Regis Greenmount

Performance Report

22 Coongan Avenue
GREENMOUNT WA 6056
Phone number: 08 9294 1944

**Commission ID:** 7802

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

**Assessment Contact - Site date:** 16 December 2021

**Date of Performance Report:** 03 March 2022

# Performance report prepared by

Andrea Hopkinson, 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 |
| Requirement 3(3)(b) | Compliant |
| **Standard 8 Organisational governance**  |  |
| Requirement 8(3)(d) | 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 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.
* information received by the Commission from members of the public.
* the Performance Report dated 28 September 2021 for the Assessment Contact – Site conducted on 19 August 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

Overall consumers and representatives sampled considered consumers received personal and clinical care that was safe and right for them. Consumers and representatives were also satisfied with the management of high impact or high prevalence risks, including the management of pain, wounds and post fall care.

Initial and ongoing assessment processes assisted the service to identify high impact or high prevalence risks for each consumer. Risk assessments formed part of the overall assessment processes with care plans containing individualised strategies to mitigate risks identified.

Where consumers’ high impact or high prevalence risks were unable to be appropriately managed, referrals to medical officers and/or allied health professionals were initiated to provide staff with additional expertise, advice and management strategies.

Clinical management described the service’s and organisation’s approach for identifying, monitoring and reporting high impact or high prevalence risks which have a potential or actual impact on the consumer. Processes included incident reporting and management processes, analysis of clinical incident data for trends, completion of assessments and regular clinical review and consultation with consumers and/or representatives.

The Assessment Team reviewed an updated continuous improvement plan that had been developed to address the areas of improvement in Standard 3 Requirement (3)(b) in response to the non-compliance identified at an Assessment Contact conducted 19 August 2021.

The Assessment Team recommended Requirements 3(3)(a) and 3(3)(b) were met.

The Approved Provider did not provide a response in relation to the Assessment Team’s report. Therefore, based on the information before me, I find the service Compliant in relation to Requirements 3(3)(a) and 3(3)(b).

As only two of the seven specific requirements have been assessed as Compliant, an overall rating for the Quality Standard has not been given.

### 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.*

In relation to safe and effective care, the Assessment Team relevantly found:

* The service had a policy and procedure in relation to restrictive practices. There were processes to track consumers who had a restrictive practice in place and examples cited demonstrated this was used as a last resort.
* In relation to post falls management, follow up occurred in relation to pain, completion of neurological observations and if required transfer to hospital for further assessment.
* In relation to wound management, the Assessment Team identified there had been a recent improvement in the management of the consumer’s wound care regime. However, I note in previous months (September and October 2021) there had been a departure in care delivery specific to wound care. Although I note care was not optimal during this period, there had been engagement of a wound specialist, consultation with the consumer and their representatives about wound care and at the time of the visit, wounds were being attended to regularly.

The Approved Provider did not provide a response in relation to the Assessment Team’s report. Therefore, based on the information before me, I find the service is Complaint in this Requirement.

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

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

This Requirement was found Non-compliant following an Assessment Contact conducted on 19 August 2021 as the service did not demonstrate effective management of high impact/high prevalence risks associated with the care of consumers which included of pain, pressure injuries and indwelling catheter care.

At this Assessment Contact, the Assessment Team recommended this Requirement was Met and provided the following information and evidence relevant to my findings.

* Consumers and representatives were satisfied with the management of high impact or high prevalence risks, including the management of pain, wounds and post fall care.
* The service had improved the oversight and monitoring of wounds through the use of a clinical care specialist and key staff had received training in wound innovations and complex male catherization.
	+ Care documentation for sampled consumers showed, appropriate pressure relieving interventions were in place and wound charts and photographs evidenced these were decreasing in size.
* For two consumers (who were previously identified in the 19 August 2021 report), the Assessment Team noted improvements in their care.
	+ For one consumer, both pressure injuries had healed, and the Assessment Team noted there was effective pressure relieving strategies including wound care implemented.
	+ For the second consumer, their pain was being effectively managed. The Assessment Team noted their pain was assessed, monitored and analgesia offered when required.
* The Assessment Team reviewed the management of two consumers with verbal and physical behaviours that had negatively impacted upon other consumers and staff in the past three months. While I note interventions had only recently been implemented and further review by an external specialist was yet to occur to support the ongoing management of their behaviours, I am satisfied that:
	+ The service was implementing non-pharmological strategies to manage consumers’ behaviours prior to the use of as required medications.
	+ Medical officers had been involved in the review of consumers including their medications with changes made.
	+ For one consumer, where another consumer had sustained an injury, the service had engaged an individual care companion to support the management of their behaviours. While the intervention had been in place for approximately 4 weeks; care staff reported this had been an effective strategy and there had been a reduction in incidents with no physical incidents reported towards other consumers.
	+ For the second consumer, the escalation in behaviours had been in two-week period leading up to the Assessment Contact. The consumer’s medical officer had been engaged to assess underlying causative factors, reviewed the consumer’s psychotropic medications and implemented changes on the day of the visit. Although further review by an external specialist was still to occur, staff demonstrated knowledge of the consumer’s history and potential triggers and strategies for managing these were observed to be effectively implemented during the visit.
	+ Furthermore, the service had commenced a behaviour incident meeting and four consumers with multiple incidents of adverse behaviours were tabled, strategies to manage those behaviours discussed along with actions identified.
* The Assessment Team also sampled three consumers who had received medical attention, including a fracture, following a fall. Care documentation showed an assessment of the consumer’s falls risk and the implementation of strategies to prevent or minimise the impact of falls. In relation to post fall management, there was ongoing assessment of pain, transfer to hospital for further assessment and involvement of allied health professions to review mobility and transfer requirements.

The Approved Provider did not provide a response in relation to the Assessment Team’s report. Therefore, based on the information before me, I find the service is Complaint in this Requirement.

# 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 service was able to demonstrate it had an effective risk management system that included the management of high impact and high prevalent risks to consumer care, recognised and responded to elder abuse, supported consumers to live their best life and the identification and reporting of incidents.

The service has a suite of policies and procedures to guide staff practice including the identification and responding to abuse and neglect. Staff advised they report any incidents where they had identified potential abuse or neglect and confirmed they have received training.

The service’s serious incident response scheme (SIRs) register, showed the service reported required incidents, in a timely manner, to the appropriate person/s and used open disclosure where appropriate.

Review of consumer care files including care plans, progress notes and incident forms showed staff responded to clinical incidents in a timely manner to prevent those from further occurring.

Consumers were supported to take risks and where appropriate those risks were mitigated to ensure consumers were able to choose to do those activities when they wished and to minimise any harm.

The Approved Provider did not provide a response in relation to the Assessment Team’s report. Therefore, based on the information before me, I find the service Compliant in relation to Requirements 3(3)(d).

As only one of Requirements was assessed, an overall rating for the Quality Standard is not provided.

## Assessment of Standard 8 Requirements

### 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.*

# 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.