Regis Marleston

Performance Report

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**Commission ID:** 6864

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

**Assessment Contact - Site date:** 6 November 2020

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# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

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| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Non-compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(b) | Non-compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and others
* the provider’s response to the Assessment Contact - Site report received 27 November 2020.

# STANDARD 1 NON-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 Non-compliant as one of the six specific Requirements has been assessed as Non-compliant. The Assessment Team assessed Requirement (3)(a) in relation to Standard 1. All other Requirements in this Standard were not assessed.

Consumers interviewed by the Assessment Team were satisfied they were treated with dignity and respect and staff were aware of their individual identities, cultures and personalities. Consumers stated these areas were considered by staff when delivering care and services to them.

However, observations made by the Assessment Team demonstrated not all consumers are always treated in a respectful or dignified manner or their unique identity and diverse needs considered or valued in the delivery of care. The Assessment Team have recommended Requirement 3(a) is not met.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response to come to a view of compliance with Standard 1 Requirement (3)(a) and find the service is Non-compliant with Requirement (3)(a). I have provided reasons for my finding in the specific Requirement below.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Non-compliant

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

The Assessment Team were not satisfied observations in the memory support unit demonstrated the service ensured consumers are always treated in a respectful or dignified manner or each consumer’s unique identity and diverse needs are considered or valued in the delivery of care. The Assessment Team’s report provided the following evidence:

The Assessment Team observed:

* Staff standing and not conversing/communicating with a consumer whilst assisting them with their meal. The consumer was leaning in the chair. A staff member repositioned the consumer without announcing their arrival or explaining to the consumer what they were going to do.
* Staff placing meals in front of consumers without explanation or general conversation with consumers.
* Meals not placed within reach of consumers. At least nine consumers were observed leaning forward to reach their food with mixed success. Staff did not direct consumers to use utensils.
* Two consumers taking food from other consumers’ plates.
* One consumer to be agitated over a one hour period. Staff in the area throughout the time frame did not stop to engage with the consumer, offer assistance or reassurance for at least 30 minutes.
* One consumer on the ground scooting along the ground in the garden area. No staff were present or assisting them.
* One consumer’s feet noted to be swollen and dirty. The consumer was coughing loudly, however, no staff asked the consumer if they were alright or needed assistance.

General observations of the memory support unit indicated:

* Crumbs and leftover food on the tables in the common area, arm rests of chairs to be sticky/greasy and the floor visibly marked and sticky.
* Notable urine smell in the area.
* Multiple consumers banging on the nurses station door and window, calling out for help. Redirection of consumers was only effective for a short time with consumers returning and recommencing yelling and banging on the door within a few minutes.

In relation to the memory support unit lifestyle program:

* The lifestyle program did not appear planned and was reactive to individual consumers requiring more assistance or supervision.
* Lifestyle staff said there is no planned program for the unit.
* Each consumer in the area did not appear engaged in activities or with staff.

The provider’s response indicated they accept the Assessment Team’s findings. Additionally, the provider’s response included an Education plan and a Continuous improvement plan directly relating to the deficits identified in the Assessment Team’s report. The Continuous improvement plan outlines actions, strategies for achieving, time-frames, measures and progress and demonstrates the organisation has been proactive in addressing the issues identified. Information provided included:

* Immediately conducted a review of the memory support unit dining experience with numerous strategies implemented in response. Actions include staff education and training and rostering of a senior staff member for all meal services to monitor and audit expected customer service standards are being met.
* Completed a thorough clean of the memory support unit, reinforced regular environmental roles and responsibilities with staff and implemented regular monitoring processes.
* Conducting care plan reviews for consumers highlighted in the Assessment Team’s report.
* Immediate evaluation and review of the memory support unit lifestyle program.
* Reviewing and/or re-interviewing consumers within the memory support unit to ensure past interests and activities are clearly understood with a view of incorporating these into the lifestyle program.
* Reviewed staffing levels in the memory support unit.

I acknowledge the provider’s commitment to address the issues identified in the Assessment Team’s report. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Assessment Contact observations made by the Assessment Team, specifically in the memory support unit did not demonstrate each consumer is treated with dignity and respect or that their identity, culture and diversity valued. Observations of the dining experience, lifestyle program and of the memory support area in general demonstrated staff did not consistently engage or interact with consumers in a supportive or respectful manner resulting in consumers being agitated, unoccupied and seeking guidance and help.

For the reasons detailed above, I find the provider, in relation to Regis Marleston, Non-compliant with Requirement (3)(a) in Standard 1.

# STANDARD 2 NON-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 Non-compliant as one of the five specific Requirements has been assessed as Non-compliant. The Assessment Team assessed Requirement (3)(a) in relation to Standard 2. All other Requirements in this Standard were not assessed.

The Assessment Team found the service has a comprehensive system, including policies, procedures and assessment tools based on best practice. However, the Assessment Team was not satisfied assessments and charting were accurately completed to ensure risks to consumers’ health are identified and care plans updated with effective strategies to inform the delivery of safe and effective care. The Assessment Team have recommended Requirement 3(a) is not met.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response to come to a view of compliance with Standard 2 Requirement (3)(a) and find the service is Non-compliant with Requirement (3)(a). I have provided reasons for my finding in the specific Requirement.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-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 were not satisfied assessments and charting were accurately completed to ensure risks to consumers’ health, including pain, incontinence, falls, behaviour and weight loss were identified and effective strategies implemented to inform the delivery of safe and effective care. The Assessment Team’s report highlighted four consumers and provided the following evidence:

Consumer A

* The consumer has daily episodes of challenging behaviours which have not been assessed or planned for to effectively manage the behaviour and to eliminate and/or minimise the occurrence of episodes of the behaviours.
* Clinical staff have not assessed the consumer’s challenging behaviour or developed a care plan or strategies directly related to the behaviours to support the consumer and have not effectively monitored the incidents of this behaviour.

Consumer B

* The consumer had a significant weight loss over a two-month period. Clinical staff were unable to demonstrate the assessment and planning processes used to understand the consumer’s malnutrition risk as changes to their health have occurred.
* The service could not demonstrate how falls prevention strategies are reviewed and evaluated to ensure risk of falls is prevented or minimised.
* Pain charts were not consistent with findings and observations noted in progress notes to support effective monitoring and review of the consumer’s pain.

Consumer C

* Pain was not appropriately or accurately assessed through charting to assist with development of strategies to manage signs and symptoms of pain associated with wounds.
* The consumer had 18 falls in three months, including nine falls in three weeks. There is no evidence current falls risk strategies were reviewed for effectiveness for 16 of 18 incidents. No new or different strategies are noted as being implemented to prevent or reduce further falls or injuries.

Consumer D

* Falls management strategies were not reviewed for effectiveness or new strategies implemented following 14 falls in four months.
* Pain was not always sufficiently assessed to identify pain following falls or when signs of pain were evident.
* Pain charting following falls and injuries indicated no or minor pain. However, allied health staff assessments in the same period indicated an increase of pain when a validated pain assessment tool was used.

The provider’s response indicated they accept the Assessment Team’s findings. Additionally, the provider’s response included an Education plan and a Continuous improvement plan directly relating to the deficits identified in the Assessment Team’s report. The Continuous improvement plan outlines actions, strategies for achieving, time-frames, measures and progress and demonstrates the organisation has been proactive in addressing the issues identified. Information provided included:

* Care plan reviews are being conducted for all consumers in the memory support unit. This includes an investigation of previous incidents and a documentation audit.
* A Clinical Care Specialist is providing on-site supervision to support the clinical team and ensure accurate assessment, monitoring and evaluation of care strategies.
* Implemented a daily, multidisciplinary huddle to discuss issues arising, including high risk or high prevalence risks associated with consumers’ care and incidents which have occurred.
* Commenced an intensive staff training program, including in relation to pain, continence, nutrition and weight loss, falls management and wound care, clinical governance and incident management.
* Commenced review of handover processes.

I acknowledge the provider’s commitment to address the issues identified in the Assessment Team’s report. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Assessment Contact, assessment and planning processes were not consistently completed to ensure risks to consumers’ health and well-being were identified. Care files for four consumers demonstrated where incidents or changes to consumers’ health and well-being occurred, such as weight loss, challenging behaviours, falls and pain management, strategies were not developed, existing strategies were not consistently reviewed, or new strategies developed to minimise impact of risks to consumers’ health and well-being.

For the reasons detailed above, I find the provider, in relation to Regis Marleston, Non-compliant with Requirement (3)(a) in Standard 2.

# STANDARD 3 NON-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 Non-compliant as one of the seven specific Requirements has been assessed as Non-compliant. The Assessment Team assessed Requirement (3)(b) in relation to Standard 3. All other Requirements in this Standard were not assessed.

The Assessment Team were not satisfied the service demonstrated consumers living with dementia had high impact or high prevalence risks associated with their care, including weight, pain, behaviours, continence and falls effectively managed. The Assessment Team have recommended Requirement 3(b) is not met.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response to come to a view of compliance with Standard 3 Requirement (3)(b) and find the service is Non-compliant with Requirement (3)(b). I have provided reasons for my finding in the specific Requirement.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(b) Non-compliant

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

The Assessment Team were not satisfied the service demonstrated consumers living with dementia each had their high impact or high prevalence risks associated with care managed effectively. Specifically, in relation to weight loss, pain, behaviours, continence and falls. This was evidenced by the following:

* In the three months prior to the Assessment Contact, approximately 50% of incidents, including falls, behaviours and injuries have occurred in the memory support unit where approximately 25% of consumers reside.
* Observations and review of incident records for the sample of consumers reviewed showed strategies of observing, supervision and checks of consumers in the memory support unit are not effective and no new strategies or review has occurred to reduce the number of incidents in the memory support unit.

The Assessment Team’s report highlighted four consumers and provided the following evidence:

Consumer A

* The consumer had 18 falls in three months, multiple skin tears, increased aggressive incidents towards staff and two wound infections.
* New strategies to manage ongoing falls were only implemented after 16 falls, however, strategies were not appropriately implemented by staff to reduce and prevent ongoing incidents.
* No new strategies to manage pain were implemented and observations by the Assessment Team demonstrated pain related to wounds is ongoing.
* Care staff interviewed stated the consumer is often agitated and appears uncomfortable due to pain and discomfort secondary to wounds. Care staff could not provide examples or confirm any actions taken by clinical staff when they had reported the consumer’s discomfort.

Consumer B

* The consumer had 14 falls in four months and seven falls in one week. Falls risks strategies were not reviewed for effectiveness following increasing falls.
* Pain charting following falls and injuries showed no or minor pain. However, pain assessments in the same period conducted by allied health staff using a validated tool indicates an increase to moderate pain.
* Nursing staff do not consistently document pain is assessed and managed prior to administration of ‘as required’ anti-psychotic medication for agitation or following falls.
* A restraint assessment does not list actual current medications prescribed and used as restraint or for behaviour management. There is no evidence of full discussion, disclosure and consultation and consent of the risks associated with the use of these medications with the consumer’s representative and the representative has not signed the consent form or consented to use of these medications.
  + The Assessment Team noted there was evidence care plans and assessments, including medications were discussed with the representative on entry, five months prior to the Assessment Contact, when initial assessments were completed in consultation with them.

Consumer C

* The consumer had a significant weight loss in an approximate two-month period which was not escalated in a timely manner to ensure risks associated with weight loss were minimised or mitigated.
* An allied health specialist identified the consumer’s risk of a pressure injury following the application of a cast/splint. Progress notes do not demonstrate staff adequately monitored the consumer’s skin to ensure actions were taken to minimise the risk of pressure injury development. A pressure injury caused by the splint was first identified by staff when it was a stage 3 wound.
* Clinical staff did not ensure a specimen was sent to pathology in a timely manner when the consumer first presented with signs and indications of an infection, impacting on the effective management of the risks associated with an untreated infection.

Consumer D

* The consumer’s challenging behaviours have not been assessed or planned for to effectively manage the behaviour and to eliminate and/or minimise the occurrence of episodes of the behaviour.

The provider’s response indicated they accept the Assessment Team’s findings. Additionally, the provider’s response included an Education plan and a Continuous improvement plan directly relating to the deficits identified in the Assessment Team’s report. The Continuous improvement plan outlines actions, strategies for achieving, time-frames, measures and progress and demonstrates the organisation has been proactive in addressing the issues identified. Information provided included:

* Conducting care plan reviews for all consumers in the memory support unit, including an investigation of previous incidents.
* Implemented a daily multidisciplinary huddle to discuss issues arising, including high risk or high prevalence risks associated with consumers’ care and incidents which have occurred.
* Commenced an intensive staff training program, including incident management, presentation of case studies and critiquing of previous consumer file evaluations.
* Redesigning monthly incident data reports.
* Investigating addition of automated alerts on the electronic care system to flag consumers with repeated incidents to ensure timely clinical review.

I acknowledge the provider’s commitment to address the issues identified in the Assessment Team’s report. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Assessment Contact, high impact or high prevalence risks, specifically in relation to four consumers, were not effectively assessed or managed. Additionally, where strategies to manage risks were found to be ineffective, new strategies were not consistently implemented to minimise the risk of further incidents occurring or the impact to consumers’ health and well-being.

For the reasons detailed above, I find the provider, in relation to Regis Marleston, Non-compliant with Requirement (3)(b) in Standard 3.

# Areas for improvement

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

The provider’s response included a Continuous improvement plan outlining actions and improvements the service have implemented which directly address the issues identified by the Assessment Team in the relevant Requirements.

**In relation to Standard 1 Requirement (3)(a)**

* Ensure consumers are:
* respected, supported, acknowledged and treated in a dignified manner.
* Ensure staff have the skills and knowledge to:
* provide a dining experience for consumers which is supportive and maintains their dignity.
* identify consumers who require assistance and provide support as required.
* Ensure staff interactions with consumers are monitored to ensure kind, caring and respectful interactions are undertaken at all times.
* Review the memory support unit’s current lifestyle program in line with consumers’ past and current interests.

**In relation to Standard 2 Requirement (3)(a)**

* Ensure staff have the skills and knowledge to:
* initiate assessments and update care plans where changes to consumers’ health and well-being are identified or when incidents occur.
* recognise changes to consumers’ health and well-being and initiate assessments, implement and/or review strategies and monitor effectiveness.
* Ensure consumer care plans are updated and reflective of consumers’ current and assessed needs and preferences to enable staff to provide quality care and services.
* Ensure policies and procedures in relation to assessment, care planning and review are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to assessment, care planning and review.

**In relation to Standard 3 Requirement (3)(b)**

* Ensure staff have the skills and knowledge to:
* recognise incidents and changes to consumers’ health and well-being, including suspected infections, behaviours, weight loss, pain, skin integrity and falls, implement appropriate management strategies and initiate referrals to Medical officers and/or allied health specialists where required.
* report, document and manage clinical incidents.
* initiate assessments, develop appropriate management strategies and monitor effectiveness of strategies relating to behaviour management, weight loss, falls, pain and skin integrity.
* ensure care plans are accurate and reflective of each consumer’s current care and service needs.
* Ensure policies, procedures and guidelines in relation to management of high impact or high prevalence clinical risks and infections are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to management high impact or high prevalence clinical risks and infections.