15 consumers and their representatives interviewed said staff at times were slow to answer call bells and call bells were observed to not be answered promptly in one area during the lunch period. However, records show improvements have resulted in an overall reduction in the response times to call bells and ongoing monitoring is occurring to identify and resolve issues as they occur.

Based on the Assessment Team’s report I find the service Compliant with Requirement (3)(a) in relation to Standard 7 Human resources. All other Requirements in relation to this Standard were not assessed and therefore an overall rating of the Standard is not provided.

## 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.*

# Areas for improvement

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

Standard 3 Requirement (3)(b):

* Ensure high impact and high prevalence risks associated with each consumer’s care are assessed, identified and managed effectively including but not limited to risks associated with pressure injuries and aggressive behaviours.
* Ensure monitoring processes are implemented and ongoing to identify and evaluate the effectiveness of improvements and staff practice in relation to the management of high impact and high prevalence risks associated with the care of consumers.