Regis Marleston

Performance Report

18 Cudmore Terrace
MARLESTON SA 5033
Phone number: 08 8334 1600

**Commission ID:** 6864

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

**Site Audit date:** 6 October 2021 to 8 October 2021

**Date of Performance Report:** 26 November 2021

# Performance report prepared by

Michelle Glenn, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and others
* an email dated 2 November 2021 from the provider indicating a formal response to the Site Audit report would not be provided

the Performance Report dated 19 August 2021 for the Assessment Contact conducted 26 May 2021.

# STANDARD 1 COMPLIANTConsumer 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 found 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 following examples were provided by consumers and representatives during interviews with the Assessment Team:

* described staff as kind, caring and respectful;
* staff value consumers’ culture, values and diversity;
* consumers are supported to take risks to enable them to live the best life they can; and
* consumers’ personal privacy is respected.

Care files sampled included specific information relating to consumers’ cultural needs and background, identity and diversity. Staff sampled spoke about consumers in a way which indicated familiarity with consumers’ backgrounds and understanding of their personal circumstances and life journey. The organisation has an Inclusivity policy statement which encompasses respectful and inclusive behaviours of staff towards the diverse characteristics of consumers.

Documentation sampled demonstrated information provided to consumers is current, accurate and timely. Information is made available to consumers through newsletters, meeting forums and noticeboards. Staff were observed to deliver care in a way which promoted and respected consumers’ privacy and personal information is kept confidential. Consumers sampled stated they are supported to exercise choice and independence and are encouraged to maintain relationships and make decisions about their own care. Staff described how they support and encourage consumers to make informed choices about their care and services.

Consumers sampled confirmed they are supported to take risks. Where consumers choose to undertake an activity, which includes an element of risk, consultation with the consumer and/or representative occurs to enable them to understand the risk and consequences of harm and strategies to minimise the risk are implemented.

Based on this evidence, I find Regis Aged Care Pty Ltd, in relation to Regis Marleston, 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.*

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

### Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers was found Non-compliant following an Assessment Contact conducted 26 May 2021 where it was found that for one consumer, assessment and planning processes, specifically relating to behaviour management, were not effectively implemented. The Assessment Team’s report for the Site Audit included evidence of actions taken to address deficiencies identified which are detailed in the specific Requirement below. The Assessment Team have recommended Requirement (3)(a) met.

### In relation to all other Requirements in this Standard, the Assessment Team found most consumers sampled 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:

* consumers described what was important to them in terms of how their care is delivered;
* confirmed involvement in assessment and planning on an ongoing basis;
* confirmed staff explain relevant information about consumers’ care and are provided with a copy of the care plan should they request for one; and
* confirmed consumers’ care is regularly reviewed, including when changes in circumstances occur or when incidents impact on consumers’ needs, goals or preferences.

## Consumer files sampled demonstrated consumers’ needs, goals and preferences are identified through assessment and planning processes. This included advance care planning and end of life planning. All sampled consumer files included information relating to advance care planning and/or end of life wishes. Where consumers and/or representatives do not wish to undertake these conversations, there are processes to ensure this is revisited during care reviews.

Staff sampled described how they involve consumers and representatives in assessment and care planning processes. This was evidenced through care files which indicated consumers and/or representatives have been involved in assessment and care plan review processes on entry and at regular care reviews. Care files, including progress note entries, assessments and care plans, demonstrated regular input by Medical officers and allied health specialists. Changes to care plans and management strategies are implemented in response to Medical officer and/or allied health specialists’ recommendations.

Care plans are accessible to all staff both electronically and in hard copy. Consumers and/or representatives are offered a copy of the care plan on entry, at care review and on request. All care plans sampled had been reviewed three-monthly, in line with the care review schedule. Additionally, care files demonstrated care and services are reviewed in response to consumers’ changing circumstances and incidents. There are processes to ensure staff providing care are informed of changes to consumers’ care and service needs.

Based on this evidence, I find Regis Aged Care Pty Ltd, in relation to Regis Marleston, 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 service was found Non-compliant with Requirement (3)(a) following an Assessment Contact conducted 26 May 2021 where it was found that for one consumer, assessment and planning processes, specifically regarding behaviour management, were not effectively implemented. The Assessment Team’s report for the Site Audit provided evidence of actions taken to address deficiencies, including, but not limited to:

* For the consumer highlighted at the Assessment Contact, referrals to specialist services have been initiated, a range of assessments completed, medications reviewed and behaviour management strategies reviewed and/or developed and included in the care plan.
* Conducted an environmental noise audit in the memory support unit.
* Education provided to staff relating to behaviour management.
* Implemented respite and permanent consumer documentation to guide staff and ensure information is not overlooked during the early stages of entry.

Information provided to the Assessment Team by consumers, representatives and staff through interviews and documentation sampled demonstrated comprehensive assessment processes are in place and assist to develop care plans that are individualised and consider risks relative to each consumer’s health and well-being.

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

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

### Requirement (3)(b) in Standard 3 Personal care and clinical care was found Non-compliant following an Assessment Contact conducted 26 May 2021 where it was found for one consumer, the service had not demonstrated effective management of high impact or high prevalence risks, specifically behaviour management. The Assessment Team’s report for the Site Audit included evidence of actions taken to address deficiencies identified which are detailed in the specific Requirement below. The Assessment Team have recommended Requirement (3)(b) met.

### In relation to all other Requirements in this Standard, the Assessment Team found most consumers and representatives sampled considered that consumers receive personal and clinical care that is safe and right for them. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* consumers get the care they need;
* happy with comfort care provided to the consumer and have been notified of any issues; and
* consumers have access to Medical officers and other relevant health professionals when they need it.

Staff have access to a range of mechanisms to ensure care and services provided to consumers is best-practice. Staff stated they have received training in relation to ensuring care is safe and effective and were aware of how to access further support and information on best practice care. Care files sampled demonstrated appropriate management of skin integrity, wounds, pain and restrictive practices.

The service has processes to identify each consumer’s needs, goals and preferences in relation to end of life. Staff described how care delivery is changed for consumers’ nearing the end of life and ways in which consumers’ comfort is maximised. For two consumers who were receiving comfort care at the time of the Site Audit, care plans focussed on symptom control, pain relief and quality of life and consumers’ choices and wishes were reflected. Care plans were noted to be updated in response to the consumers’ changing condition. There are processes to ensure consultation with consumers and/or representatives and Medical officers occurs and referrals to specialist services initiated.

Where changes to consumers’ health are identified, additional charting, assessments and monitoring processes are implemented and referrals to Medical officers and/or allied health specialists initiated. Care staff stated they report changes to consumers’ health and well-being to senior clinical staff. Additionally, where changes to consumers’ care and service needs occur in response to deteriorating health, there are processes to ensure these are communicated within the organisation, and with others where responsibility is shared.

The service has an effective infection control system in place to prevent and control infection, including in relation to COVID-19. Clinical and care staff demonstrated knowledge and understanding of antimicrobial stewardship principles and described practical strategies initiated to minimise spread of infection. Policy and procedure documents are available to guide staff practice. An Infection prevention control lead has been appointed and has responsibility for overseeing infection control practices and processes.

Based on this evidence, I find Regis Aged Care Pty Ltd, in relation to Regis Marleston, to be Compliant with all Requirements in Standard 3 Personal care 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.*

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

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

The service was found Non-compliant with Requirement (3)(b) following an Assessment Contact conducted 26 May 2021 where it was found for one consumer, the service had not demonstrated effective management of high impact or high prevalence risks, specifically behaviour management. The Assessment Team’s report for the Site Audit provided evidence of actions taken to address deficiencies, including, but not limited to:

* Education provided to staff to support management of challenging behaviours and to gain an understanding of the dementia process.
* Conducted an environmental noise audit in the memory support unit.
* Trialled a music memory program with the consumer highlighted at the Assessment Contact.
* Completed a review of behaviour management care plans for 17 consumers, ensuring interventions were effective and that detailed care plans were in place.

Information provided to the Assessment Team by consumers, representatives and staff through interviews, observations and documentation sampled demonstrated:

* There are effective systems to manage high impact or high prevalence risks associated with the care of each consumer.
* High-impact or high-prevalence risks associated with the care of consumers are identified through assessment processes, and individualised management strategies are developed and documented in care plans to ensure care and services are delivered in line with consumers’ assessed needs and preferences.
* Consumer files sampled generally demonstrated appropriate management of high impact or high prevalence risks, including behaviours, falls and weight.

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

### 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 COMPLIANTServices and supports 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 and representatives during interviews with the Assessment Team:

* consumers feel supported to do the things they want to do;
* consumers are supported to maintain contact with people who are important to them; and
* are able to do things within and outside of the service.

Initial and ongoing assessment processes identify each consumer’s emotional, spiritual, cultural and social needs. Care plans are developed from the information gathered and identify consumers’ specific interests and preferences. Care plans sampled included information relating to how consumers like to spend their time, both within and outside of the service environment, and maintain social and personal relationships.

Lifestyle staff described how consumers can choose from a range of activities offered and consumer participation in activities is monitored. Where participation rates decline, new activities are introduced based on consumer feedback. Consumers are encouraged to provide feedback on the activity program through meeting forums; changes are made in response to consumer feedback.

Consumer files sampled demonstrated information about consumers’ conditions, needs and preferences is documented and communicated within the service and with others where responsibility is shared. Staff described processes referral processes, including to volunteer services.

Consumers sampled indicated they liked the food and get enough to eat. Assessment processes assist to identify each consumer’s dietary needs preferences and this information is available to catering staff to guide catering processes. A rotating menu is in place which has been reviewed for its nutritional content by a Dietitian. Consumers are provided opportunities to provide feedback on the menu through meeting forums, surveys and feedback processes.

There are processes to ensure equipment provided to consumers is safe, suitable and well maintained. Equipment used by consumers is monitored, including through preventative and reactive maintenance processes. However, the Assessment Team observed some of the furniture to be in poor condition. Actions to rectify these observations were undertaken by management during the Site Audit.

Based on this evidence, I find Regis Aged Care Pty Ltd, in relation to Regis Marleston, to be Compliant with all Requirements in Standard 4 Services and supports 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 COMPLIANTOrganisation’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 that they feel they belong in the service and feel safe and comfortable in the service environment. The following examples were provided by consumers during interviews with the Assessment Team:

* they feel safe, at the home and it is a nice place to live;
* the environment is safe, clean and well maintained;
* they can leave the service with their family if they want and can sit outside in the garden area; and
* they see staff clean furniture, fittings and equipment.

The Assessment Team observed the service environment to be safe, secure and welcoming. There are numerous communal areas for consumers to access on the ground floor, however, only two of the four areas in the memory support unit were unlocked and accessible to consumers during the Site Audit. Consumers are generally able to move freely both indoors and outdoors.

There are preventative and reactive maintenance processes in place and staff described how maintenance tasks are reported, actioned and resolved. Additionally, staff were able to describe processes for reporting incidents and hazards. Cleaning processes are in place and staff described their responsibilities for cleaning, including consumer rooms and communal areas of the service.

Furniture, fittings and equipment were noted to be safe, clean and well maintained and suitable for the consumer. Contracted services are utilised to maintain and inspect aspects of the service environment and equipment. There are monitoring processes to ensure a safe and comfortable service environment is maintained.

Based on this evidence, I find Regis Aged Care Pty Ltd, in relation to Regis Marleston, 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 COMPLIANTFeedback 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, sampled consumers consider 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:

* described how they provide feedback or raise concerns to staff or management;
* feel comfortable talking to staff about any issues they may have;
* are aware of the different methods to raise complaints;
* are happy with care and services and rarely need to provide feedback, but when they do, the service has responded appropriately; and
* management work closely with them to ensure feedback is actioned in a timely manner, and service improvements are identified and implemented because of feedback.

Consumers and representatives are provided with information relating to internal and external feedback and complaints avenues, language services and advocacy services on entry and ongoing through newsletters and meeting forums. Information in relation to feedback mechanisms and advocacy was also noted to be displayed throughout the service. Consumers are encouraged and supported to provide feedback through a range of avenues, including meeting forums, surveys and directly to staff and management.

Staff described how they support consumers to raise concerns. Management and staff demonstrated an awareness of open disclosure principles and practices and policy and procedure documents relating to open disclosure processes are available to guide staff practice.

A complaints register is maintained and demonstrated how management responds to complaints and apologises to consumers and/or representatives. Management stated feedback is analysed for trends and documentation viewed demonstrated feedback and complaints are reviewed and used to improve the quality of care and services. There are monitoring processes to ensure input and feedback from consumers, staff and others is sought and used to inform continuous improvement opportunities.

Based on this evidence, I find Regis Aged Care Pty Ltd, in relation to Regis Marleston, 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 COMPLIANTHuman 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 Requirements have been assessed as Compliant.

### The Assessment Team found overall, consumers sampled considered that they get quality care and services from people who are knowledgeable, capable and caring. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* there are enough staff for the delivery of safe and quality care and services;
* staff are kind, caring, treat consumers with respect, are responsive to their needs and understand their preferences and interests;
* staff attend to consumers’ care needs and know what they are doing; and
* satisfied with the skills and knowledge of staff.

There are processes to ensure the workforce is planned and the number and mix of staff deployed enables delivery of quality care and services. A roster is maintained and adjusted to meet the changing complexity and acuity needs of consumers. While the roster is pre-determined at an organisational level, management have capacity to change the roster to ensure the needs of consumers are met. There are processes to manage planned and unplanned leave. Staff sampled said there are enough staff rostered each day to enable them to perform their duties and attend to consumers’ needs in a timely manner.

The Assessment Team observed staff interactions with consumers to be kind, caring and respectful. Complaints and compliments documentation sampled for a six month period demonstrated there had been no complaints relating to poor workforce interactions. Multiple compliments relating to care and kindness staff provide consumers had been received during this period.

Recruitment and initial onboarding processes ensure staff have the relevant knowledge and qualifications to perform their roles. Duty statements outline minimum qualification requirements and work instructions are available to guide staff in their roles. A training schedule is based on core competencies which staff require to perform their role effectively. In addition to mandatory training requirements, training needs are identified through a variety of means, including a training needs analysis, incident data, feedback and complaints and audits. There are processes to ensure staff training requirements are monitored. Staff sampled stated they are provided training opportunities and are able to provide feedback to management about further training and support needs.

A staff performance appraisal and development process is in place, including probationary and annual reviews. Where staff performance issues are identified, these are addressed through a formal investigation process. Staff felt supported in their role and stated assessment of their performance occurs through annual reviews and informally by their supervisor through on the job interactions.

Based on this evidence, I find Regis Aged Care Pty Ltd, in relation to Regis Marleston, 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 COMPLIANTOrganisational 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.

The Assessment Team found overall, consumers sampled considered that the organisation is well run and that they can partner in improving the delivery of care and services. Consumers are supported to engage in the development, delivery and evaluation of services through a number of avenues, including through meeting forums, surveys and feedback mechanisms.

The governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The organisation’s governing body comprises of a Board which is supported by various sub-committees. The organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. There are processes to ensure these areas are monitored and reported at various service and organisational meeting forums and to the Board, ensuring the Board is aware and accountable for the delivery of services.

The organisation demonstrated effective risk management systems and practices in relation to managing high impact or high prevalence risks; 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. Additionally, the organisation has policies and procedures to guide staff practice in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Staff sampled stated they had been educated about the policies relating to these aspects and described how they implement these within the scope of their roles.

Based on this evidence, I find Regis Aged Care Pty Ltd, in relation to Regis Marleston, 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.