Regis Kirwan

Performance Report

1 Emerald Street   
KIRWAN QLD 4817  
Phone number: 07 4789 9777

**Commission ID:** 5108

**Provider name:** Regis Group Pty Ltd

**Site Audit date:** 28 June 2021 to 22 July 2021

**Date of Performance Report:** 22 August 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

# 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 sampled 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.

The service demonstrated that consumers are treated with dignity and respect, and that their identity, cultural background and diversity is acknowledged and valued.

Sampled consumers/representatives said staff respect their cultural needs and support them to express their individuality without judgement. For the consumers sampled, staff described how individual consumer’s culture and background influences how they deliver care and services.

The service demonstrated that consumers are supported to maintain their independence, make connections, and make decisions of their own choosing. Consumers/representatives described how consumers are supported to maintain relationships and connections with important others including those involved in their care.

The service was able to demonstrate how it supports consumers to exercise choice and live their life the way they wish to, even when that involves risk.

Consumers reported they are provided with enough information to support them to make informed decisions about the things they like to do, eat, and determine their day to day preferences.

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 sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services.

The service has an Electronic care documentation system which supports planned care and services that meet each consumer’s needs, goals and preferences and inform the delivery of safe and effective care. The Assessment Team reviewed care planning documentation for consumers sampled and identified assessment and planning includes the consideration of risk and reflects the consumer’s current needs, goals and preferences, including advance care planning and end of life planning and consideration of risk for the consumer.

Care and services are reviewed for effectiveness, and when circumstances change or when incidents occur.

Care and service plans for consumers sampled show integrated and coordinated assessment and planning involving other organisations, individuals and providers of other care and services, including Medical Officers, allied health professionals, and specialists in wound care, diabetes and dementia care.

The service demonstrated assessment and planning is effective and these processes support staff to deliver safe and effective care.

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

Overall, sampled consumers consider that they receive personal care and clinical care that is safe and right for them and in accordance to their needs and preferences.

The service demonstrated each consumer receives safe and effective personal or clinical care which is best practice, tailored to their needs and optimises their health and wellbeing, specifically in the management of falls, restraints and pain management. Staff described policies and procedures which guide their practice and are available electronically on the intranet and hard copy.

The service was able to demonstrate the effective management of high impact and high prevalent risks associated with the care of each consumer. For the consumers sampled, care planning documentation described the key risks to those consumers.

The service was able to demonstrate consumers who are nearing the end of life have their dignity preserved and care is provided in accordance with their needs and preferences. The service has clinical guidelines regarding the delivery of palliative care services. Registered staff are available 24 hours per day to support and monitor care delivered to consumers nearing the end of life.

The service was able to demonstrate changes in a consumer’s capacity or condition is recognised and responded to in a timely manner. For the consumers sampled, care planning documentation and/or progress notes reflect the identification of, and response to, deterioration or changes in their condition.

The service was able to demonstrate that information about the consumer’s condition, needs and preferences is documented and effectively communicated with those involved in the care of consumers. Staff were able to describe how information is shared when changes occur and how changes are documented in handover documentation.

The service was able to demonstrate referrals to other providers or organisations is timely and appropriate.

The service has documented policies and procedures to support the minimisation of infection related risks through the implementation of infection prevention and control principles and the promotion of antimicrobial stewardship.

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

Overall, consumers/representatives interviewed by the Assessment Team considered the consumer is supported by the service to do the things they like to do, and that promotes their health, well-being and quality of life.

Consumers said they feel supported to keep in touch with people who are important to them and participate in the internal or external community. Most consumers interviewed confirmed they like the food provided by the service, it was of a suitable quantity and quality and are supported to provide feedback regarding their meal preferences.

Staff confirmed the lifestyle program is based on the needs and preferences of individual consumers living within the service. Staff described how they work with internal and external community groups or organisations to provide emotional and spiritual support and offer additional activities. Staff described how they support consumers to socialise or maintain personal relationships and are aware of people who are important to individual consumers. Staff explained the variety of ways how they share information and are kept informed of the changing needs of consumers. Staff confirmed they have access to sufficient safe and well-maintained equipment to meet consumer needs.

Care planning documents detailed the consumers life history, personal interests, cultural communication needs, religious beliefs and persons of significance. They demonstrated consumers are actively supported to pursue their interests within the service and the broader community through individual and group activities. Care planning documentation reflected the involvement of and input from representatives in the provision of lifestyle supports, dietary requirements and preferences.

The Assessment Team observed equipment to be safe, suitable for consumer use, clean and well-maintained; the meals served to be of suitable quality, quantity and staff assisting consumers with their meals and during activities.

The service had policies and procedures to ensure the lifestyle program is tailored to optimise the quality of life of consumers, referral pathways for external support are established and equipment is routinely inspected to ensure its operational integrity and safety.

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

Overall consumers interviewed confirmed they feel safe living at the service, and they can freely and safely navigate the service environment including when accessing indoor and outdoor areas.

Consumers reported communal areas, their rooms, shared furniture and equipment was clean, well maintained and met their needs. Representatives confirmed they feel welcomed when they visit.

Staff described the features of the service that ensures consumers have a sense of belonging, enhances consumers independence, interaction and function including for those with cognitive impairment. Staff described how they report hazards and maintenance requests through paper-based system to alert maintenance staff to attend to preventative and reactive repairs. Staff confirmed maintenance requests are responded to promptly and the cleaning regime includes additional high-touch surface cleaning to adhere to COVID-19 protocols.

The Assessment Team observed consumers utilising both large and small communal spaces in groups and as individuals. The service environment was welcoming; and equipment was stored safely, clean, well maintained and appropriate to consumer needs. Consumers were observed accessing onsite facilities including a café and designated activities rooms which are available throughout the service.

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

Overall sampled consumers/representatives considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

Consumers/representatives advised they are aware of the various avenues to raise concerns or complaints; they feel comfortable providing feedback and feel safe to do so.

Consumers/representatives sampled who had raised complaints or concerns said their feedback was acknowledged and changes were implemented in response to their feedback; they said management and relevant staff had apologised and that care and/or services had improved following their feedback.

The Assessment Team reviewed the feedback and complaints register and noted consumer suggestions and complaints are recorded along with the actions taken to address the complaint.

An organisational process is in place to govern feedback and complaints processes. Management are responsible for all investigation and actions in relation to feedback received which is logged electronically and reviewed at organisational level.

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

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

The service was able to demonstrate that workforce interactions with consumers are kind and caring, and that staff are respectful of each consumer’s identity, culture and diversity. All consumers/representatives sampled were complimentary about staff, saying staff were kind and caring and responded promptly to requests for assistance

Most consumers/representatives interviewed said that staffing numbers are adequate to meet their care needs.

Management said the workforce is planned to ensure the appropriate number and mix of staff is available to manage and deliver safe and quality care and services.

Staff interviewed said there are enough staff, they have sufficient time to get their work done and they are provided with appropriate training.

The service was able to demonstrate that the performance of the workforce is assessed, monitored and reviewed.

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 sampled consumers considered that the organisation was well run and that they can partner in improving the delivery of care and services. For example:

Consumers said they are invited to participate in consumer meetings and surveys on care and services and whether there is anything that could be improved.

Representatives said the service communicates with them regularly and they are kept informed of any changes that may impact on the delivery of care and services.

The organisation’s governing body has implemented processes to ensure they promote a culture of inclusive, quality and safe care and services and are accountable for their delivery.

The organisation has effective governance systems and risk management systems and practices that are supported by a clinical governance framework.

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.