Regis Kingswood

Performance Report

9 Brenchley Grove   
KINGSWOOD SA 5062  
Phone number: 08 8490 1800

**Commission ID:** 6824

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

**Site Audit date:** 5 July 2021 to 7 July 2021

**Date of Performance Report:** 10 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 2 August 2021.

# 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

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

The Assessment Team have recommended Requirement (3)(d) not met. The Assessment Team were not satisfied the service was unable to demonstrate each consumer is supported to take risks to enable them to live the best life they can. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and have come to a differing view and find the service Compliant with Requirement (3)(d). I have provided reasons for my finding in the specific Requirement below.

In relation to all other Requirements in this Standard, the Assessment Team found overall, sampled consumers considered they are treated with dignity and respect, can maintain their identity, make informed choices and live the life they choose. The following examples were provided by consumers during interviews with the Assessment Team:

* staff respect consumers’ identity, treat them with respect and are aware of individual cultures.
* they are supported to exercise choices.
* receive a range of information to inform decision making.
* confirmed their personal privacy is respected.

The service has initial and ongoing assessment and planning processes to identify each consumer’s interests, beliefs, cultural and spiritual needs. Staff interviewed described how they support consumers’ dignity, identity and culture. The Assessment Team observed staff treating consumers with dignity and respect. Training records viewed showed staff have been provided training on cultural safety.

Care plans and risk assessments demonstrated the service supports consumers to exercise choice, independence and maintain relationships of choice. Care plans sampled included significant others and information on maintaining independence. Staff were able to describe how they support consumers to maintain relationships of choice.

Documentation sampled demonstrated information provided to consumers is current, accurate and timely. Information is initially provided to consumers through an admission pack and subsequently through a range of other mechanisms, including activity calendars, noticeboards, consumer meetings and newsletters. Staff were able to describe how they provide information to consumers who are cognitively impaired.

Staff described how they respect the personal privacy of the consumers sampled. This included maintaining confidentiality and closing consumer doors to maintain privacy. Observations of staff practice confirmed paper-based consumer information is securely stored in the nurses’ station and the electronic client management system is password protected.

Based on the evidence documented above, I find Regis Aged Care Pty Ltd, in relation to Regis Kingswood, to be Compliant with all Requirements in Standard 1 Consumer dignity and choice.

## 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.*

The Assessment Team found the service was unable to demonstrate each consumer is supported to take risks to enable them to live the best life they can. Two consumers who leave the service did not have risks associated with this activity adequately assessed and planned for. The Assessment Team provided the following evidence:

Consumer A

* Consumer A has a diagnosed cognitive impairment with an assessed moderate cognitive impairment.
* Approximately two months prior to the Site Audit, Consumer A did not return to the service at the designated time following a walk, a search was undertaken and whilst the police were being notified, the consumer had returned to the service.
* A risk assessment was dated the same day of the incident, however, did not include monitoring strategies, control measures, directions for staff or strategies to mitigate the risks when the consumer is outside the service.
* Staff confirmed Consumer A goes out of the service for walks and has not had any further incidents. They stated the consumer knows their way around the home and signs out at reception when they leave the service. They stated the consumer knows to sign out of the register when they go out.
* Management stated Consumer A enjoys the walks, has not been lost since the May 2021 incident and has the phone number of the service in their wallet.
* A management review following the incident states the consumer missed a turn and lost their way back, address was written in the consumers’ diary, including the phone number and the representatives wishes to respect Consumer A’s choices in being able to go for walks.

Consumer B

* Consumer B has a diagnosis of cognitive impairment
* Consumer B goes out into the community independently on a regular basis. While there have been no incidents noted for Consumer B, the only strategies to safeguard Consumer B are the service’s phone number in their wallet and the signing out process.
* The Risk Assessment dated approximately two weeks prior to the Site Audit identifies the consumer walks out of the facility independently. No monitoring strategies, directions or control measures are documented in the Risk Assessment to mitigate the risks when the consumer is outside the service.

The provider refutes the information as being inaccurate and indicates the service was compliant with the Requirement at the time of the Site Audit. The provider’s response included the following information :

Consumer A

* Progress notes dated one month prior to the incident show discussions with the representative in relation to Consumer A wishing to leave the service unsupervised and a Risk Assessment completed informing them of a range of risks.
* The Risk Assessment included as part of the response shows the service had identified the consumer has a cognitive impairment, is at low risk, and strategies to manage an incident of the consumer being lost had been developed. This included a wrist band with contact details.
* The Incident form showed the incident was reviewed and the medical officer and representative were informed.
* The response indicates Consumer A’s care plan was reviewed and did not require further changes on the day of the incident.

Consumer B

* Progress notes show three months prior to the Site Audit, discussion between the nominated representative and clinical staff in relation to the completed Risk Assessment occurred.
* The Risk Assessment completed one month prior to the Site Audit, included in the provider’s response, shows the service had assessed the consumer at a medium risk, had considered the consumer’s risk of falls and strategies had been implemented.
* The response indicates whilst the consumer signs in and out, the consumer stays within the boundaries of the service and walks on clearly defined, wide, sealed walkways.

I acknowledge the provider’s response and have come to a differing view to that of the Assessment Team. I find at the time of the Site Audit, the service was able to demonstrate each consumer is supported to take risks to enable them to live the best life they can. I find both Consumer A and B had risk assessments completed, strategies developed proportionate to the level of risk and relevant consultation undertaken prior to the Site Audit to support consumer dignity and choice. I also note the service had reviewed Consumers A’s risk management strategies following the incident in consultation with both the representative and the medical officer.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Kingswood, Compliant with Requirement (3)(d) in Standard 1 Consumer dignity and choice.

### 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

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

The Assessment Team have recommended Requirement (3)(a) not met. The Assessment Team were not satisfied the service demonstrated assessment and planning processes include consideration of risks to consumers’ health and well-being, specifically in relation to risks associated with assessing pain. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and have come to a differing view and find the service Compliant with Requirement (3)(a). I have provided reasons for my finding in the specific Requirement below.

## The Assessment Team found that most consumers considered that they feel like partners in the ongoing assessment and planning of their care and services. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* confirmed they were involved in assessment and planning, described the process as a positive experience and stated they are informed of outcomes.
* confirmed being involved in the review of care and services.

A range of clinical, personal and lifestyle assessments are completed on entry and on an ongoing basis, including when a change in consumers’ health and well-being is identified. Care files sampled included a variety of assessments to address pain, skin, falls, behaviour management, advanced care planning and end of life. Staff were able to describe undertaking a range of assessments involving consumers and representatives to inform care planning. Staff described how they approach end of life conversations with consumers and representatives.

The organisation has policies and procedures to guide the assessment process and how they involve other providers of care and services that the consumer wishes. Care plans are accessible on the service’s electronic client management system to all staff. Clinical staff could describe how the outcomes of care planning are communicated to the consumers sampled and their representatives in line with the consumer’s wishes.

Care plans showed evidence of monthly review of care and services and following incidents, such as falls or changes in health status. Consumers and representatives confirmed they are involved in the review process. The Assessment Team found the organisation has monitoring processes to ensure initial and ongoing assessment and planning is conducted in partnership with consumers in accordance with consumers’ needs, goals and preferences.

Based on the evidence documented above, I find Regis Aged Care Pty Ltd, in relation to Regis Kingswood, to be Compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

## 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.*

The Assessment Team found the service was unable to demonstrate assessment and planning processes include consideration of risks to consumers’ health and wellbeing, specifically in relation to risks associated with assessing pain. The Assessment Team provided the following evidence:

* Consumer A has a diagnosed cognitive impairment. The consumer was unable to verbally express pain to the Assessment Team.
* Consumer A is identified to have chronic pain to their left knee and shoulder and has allied health pain management provided 4 days per week.
* Despite several falls and soft tissue injuries, Consumer A does not have regular pain medication and has been administered as required pain medication on one occasion this year, prior to the Site Audit.
* Allied health staff progress notes in the last six months show allied health reviews conducted after each fall. While no new pain areas have been identified, Consumer A has sustained several skin tears and soft tissue injuries and one of the contributing factors to falls was noted as chronic pain in the left knee and shoulder on 7 occasions.
* The consumer had a fall four months prior to the Site Audit and despite denying new areas of pain, allied health staff continued to document tenderness on palpation to the left knee and shoulder.
* Consumer A has been assessed by allied health staff on two occasions using a Validated Assessment Tool. Whilst nursing staff have undertaken regular pain assessments they have not identified the consumer’s ongoing pain needs following the falls.
* Documentation by nursing staff shows pain charting and assessments have been conducted by clinical staff following each fall. Documentation shows appropriate action has been taken to follow up and monitor Consumer A in the form of neurological observations.
* During the period from January to April 2021, progress notes by the nursing staff following four falls identified injury, however, whilst staff have conducted pain assessment, charting showed an overall score of zero to pain. Staff have not appropriately assessed the consumer using the pain assessment tool as the consumer had physical changes.
* Pain charting in the last six months shows the service has undertaken 19 pain charts with a score of zero or no pain documented.
* Management stated they would provide further training to staff on how to use the non-cognitive pain assessment tool.

The provider refutes the Assessment Team’s findings and indicates the service was compliant with the Requirement at the time of the Site Audit. The provider’s response included the following information:

* Consumer A has chronic pain which had been identified by staff and is being regularly reviewed by the medical officer, nursing and allied health staff.
* Documentation included in the provider’s response shows staff have been provided further education on using the non-cognitive pain assessment tool.
* A 7 day pain chart was completed during the Site Audit which indicated no pain.
* An example of a non-cognitive pain assessment tool included in the provider’s response showed the consumer was assessed with an overall rating of no pain.
* A medical officer review was completed following the completion of the pain assessments and charting and regular pain relief medication was commenced.

I acknowledge the provider’s response and have come to a differing view to that of the Assessment Team. I find at the time of the Site Audit, the service was able to demonstrate 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. I find nursing staff had undertaken an assessment process using a validated pain assessment tool to identify and monitor Consumer A’s pain and associated secondary risks. In addition, I note the allied health worker had been regularly assessing, monitoring and providing regular pain management for Consumer A’s ongoing chronic pain. To further support my view, I have noted regular pain charting has been completed by nursing staff following falls and appropriate action has been completed. Furthermore, I have considered the provider’s proactive measures in undertaking follow up review and assessment of Consumer A’s pain which has continued to show no pain, and the subsequent medical officer review.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Kingswood, Compliant with Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumer.

### 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 Quality Standard is assessed as Compliant as seven of the seven specific Requirements have been assessed as Compliant.

The Assessment Team have recommended Requirement (3)(a) not met. The Assessment Team were not satisfied the service demonstrated each consumer gets safe and effective personal clinical care, that is best practice; tailored to their needs; and optimises their health and well-being. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and have come to a differing view and find the service Compliant with Requirement (3)(a). I have provided reasons for my finding in the specific Requirement below.

The Assessment Team found overall, sampled consumers considered that they receive personal care and clinical care that is safe and right for them. The following examples were provided by consumers during interviews with the Assessment Team:

* the service has been responsive when their condition has deteriorated.
* staff listen to their needs and information is shared with those relevant to their care.

Assessments used to inform care planning support staff in delivering personal and clinical that is safe and right for individual consumers. Documentation viewed demonstrated high impact or high prevalence risks are identified, planned for and appropriate care delivered. Care files sampled showed risks associated with weight loss and falls are effectively managed. High impact or high prevalence risks are reported on and trended through a monthly clinical indicator report. Infection control practices within the service ensure infection related risks are minimised. Staff interviewed were able to describe infection control and antimicrobial stewardship principles.

Care plans sampled showed they are reflective of consumers’ end of life needs and wishes. Documentation viewed showed the consumer’s wishes and choices are recorded on entry. Clinical and care staff interviewed were able to describe how they deliver end of life care and services in accordance with consumers’ needs goals and preferences.

Processes support staff to identify deterioration and respond to changes in the consumer’s health. This includes regular progress note reviews, a range of monitoring processes when incidents occur and regular evaluation of care and service needs, goals and preferences.

The service has processes to ensure relevant information about the consumer’s condition, needs and preferences is documented. This includes handover documentation and care plans. Relevant information is communicated to others where responsibility is shared and used to inform referral processes. Sampled files viewed showed staff refer consumers, where required, to a range of health professionals to inform care planning and delivery.

Based on the evidence documented above, I find Regis Aged Care Pty Ltd, in relation to Regis Kingswood, to be Compliant with all Requirements in Standard 3 Personal and clinical care.

### 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.*

The Assessment Team found the service was unable to demonstrate each consumer gets safe and effective personal clinical care, that is best practice; tailored to their needs; and optimises their health and well-being. The Assessment Team provided the following evidence:

* The representative of consumer A said they are happy with the care and the way the consumers pain was manage and how the service worked with their doctor and kept them informed each step of the way.
* Consumer A entered the service approximately three months prior to the Site Audit, following a fracture requiring surgery. The consumer has a diagnosed cognitive impairment.
* The consumer was reviewed by the medical officer on entry and prescribed psychotropic medication and regular and as required pain relief. An allied health review completed on the same day identified the consumer as experiencing pain in the right hip and shoulders.
* On the first night the consumer was unsettle and displayed ongoing behaviours over the next four days.
* Three day pain charting was commenced one day after entry and completed with an evaluation indicating the consumer was not complaining of any discomfort and did not require any as required pain medication.
* Five days after entry, the consumer was reviewed by the medical officer and prescribed a pain medication patch.
* During the month of April 2021, there was no pain review or evaluation recorded for the trial of the pain patch. The consumer continued to be displaying behaviours. During the same month, progress notes show the medical officer was reviewing and adjusted the consumer’s psychotropic medication on four occasions during that period.
* During the month of April the consumer had regular Allied Health reviews for pain management.
* Behaviour charts from April to June show the consumer continued to experience behaviours.
* A referral to a behaviour specialist unit is completed and a family conference is held one month following entering the service.
* The consumer’s pain management is reviewed in May which shows no pain and one of the consumers psychotropic medication is ceased as part of a medical review due to ongoing drowsiness.
* During the Site Audit progress notes show the consumer rapidly deteriorated, was reviewed by the medical officer and was commenced on an end of life pathway.
* Consumer B had a physical restraint and a completed risk assessment and relevant documentation completed.
* Consumer C had two pressure injuries and was reviewed by a wound specialist, wounds regularly reviewed and appropriate clinical equipment to support wound healing and pressure area care.

The provider’s response indicates they accept the findings of the Assessment Team and have implemented actions to rectify identified deficits. This included:

* Provided education to nursing staff on using correct pain assessment tools. In addition, training was provided to staff on behaviour and pain management.
* The consumer was reviewed by the medical officer during the Site Audit and commenced on and end of life pathway. The consumer died four days later.

I acknowledge the provider’s response and have come to a differing view to that of the Assessment Team. I find at the time of the Site Audit, the service was able to demonstrate each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care that is best practice, tailored to their needs and optimises their health and well-being.For Consumer A, I have considered the consumer’s clinical reason for entering the service and have noted the consumer was reviewed by the medical officer and allied health personnel on entry and strategies were immediately implemented to manage the consumer’s pain and behaviours. In addition, I have also noted pain monitoring was implemented to assess the consumer’s pain soon after entry and regularly monitored and evaluated. Records show Consumer A had their behaviours monitored and regularly reviewed by the medical officer with frequent changes in medications in response to the consumer’s health status. In addition, I note the service had completed a family case conference to better identify strategies to manage Consumer A’s care and service needs and a referral for further input on effective behaviour management had been organised. To further support my view, I have considered that the service effectively managed the personal and clinical care needs for Consumer B and Consumer C which were tailored to the needs of both consumers.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Kingswood, Compliant with Requirement (3)(a) in Standard 3 Personal and clinical care.

### 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

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

The Assessment Team found overall, consumers sampled considered that they get the services and supports for daily living that are important for their health and well-being and enable them to do the things they want to do. The following examples were provided by consumers during interviews with the Assessment Team:

* are supported to do things they like to do
* satisfied with the activity program and how the service supports their cultural and spiritual care and service needs
* confirmed they have been supported to have and maintain social and personal relationships.

Initial and ongoing assessment processes identify each consumer’s needs and preferences in relation to services and supports for daily living and are used to inform the care and service plan. Assessment documentation sampled included information on lifestyle preferences, life history and cultural and spiritual needs. Care staff were able to explain what is important to consumers and their preferences.

Services and supports for daily living assist each consumer to participate in their community within and outside the organisation’s service environment, have social and personal relationships and do the things of interest to them. Records showed the lifestyle activity record is updated daily by the lifestyle team for each consumer sampled and details the activities the consumer has participated in.

Lifestyle staff described how the group activity program is developed and tailored to consumers’ interests. The activities calendar is devised each month based on consumers’ preferences and requests. Daily activity forms document activities offered or participated by each consumer on a daily basis and are regularly reviewed. Observations indicated consumers enjoyed participating in scheduled activities and maintaining personal and social relationships.

Staff described referral processes, including to volunteer services and external organisations. Care documentation confirmed referrals to volunteer services, church groups and the Older Persons Advocacy Network. The organisation has policies to support making referrals to individuals and providers outside the service and staff were aware of this process.

The service has processes to identify each consumer’s nutrition and hydration needs and preferences. Documentation viewed confirmed consumers’ dietary needs and preferences, including allergies, likes and dislikes, is obtained on entry. The chef oversees catering services within the service and described how they are involved in tailoring meal services for individual consumers.

The Assessment Team observed equipment provided to consumers to be clean, safe and well maintained. Scheduled audits, cleaning and maintenance programs are in place to ensure equipment is safe and maintained. These processes were supported by cleaning and maintenance staff interviewed by the Assessment Team.

Based on the evidence documented above, I find Regis Aged Care Pty Ltd, in relation to Regis Kingswood, to be Compliant with all Requirements in Standard 4 Services and support for daily living.

## 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

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

The Assessment Team found overall, consumers sampled considered they feel they belong in the service, can move freely both indoors and outdoors and feel safe and comfortable in the service environment. The following examples were provided by consumers during interviews with the Assessment Team:

* considered they feel they belong in the service.
* the environment is safe, clean, well maintained and they could access all areas of the service.
* enjoy having access to the gym and have access to call bell systems which are reliable.

The service environment is welcoming and easy to navigate and optimises the consumer’s sense of belonging, independence, interaction and function. The entrance to the service includes a reception area and a staff member to welcome and assist visitors; there is adequate signage to direct visitors and numerous pamphlets/posters that provide information about the service and relevant external organisations. Consumer rooms were observed to be personalised with consumers’ furniture and fittings.

The service environment, furniture and fittings are safe, clean and well maintained. Staff interviewed confirmed there is sufficient equipment available to support them in their roles. Preventative maintenance occurs according to a set schedule which is monitored within the organisation. Staff described reporting mechanisms to ensure the environment, furniture and fittings are safe, working and clean.

Consumers were observed moving freely indoors and outdoors. Courtyards, garden areas and pathways were observed to be maintained and free of any hazards. Consumers said they could access all areas of the service. Monitoring processes include a range of environmental and work health and safety audits to ensure the environment is safe, clean and well maintained.

Based on the evidence documented above, I find Regis Aged Care Pty Ltd, in relation to Regis Kingswood, to be Compliant with all Requirements in Standard 5 Organisation’s service environment.

## 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

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

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

* are able and feel comfortable to provide feedback or raise concerns to staff or management at the service
* are aware of advocacy services
* management respond to their concerns immediately and provide them with an apology if required.

Consumers and representatives are provided with information in relation to internal and external feedback mechanisms on entry and though the consumer handbook. Consumers have access to feedback forms and letter boxes which are placed throughout the service to lodge feedback. Consumer meeting minutes show consumers are being supported to provide feedback. Staff described how they support consumers to raise feedback. The Assessment Team observed posters displayed with information for consumers and representatives as to how to make complaints and provide feedback both externally or through advocacy serves, such as Aged Rights Advocacy Services or Older Persons Advocacy Network.

A complaints register is maintained and documentation viewed demonstrated appropriate actions had been undertaken in response to complaints, in line with the service’s process. Staff are aware of how to action feedback and are aware of open disclosure practices. The staff information pack provided to all new staff contains information on open disclosure practices.

Feedback is monitored and trended to identify opportunities for improvement for individual consumers and the organisation. Management provided examples of continuous improvement activities as a result of consumer feedback, such as increase in the times the Greek Orthodox priest comes to the service.

Based on the evidence documented above, I find Regis Aged Care Pty Ltd, in relation to Regis Kingswood, to be Compliant with all Requirements in Standard 6 Feedback and complaints.

## 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

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

The Assessment Team found overall, consumers sampled considered 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 know how to deliver care and services according to consumers’ preferences. They gave examples, such as being aware of their consumer lifestyle choices, dietary needs, and preferences.
* felt safe when staff used equipment, such as lifters and the equipment was well maintained.
* staff engaged by the service are kind and caring and deliver services in a way which demonstrates respect
* said they feel safe at the service and know that the staff are knowledgeable and provide care in the best manner they can.

There are processes to ensure the workforce is planned to enable, and the number and mix of staff deployed enables, the delivery of quality care and services. The roster is adjusted based on consumer needs, staff and consumer feedback and incident data. There are processes to manage planned and unplanned leave. There is a centralised roster management system, and any unfilled shifts are allocated for staff to accept at the service and organisational level. Staff were observed assisting consumers with care and dignity and did not appear stressed or rushed.

The Assessment Team observed staff interactions with consumers to be kind, caring and respectful of each consumer’s identity, culture and diversity. The staff handbook included information about being respectful and understanding cultural diversity. The organisation has duty statements documenting the skills and knowledge for staff to perform their role effectively and work instructions to guide staff practice.

Recruitment and initial onboarding processes ensure the workforce hired is competent to perform their role and recruited staff must have relevant qualifications specific to their roles to ensure competency. Care staff said there is sufficient training offered by the service and are confident to perform their role. A training needs analysis is conducted at the end of each year which helps inform what non-mandatory training will occur and is based on previous incidents, staff feedback, management recommendations and a clinical needs analysis.

A staff performance appraisal and development process is in place, including probationary and annual reviews. Staff performance reviews are conducted annually or as required. Staff performance is monitored and reviewed through feedback from consumers, representatives, other staff and a review of incidents. Consumer comments and feedback are included in staff annual performance appraisals. Staff members interviewed confirmed completing annual performance appraisals.

Based on the evidence documented above, I find Regis Aged Care Pty Ltd, in relation to Regis Kingswood, to be Compliant with all Requirements in Standard 7 Human resources

## 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

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

Consumers interviewed confirmed the service was well run, they were able to live the best life they can and were encouraged to remain independent and connected to their communities. Consumers talked about being included in decisions made and consulted about activities and meal services, both important to their well-being.

Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. This includes through meetings, surveys other feedback mechanisms and this process is underpinned through the consumer engagement framework. The values of the governing body are promoted and communicated throughout the service. This was confirmed by the organisation’s Strategic Plan and purpose statements.

The organisation demonstrated organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. There are processes to ensure these areas are monitored and reported, including to the Board. The Board is provided a range of reports which includes clinical and management reports to ensure effective oversight of undertakings within the service. In addition the Board is provided regular training based on a skills matrix to ensure they have appropriate and relevant skills to govern an organisation providing care and services to vulnerable consumers.

The organisation demonstrated effective risk management systems and practices in relation to identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can and managing and preventing incidents, including the use of an incident management system. Policies and procedures and an electronic incident management system support the organisation in identifying and managing risk within the service. Training has been provided to staff on their responsibilities in relation to the identification and reporting of incidents

The organisation has a clinical governance framework which includes a range of policies and procedures to support staff practice in antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff interviewed described how they apply these policies in their roles. Management and staff were able to provide examples of how clinical incident data is monitored and trended across the service and within the organisation to support effective clinical governance.

Based on the evidence documented above, I find Regis Aged Care Pty Ltd, in relation to Regis Kingswood, to be Compliant with all Requirements in Standard 8 Organisational governance.

## 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.