Regis Marleston

Performance Report

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**Commission ID:** 6864

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

**Assessment Contact - Site date:** 26 May 2021

**Date of Performance Report:** 19 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

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| --- | --- |
| **Standard 1 Consumer dignity and choice** |  |
| Requirement 1(3)(a) | 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 |
| **Standard 4 Services and supports for daily living** |  |
| Requirement 4(3)(c) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Assessment Contact - Site report received 16 June 2021
* the Assessment Team’s report for the Assessment Contact – Site dated 6 November 2020
* the Performance Report dated 4 February 2021 for the Assessment Contact conducted 6 November 2021.

# STANDARD 1 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 Assessment Team assessed Standard 1 Requirement (3)(a) Consumer dignity and choice, other Requirements in this Standard were not assessed. Therefore, a rating of the Standard is not provided.

The purpose of the Assessment Contact with regard to this Standard was to assess the performance of the service in relation to Requirement (3)(a) in this Standard. This Requirement was found Non-compliant following an Assessment Contact conducted on 6 November 2020.

At the Assessment Contact conducted 6 November 2020 in relation to Standard 1 Requirement (3)(a), it was found the service did not demonstrate consumers were always treated in a respectful or dignified manner or that their unique identity and diverse needs were considered or valued in the delivery of care. The Assessment Team’s report provided evidence of actions taken to address identified deficiencies from the Assessment Contact and have recommended Requirement (3)(a) met.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s reports and have come to a view of compliance with Requirement (3)(a). I have provided reasons for my decision in the specific Requirement below.

## 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.*

The Assessment Team’s report provided evidence of actions taken by the service to address the Non-compliance identified at the Assessment Contact conducted on 6 November 2021 in relation to Standard 1 Requirement (3)(a) including, but not limited to:

* Staff rosters in the memory support unit have been adjusted to include:
* an extra lifestyle shift
* an increase of two hours rostered care staff allocation.
* Revising the cleaning schedule to increase cleaning hours allocated in the memory support unit.
* Lifestyle activities are conducted seven days per week in the memory support unit with a dedicated lifestyle activity calendar created and four different programs offered each day.
* The service undertook dining experience audits to ensure an optimal dining experience for consumers.
* Staff were provided education regarding customer service, including the dining room experience, and the service appointed a dining room champion.

During this Assessment Contact feedback from consumers, a representative and staff was collected, documentation was sampled, and observations were undertaken reflecting the following:

* Consumer feedback regarding staff practice indicated the consumers are treated with dignity and respect with their identity, culture and diversity valued.
* Consumers said staff are always respectful when assisting them with showers, knock before entering private rooms, talk to consumers about what they are doing and always ask if there is anything more they can do for them.
* Feedback from a representative indicated the staff accommodate their family member’s decisions, including preferences for food and activities of daily living, the food is good, and the consumer eats well and there are plenty of activities.
* Staff interviewed reflect familiarity with consumers’ backgrounds and the influence on the day-to-day delivery of care, and how activities are tailored to suit consumers’ identities and cultures.
* The Assessment Team observed the lunchtime meal service in the memory support unit and was noted to be calm with a relaxing atmosphere. Tables were set with table cloths and flowers. Staff were observed sitting with consumers and helping them with their meals while talking to them about the meal.
* Consumers in the memory support unit were observed participating in lifestyle activities, appearing engaged and happy with staff interacting and assisting them.
* Documentation viewed such as resident meeting minutes and feedback forms demonstrate how consumer choice is considered in delivering care and services.

Based on the evidence provided by the Assessment Team and detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Marleston, Compliant with Requirement (3)(a) in Standard 1 Consumer dignity and choice.

# STANDARD 2 NON-COMPLIANTOngoing 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 Assessment Team assessed Requirement (3)(a) in relation to Standard 2 Ongoing assessment and planning with consumers. All other Requirements in this Standard were not assessed. The Standard is rated as Non-compliant as I find Requirement 3(a) with regard to this Standard is Non-compliant.

The purpose of the Assessment Contact with regard to this Standard was to assess the performance of the service in relation to Requirement (3)(a) in this Standard. This Requirement was found Non-compliant following an Assessment Contact conducted on 6 November 2020.

At the Assessment Contact conducted 6 November 2020 in relation to Standard 2 Requirement (3)(a), it was found the service did not demonstrate assessment and planning, including considerations of risks to consumer’s health and well-being, informs the delivery of care and services specifically with regard to documentation which identifies strategies to inform the delivery of safe and effective care. The Assessment Team’s report provided evidence of actions taken to address identified deficiencies from the Assessment Contact, however, the Assessment Team have recommended Requirement (3)(a) is not met as the service did not demonstrate assessments and care planning documentation have been completed in order to support the management of challenging behaviours for one consumer.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s reports and the approved provider’s response and have come to a view of Non-compliance with Requirement (3)(a). I have provided reasons for my decision in the specific Requirement below.

## 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’s report provided evidence of actions taken to address the Non-compliance identified at the Assessment Contact conducted on 6 November 2020. However, The Assessment Team were not satisfied the service effectively demonstrated assessment and planning processes are used to inform safe and effective care delivery, specifically for a consumer who recently entered the service and who demonstrated challenging behaviours.

Evidence of improvements made included but was not limited to:

* Care planning for one consumer reflects reviewing and updating of the consumer’s Continence management care plan including charting.
* Strategies recommended by Dementia Services Australia were implemented for one consumer and evaluated for effectiveness.
* A review of behaviour interventions was undertaken, and care plans were updated for three consumers.
* Staff have been provided education to improve their understanding of the management and documentation of consumer behaviours.
* Staff meetings for clinical staff were held, and the organisation’s policies and procedures relating to assessment, care planning and clinical deterioration were discussed.
* A falls committee has been established to identify high-risk consumers.
* The Physiotherapist discussed falls prevention with consumers at a resident meeting.

The Assessment Team were not satisfied the service effectively demonstrated assessment and planning processes are used to inform safe and effective care delivery, specifically for a consumer who recently entered the service and who demonstrated challenging behaviours.

The following evidence was provided by the Assessment Team’s regarding the service’s assessment and planning processes:

* Assessments used to support care planning with regard to the management of identified responsive behaviours were not completed for Consumer A in accordance with the service’s clinical documentation guide or in response to incidents of responsive behaviours.
* Care planning documentation does not reflect strategies for the management of responsive behaviours for this consumer.
* Risks associated with the consumer’s responsive behaviours were not identified or effectively managed.
* Behaviour charting over 22 days included 51 challenging verbal behaviour episodes and 29 instances of physically challenging behaviours. Evaluation of behaviour charting and review of behaviour management strategies was not undertaken by the service
* Behaviour charting during this period included 32 entries over 18 days indicating behaviour management strategies had been ineffective. Evaluation of behaviour charting and review of behaviour management strategies did not occur in response.

The provider’s response indicates they agree with the Assessment Team’s report concerning the consumer’s behaviour assessment and management and includes a Plan for continuous improvement. The plan includes planned and completed actions and demonstrates the provider is proactively addressing the issues identified in the Assessment Team’s report. Implemented and proposed actions include, but are not limited to:

* Dementia Support Australia review for the consumer has been completed, the service is awaiting the official report, and initial strategies have been incorporated into the care plan.
* Staff are to receive training with regard to the organisation’s policies and procedures concerning assessment and care planning for new admissions.
* Behaviour risk assessment to be completed.
* Education to be provided to staff regarding the consumer’s Behaviour management care plan.
* Implement one-to-one staff/resident behaviour observations over three days during identified times of increased behaviours to identify triggers for behaviours.

I acknowledge the actions taken to address the issues identified in the Assessment Team’s report. However, based on the provider’s response and the Assessment Team’s report, I find that assessment and planning processes specifically regarding behaviour management for one consumer were not effectively implemented for one consumer at the time of the Assessment Contact. The service had not undertaken a review of behaviour charting, and review of behaviour management strategies was not implemented following incidents. The service has not ensured that behaviour assessment and planning informed the safe and effective delivery of care. The service has not ensured that potential risk associated with those behaviours is addressed to ensure the safety, health and well-being of the consumer or other consumers at the service.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Marleston, Non-compliant with Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Assessment Team assessed Requirement (3)(b) in relation to Standard 3 Ongoing assessment and planning with consumers. The Standard is rated as Non-compliant as I find Requirement 3(b) with regard to this Standard is Non-compliant.

The purpose of the Assessment Contact with regard to this Standard was to assess the performance of the service in relation to Requirement (3)(b) in this Standard. This Requirement was found Non-compliant following an Assessment Contact conducted on 6 November 2020.

At the Assessment Contact conducted 6 November 2020 in relation to Standard 3 Requirement (3)(b), it was found the service did not demonstrate weight loss was escalated in a timely manner, challenging behaviours had not been assessed or effectively managed or falls risk strategies reviewed for effectiveness following an increase in falls. The Assessment Team’s report provided evidence of actions taken to address identified deficiencies from the Assessment Contact, however, the Assessment Team have recommended Requirement (3)(b) is not met as the service did not demonstrate all consumers had their high impact or high prevalence risks including weight loss, pain and behaviours effectively managed.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s reports and the approved provider’s response and come to a view of Non-compliance with Requirement (3)(b). I have provided reasons for my decision in the specific Requirement below.

### 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’s report provided evidence of actions taken to address the Non-compliance identified at the Assessment Contact conducted on 6 November 2020, including, but not limited to:

* Education has been provided to staff regarding care plan evaluation focusing on behaviour, pain, continence care and management.
* The service implemented ‘knowing the resident’ education sessions throughout December 2020 for care and lifestyle staff. These sessions focused on falls, pain and behaviours.
* Education for clinical staff included case studies.
* Quality and risk weight loss management reviews were conducted in December 2020 and education sessions held to reinforce the organisation’s approach to weight loss of 2kg or more within a month.
* Nutritional audits were conducted which included 112 consumers in a six-month review. The audit findings showed the majority of consumers have maintained stable weight over the review period. Consumers with minor or significant weight loss have been reviewed during the audit period.

However, the Assessment Team were not satisfied the service demonstrated the effective management of high impact or high prevalence risks associated with the care of consumers in relation to weight loss, pain and challenging behaviours. The Assessment Teams report provided the following evidence relevant to my decision:

Consumer B

* Staff have not completed weighs for the consumer in accordance with clinical staff directives, when significant weight variances have been identified. While staff were directed to re-weigh the consumer after identifying a 10kg weight loss, this did not occur for two weeks where it was identified the consumer had lost 4.9kgs in one month and cumulatively 10.2kgs in five months.
* The re-weigh, when conducted, indicated a corrected weight loss of 4.9kg in the month preceding 20 May 2021. A directive recorded in a progress note following the 4.9kg loss states staff are to provide one-to-one assistance with meals. A further re-weigh was scheduled to be conducted on 24 May 2021, however, this did not occur.
* Clinical staff interviewed attributed the weight loss to short term diuretic usage completed 39 days prior to the recorded weight loss.
* Weight records indicate the consumer has sustained weight loss of 10.2kg between 6 January 2021 and 20 May 2021.
* Staff interviewed were not aware of the requirement for physical assistance to always be provided with meals and were not aware of the consumers food preferences.
* Following the administration of as required Endone for pain relief the effectiveness of the medication was not assessed on 3 of 13 occasions.

The approved provider’s response acknowledges anomalies with the recording of the consumer’s weight and agrees a re-weigh did not occur in accordance with a clinical staff member’s directive. The approved provider reports that two different weigh scales were used to weigh the consumer, one was found to be incorrectly calibrated. The approved provider’s response demonstrated pain effectiveness review was undertaken by the service for two of three incidences reported by the Assessment Team.

Consumer A

* Behaviour charting reflects over a 21-day period the consumer experienced 51 episodes of verbal behaviours, 29 episodes of physical behaviours and 16 episodes of wandering behaviours.
* Incident reporting reflects three incidents of physical altercations with other consumers and staff. One resulted in hospital transfer for behaviour assessment.
* Behaviour charting reflects of 51 instances of verbal behaviour with strategies implemented recorded as ineffective on 32 occasions.
* Staff from various care domains confirmed documented behaviour management strategies were not always effective for this consumer.
* Care review following behaviour incidents has not led to changes in the strategies used to manage the consumer’s behaviours with subsequent behaviour charting reflecting the same strategies have been ineffective over a number of occasions.
* Strategies for the management of behaviours recommended by an external service were not recorded in the consumers’ care plan.

The approved provider’s response did not address behaviour management with regard to verbal, physical or wandering behaviours or the ineffectiveness of strategies implemented to manage these for the consumer.

In coming to my decision regarding this Requirement I have considered the service’s actions in undertaking reviews of food and fluid intake and the approved provider’s acknowledgement of the anomaly with regard to Consumer B’s weight loss. I also considered the provider’s response which acknowledges a directive for re-weigh of the consumer was not undertaken. I further considered multiple ongoing incidences of physically and verbally aggressive behaviours reported with regard to Consumer A and have considered the overall management of behaviours for this consumer. The service has not demonstrated effective management of high impact or high prevalence risks associated with Consumer A’s behaviours. Review of ineffective behaviour management strategies has not led to changes in the management of the consumer and specialist recommendations have not been implemented. As such I find the service has not demonstrated effective management of high impact or high prevalence risks associated with the care of this consumer.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Marleston, Non-compliant with Requirement (3)(b) in Standard 2 Ongoing assessment and planning with consumers.

# STANDARD 4 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 Assessment Team assessed Requirement (3)(c) in relation to Standard 4 Services and supports for daily living. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

The purpose of the Assessment Contact with regard to this Standard was to assess the performance of the service in relation to Requirement (3)(c) in this Standard.

The Assessment Team have recommended Requirement (3)(c) in Standard 4 met. I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 4 Requirement (3)(c) and find the service Compliant with Requirement (3)(c).

## Assessment of Standard 4 Requirements

### 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.*

The Assessment Team found overall consumers are supported to participate in their community within and outside the organisation, maintain social and personal relationships and do things of interest to them.

Most consumers considered they get the services and supports for daily living that are important to their health and well-being and that enable them to do the things they want to do. They said they are supported to participate in activities of interest to them and there are many engaging activities to keep them occupied. However, four consumers provided feedback indicating the service did not provide activities of interest to them and they are not asked what they would like to do.

The Assessment Team found the service records and monitors consumer attendance at activities using an electronic management system. Staff could describe strategies for supporting consumers to do things of interest to them, participate in the community and maintain social and personal relationships. The service demonstrated consumer feedback and preferences are used to guide the service’s lifestyle program.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Marleston, Compliant with Requirement (3)(c) in Standard 4 Services and supports for daily living.

The Assessment Team assessed Requirement (3)(c) in relation to Standard 4 Services and supports for daily living. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

The purpose of the Assessment Contact with regard to this Standard was to assess the performance of the service in relation to Requirement (3)(c) in this Standard.

The Assessment Team have recommended Requirement (3)(c) in Standard 4 met. I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 4 Requirement (3)(c) and find the service Compliant with Requirement (3)(c).

## Assessment of Standard 4 Requirements

### 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.*

The Assessment Team found overall consumers are supported to participate in their community within and outside the organisation, maintain social and personal relationships and do things of interest to them.

Most consumers considered they get the services and supports for daily living that are important to their health and well-being and that enable them to do the things they want to do. They said they are supported to participate in activities of interest to them and there are many engaging activities to keep them occupied. However, four consumers provided feedback indicating the service did not provide activities of interest to them and they are not asked what they would like to do.

The Assessment Team found the service records and monitors consumer attendance at activities using an electronic management system. Staff could describe strategies for supporting consumers to do things of interest to them, participate in the community and maintain social and personal relationships. The service demonstrated consumer feedback and preferences are used to guide the service’s lifestyle program.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Marleston, Compliant with Requirement (3)(c) in Standard 4 Services and supports for daily living.

# Areas for improvement

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

**Standard 2 Requirement (3)(a)**

* Ensure staff have the skills and knowledge to:
* Initiate assessments and update care plans where consumers with known challenging behaviours enter the service or demonstrate challenging behaviours after entry to the service.
* 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.
* Incorporate specialist recommendations into consumer care plans and monitor effectiveness of strategies.
* Ensure policies and procedures in relation to incident management, 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.

**Standard 3 Requirement (3)(b)**

* Ensure staff have the skills and knowledge to:
* Review and/or develop appropriate management strategies and monitor effectiveness of strategies relating to behaviour, weight loss and pain management.
* Implement appropriate behaviour management strategies to minimise the impact of these behaviours on the consumer’s health and well-being.
* Develop care plans that are accurate and reflective of each consumer’s current care and service needs.
* Ensure policies, procedures and guidelines in relation to the management high impact or high prevalence clinical risks, including weight loss, pain and challenging behaviours are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to the management high impact or high prevalence clinical risks, including weight loss, pain and behaviour management.