Regis Playford

Performance Report

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**Commission ID:** 6852

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

**Assessment Contact - Site date:** 14 September 2021 to 15 September 2021

**Date of Performance Report:** 11 November 2021

# Performance report prepared by

Kerry Rochow, 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

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| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(d) | Non-compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(f) | Compliant |
| **Standard 4 Services and supports for daily living** |  |
| Requirement 4(3)(f) | Compliant |
| **Standard 5 Organisation’s service environment** |  |
| Requirement 5(3)(b) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(c) | Compliant |
| **Standard 8 Organisational governance** |  |
| 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 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 Approved Provider’s response to the Assessment Contact - Site report received 20 October 2021
* the Performance Assessment Report for the Site Audit conducted 22 to 25 February 2021.

# 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)(d) in this Standard, all other Requirements in this Standard were not assessed at the Assessment Contact conducted on 14 to 15 September 2021.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(d) in this Standard. This Requirement was found to be Non-compliant following a Site Audit conducted on 22 to 25 February 2021. It was found that while the organisation allowed consumers to take risks to enable them to live the best life they can, the organisation was unable to demonstrate how each consumer had been supported to understand the risks associated with undertaking these activities, including when changes may impact on these risk factors.

The Assessment Team found at the Assessment Contact conducted on 14 to 15 September 2021 that while the service has implemented actions and improvements to address the deficiencies identified at the Site Audit, the service was unable to demonstrate that each consumer is supported to take risks to enable them to live the best life they can. This specifically related to one consumer who has cognitive and mobility impairment and leaves the service independently.

I have considered the information and evidence documented in the Assessment Team’s report and the Approved Provider’s response and have found Requirement (3)(d) in Standard 1 Consumer dignity and choice to be Non-compliant. I have provided reasons for my finding in the specific Requirement below.

## Assessment of Standard 1 Requirements

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

*Each consumer is supported to take risks to enable them to live the best life they can.*

This Requirement was found to be Non-compliant following a Site Audit conducted on 22 to 25 February 2021. It was found the that while the organisation allowed consumers to take risks to enable them to live the best life they can, the organisation was unable to demonstrate how each consumer had been supported to understand the risks associated with undertaking these activities, including when changes may impact on these risk factors. The Assessment Team found the service had implemented actions and improvements to rectify these deficiencies, including (but not limited to):

* Risk assessments were updated to ensure they are congruent with allied health and other related assessments. They were also completed in consultation with consumers/representatives.
* The Assessment Team reviewed three consumers’ risk assessments which included evidence of assessment and consultation.
* Education sessions in relation to risk review processes and expectations have been provided to staff.
* An audit of risk assessment processes demonstrated staff compliance with the service’s risk assessment processes.

The Assessment Team found while the service has implemented actions and improvements to rectify the deficiencies and have demonstrated improved risk assessment processes for three consumers, they found the service did not demonstrate effective risk assessment for one consumer. This is specifically in relation to this consumer’s choice to leave the service independently where the service did not demonstrate consideration of risks associated with the consumer’s mobility and cognitive impairment. The Assessment Team provided the following evidence and findings relevant to my finding:

* A consumer (Consumer A) had been leaving the service independently, however, the service has not undertaken a risk assessment or had documented known risks and associated strategies to minimise risks associated with this activity.
  + Consumer A was identified through the ‘resident sign out’ sheet that there were four occasions where Consumer A left the service independently for a social outing. The sheet only identified time of departure.
  + Consumer A’s diagnoses includes moderate cognitive impairment and poor mobilisation. The care plan states the consumer has difficulty mobilising, reduced balance and strength, with a history of a fall. It also includes that the consumer is considered a high falls risk and directs staff to provide verbal and/or physical cues for direction and foot placement when mobilising.
  + The care plan does not identify the consumer leaves the service independently.
* The service’s risk assessment procedure directs staff to undertake a risk assessment, including competency and capacity of the consumer, and impact, likelihood and consequence of risk.
* Management acknowledged that based on Consumer A’s current assessments relating to cognition and mobility, a risk assessment should have been undertaken to assess the consumer’s risk of leaving the service independently.

The Approved Provider submitted a response to the Assessment Team’s report and refutes the Assessment Team’s finding. The Approved Provider asserts this Requirement should be found Compliant and submitted the following information and evidence relevant to my finding:

* The Assessment Team’s recommendation is based on a single example where it was identified there could have been improved consultation. This gap was isolated in nature (i.e. not systemic) and there was no impact to the consumer and has also been used as evidence to support not met recommendations in several Requirements.
* Acknowledges that consumers who choose to leave the service unaccompanied should be informed of potential risks and consequences to enable them to make informed decisions.
* Acknowledges the consultation to facilitate independent mobility outside of the service environment for Consumer A could be improved.
  + As a result of the Assessment Contact, a physiotherapy assessment, care plan consultation and falls risk assessment have subsequently been completed which found Consumer A wishes to continue to leave the service unaccompanied and is aware of and accepts the associated risks and potential consequences. Consumer A also confirmed they have a mobile phone to call for assistance if required.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service to be Non-compliant with this Requirement.

I acknowledge the actions and improvements taken in response the deficits identified at the Site Audit in February 2021, including that three consumers’ risks assessment included evidence of assessment and consultation. However, in coming to my finding I have considered that the service has not identified Consumer A as requiring a risk assessment to support them to understand the risks and any possible strategies to be used to minimise identified risk and help the consumer live the life they choose. Consumer A’s diagnoses and assessments relating to cognitive and mobility impairments indicated a potential risk associated with leaving the service unaccompanied. I acknowledge that while Consumer A has had no negative outcomes by leaving the service unaccompanied, I consider that the service has not demonstrated they have effectively supported the consumer to takes risks to live the best life they can, that is, understanding and implementing strategies to minimise associated risks to ensure Consumer A is enjoying their life in the safest possible way, while supporting their independence and self-determination. Additionally, the Approved Provider acknowledges consumers who choose to leave the service unaccompanied should be informed of potential risks and consequences to enable to make informed decisions.

The Approved Provider asserts there has been no negative impact for Consumer A and this issue is a single example, not representative of a systemic issue. I consider this Requirement requires that the service ensures that each consumer is effectively supported to takes risks, that is all consumers, not most consumers. The service being unable to demonstrate how they have understood the risks associated with Consumer A’s activity of choice and planned for mitigation of risk strategies indicates that on the day of the Assessment Contact, the service did not ensure Consumer A was effectively supported to take risks to enable them to live their best life.

Since the Assessment Contact, I acknowledge the service has conducted the requisite assessments, had consultation with the consumer and identified risk mitigation strategies to support Consumer A to continue to leave the service unaccompanied in accordance with their wishes and desires to live their best life.

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

# 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 all Requirements in Standard 2 Ongoing assessment and planning with consumers at the Assessment Contact on 14 to 15 September 2021.

The purpose of the Assessment Contact was to assess the performance of the service in relation to all Requirements in this Standard. All Requirements were found to be Non-compliant following a Site Audit conducted on 22 to 25 February 2021. It was found the service was unable to demonstrate:

* Assessment and planning, including consideration of risks to consumers’ health and well-being, informed the delivery of safe and effective care and services;
* Assessment and planning identified and addressed consumers’ current needs, goals and preferences, including advance care planning and end of life planning;
* Assessment and planning were based on ongoing partnership with consumers and others; and included other organisations and providers of other care and services;
* Outcomes of assessment and planning were effectively communicated to consumers and documented in a care and services plan which was readily available to consumers; and
* Care and services were reviewed regularly for effectiveness, and when circumstances change or when incidents impacted on the needs, goals and preferences of the consumer.

The Assessment Team found at the Assessment Contact conducted on 14 to 15 September 2021 that actions and improvements to rectify the deficiencies in Requirements (3)(a), (3)(c), (3)(d) and (3)(e) in this Standard have been effective and have recommended these Requirements as met. However, in relation to Requirements (3)(b) in this Standard, the Assessment Team found the service was unable to demonstrate assessment and planning had consistently identified and addressed consumers’ current goals and preferences, specifically in relation to oxygen therapy and pain management. The Assessment Team have recommended Requirement (3)(b) as not met.

I have considered the Assessment Team’s findings, evidence documented in the Assessment Team’s report and the Approved Provider’s response and I find Requirements (3)(a), (3)(c), (3)(d) and (3)(e) in this Standard to be Compliant and Requirement (3)(b) in this Standard to be Non-compliant. I have provided reasons for my findings in the specific Requirements below.

## 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.*

This Requirement was found to be Non-compliant following a Site Audit conducted on 22 to 25 February 2021. It was found the service was unable to demonstrate assessment and planning, including consideration of risks to consumers’ health and well-being, informed the delivery of safe and effective care and services. The Assessment Team found at this Assessment Contact conducted on 14 to 15 September 2021 that actions and improvements to rectify these deficiencies had been implemented, including (but not limited to):

* An audit of pain management was conducted for 64 consumers and identified inconsistent and incomplete assessments. A subsequent audit conducted a month later identified improvements in pain assessments.
* Pain management training was provided to clinical staff, including competency testing.
* A consumer survey in relation pain management found all consumers who responded were happy with their care.
* Care plan consultations were held with consumers identified in the Site Audit report.
* Wound specialists reviewed consumers with non-healing wounds.

The Assessment Team found through interviews, observations and review of documents that the service was able to demonstrate assessment and planning, including consideration of risks, such as plan or wound care, were used to inform the delivery of safe and effective care and services. The Assessment Team provided the following evidence and information for sampled consumers to support my finding:

* Sampled consumers and representatives indicated they have been involved in care planning and indicated medical officers and other health professionals are included in the process.
* Clinical management were able to describe assessment and planning processes used to identify consumers’ needs and preferences.
* Sampled consumers’ care planning documents evidenced comprehensive assessment and planning and care plans were individualised and related to each consumer’s health and well-being.
* Care plan review processes include consultation by clinical staff with consumers and/or representatives and are completed on a three-monthly basis. Sampled files reviewed demonstrate three-monthly reviews have been conducted.

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

### Requirement 2(3)(b) Non-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.*

This Requirement was found to be Non-compliant following a Site Audit conducted on 22 to 25 February 2021. It was found the service was unable to demonstrate that assessment and planning identified consumers’ current needs, goals and preferences, including advance care planning and end of life planning. The Assessment Team found at this Assessment Contact conducted on 14 to 15 September 2021 that actions and improvements to rectify these deficiencies had been implemented, including (but not limited to):

* An oxygen management review was completed to ensure risks assessments were completed, including medical officer input and that care plans were reflective of needs and medical officer directives.
* Information provided to staff in relation oxygen review and staff expectations.
* A care plan review identified 14 consumers without an advance care directive and as a result, all consumers now have a good palliative care plan.
* Advance care directives were discussed at the clinical staff meeting.

The Assessment Team found while the service has implemented actions and improvements to rectify the deficiencies found at the Site Audit in February 2021, they found the service was unable to demonstrate assessment and planning had consistently identified and addressed consumers’ current goals and preferences. This specifically related to pain and oxygen assessments. The Assessment Team provided the following evidence and findings relevant to my finding:

* A consumer’s (Consumer A) progress notes demonstrates the consumer’s continence needs have increased since they were last assessed, however, this did not trigger a new assessment. The consumer’s representative and progress notes indicate this has negatively impacted on the consumer’s dignity and care.
* A consumer’s (Consumer B) care plan does not provide specific guidance in relation to oxygen therapy management, including indications to administer oxygen and to check oxygen saturation levels.
* A consumer’s (Consumer C) care plan does not provide specific guidance in relation to oxygen therapy management, including contradictory information relating to administration of oxygen or to check oxygen saturation levels.
* A consumer’s (Consumer D) care plan does not include information relating to ongoing pain, pre-existing pain or ‘as required’ medication strategies. The consumer stated they experience pain and sometimes the nurses ask if they have pain, and other times it is a bit ‘hit and miss’. However, regular pain relief and an injection if the pain is severe helps with the pain.

The Approved Provider submitted a response to the Assessment Team’s report and accepts there are improvements required in relation to this Requirement. The Approved Provider stated it has commenced a robust plan to address these deficiencies and return the service to compliance with this Requirement. The Approved Provider submitted a plan for continuous improvement and addressed some inaccuracies contained within the report, including:

* Consultation with consumers and representatives identified in the Assessment Team’s report and updates to assessments and care plans as required.
* The pharmacist is to provide education to consumers and representatives about medication side effects.
* Asserts staff assess consumers in accordance with guidelines for acute deterioration when determining the need for oxygen administration and for Consumer B, data entries regarding oxygen saturation levels are by exceptional reporting.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service to be Non-compliant with this Requirement.

I acknowledge the actions and improvements taken in response the deficits identified at the Site Audit in February 2021. However, in coming to my finding I have considered that the service has not used assessment and planning processes to effectively plan for Consumers A, B, C and D’s care in accordance with their needs and preferences. At the time of the Assessment Contact, these consumers’ care plans did not include specific guidance or information in relation to their specific care needs to ensure staff are providing care in accordance with consumers’ current needs, goals and preferences. I acknowledge that staff may administer oxygen in accordance with the guidelines for acute deterioration, however, in relation to Consumers B and C, because they are prescribed oxygen therapy by a medical officer, the care plans should reflect a management plan tailored to the individual consumer’s needs rather than a generic response to monitoring oxygen saturations levels in the event of an acute deterioration.

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

### 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.*

This Requirement was found to be Non-compliant following a Site Audit conducted on 22 to 25 February 2021. It was found the service was unable to demonstrate assessment and planning was based on going partnership with consumers and others the consumer wished to be involved in assessment, planning and review of care and services. The Assessment Team found at this Assessment Contact conducted on 14 to 15 September 2021 that actions and improvements to rectify these deficiencies had been implemented, including (but not limited to):

* Newsletters to consumers and representatives outline information about care plan consultations and how to obtain access to care plans.
* Encouragement at resident meetings for consumers and representatives to participate in care plan reviews.
* Admission packs contain information relating to care plan consultations.
* Staff tool box sessions regarding care plans and care plan review checklists have been issued to clinical staff.

The Assessment Team found through interviews, observations and review of documents that the service was able to demonstrate assessment and planning is based on ongoing partnership with the consumer and others, including other organisations, individuals and providers of other care and services, that are involved in the care of the consumers. The Assessment Team provided the following evidence and information for sampled consumers to support my finding:

* Three representatives indicated they are involved in care planning processes and are contacted in relation to changes in circumstances.
* Sampled consumer care planning documents reflect that consumers and others are involved in assessment and planning, including medical officers and other health professionals. Progress notes demonstrated communication with representatives where there are changes to care.
* Clinical staff interviewed were able to describe how consumers and representatives are involved in assessment and care planning.

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

### 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.*

This Requirement was found to be Non-compliant following a Site Audit conducted on 22 to 25 February 2021. It was found the service was unable to demonstrate outcomes of assessment and planning were effectively communicated to consumers and documented in a care and service plan that were readily available to the consumers. The Assessment Team found at this Assessment Contact conducted on 14 to 15 September 2021 that actions and improvements to rectify these deficiencies had been implemented, including (but not limited to):

* Newsletters to consumers and representatives outline information about care plan consultations and how to obtain access to care plans.
* Encouragement at resident meetings for consumers and representatives to participate in care plan reviews.
* Request for information form provided to representatives if a physical copy of the care plan is requested.

The Assessment Team found through interviews, observations and review of documents that the service was able to demonstrate 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. The Assessment Team provided the following evidence and information for sampled consumers to support my finding:

* Two representatives indicated they can access their consumers’ care plans and two other representatives were unsure if they had seen a care plan but said staff communicate about their consumers’ care needs.
* The Assessment Team observed care planning documentation to be readily available to staff delivering care.
* Clinical staff interviewed were able to describe consumers’ care in accordance with care plans and explained how updates or changes to care were communicated through written and verbal handovers, meetings and reading care plans.

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

### 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.*

This Requirement was found to be Non-compliant following a Site Audit conducted on 22 to 25 February 2021. It was found the service was unable to demonstrate that care and services were reviewed regularly for effectiveness, and when circumstances changed or when incidents impacted on the needs, goals or preferences of consumers. The Assessment Team found at this Assessment Contact conducted on 14 to 15 September 2021 that actions and improvements to rectify these deficiencies had been implemented, including (but not limited to):

* Staff completed an escalating care workshop, involving competency testing. Education sessions relating to care plans review have been conducted.
* File review for 25 high risk consumers in relation pain, responsive behaviours and wounds to identify areas for improvement, which found care plans and assessments were not consistently reviewed and evaluated after external health appointments.
* Review and update of handover processes, with sessions for staff informing them about new handover processes.
* Letters provided to medical officers in relation to completing documentation onsite.

The Assessment Team found through interviews, observations and review of documents that the service was able to demonstrate services and care are reviewed regularly regarding the needs, goals and preferences of consumers. However, found care and services were not always reviewed when circumstances had changed. The Assessment Team provided the following evidence and information for sampled consumers to support my finding:

* Most consumers and representatives sampled stated they had been notified of changes in care and services and when incidents occur.
* Clinical staff were able to describe processes relating to care plan reviews and actions to take following incidents.
* Policies and procedures support care plan reviews and incident management processes.
* The Assessment Team provided four examples of consumers relating to where care and services are not reviewed, including:
  + A consumer was not monitored by clinical staff following an episode of shortness of breath.
  + A consumer did not have documented follow-up from clinical staff when they expressed they had pain and were waiting for review by the medical officer.
  + A consumer did not received medication in accordance with the medication chart.
  + A consumer was not reassessed following a decline in their continence status.

However, I considered the above four consumers in other Requirements more relevant to the deficiencies identified, that is, in Standard 2 Requirement (3)(b) and Standard 3 Requirement (3)(a). I consider these issues relate to assessment processes identifying consumers’ needs and the actual provision of care. I have also considered most consumers and representatives interviewed indicated they are informed about changes to care, including incidents, and evidence in all Requirements in Standard 2 which indicates most care and service needs have been reviewed.

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

# 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 Requirements (3)(a), (3)(b), (3)(d) and (3)(f) in this Standard, all other Requirements in this Standard were not assessed at the Assessment Contact conducted on 14 to 15 September 2021.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirements (3)(a), (3)(b), (3)(d) and (3)(f) in this Standard. These Requirements were found to be Non-compliant following a Site Audit conducted on 22 to 25 February 2021. It was found the service was unable to demonstrate:

* Each consumer received safe and effective personal and/or clinical care that was best practice, tailored to their needs or optimised their health and well-being.
* Effective management of high impact or high prevalence risks associated with the care of each consumer.
* Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition was recognised and responded to in a timely manner.
* Consumers had been reviewed in a timely manner following referrals to the medical officer.

The Assessment Team found at the Assessment Contact conducted on 14 to 15 September 2021 that actions and improvements to rectify the deficiencies in Requirements (3)(d) in this Standard have been effective and have recommended this Requirement as met. However, in relation to Requirements (3)(a), (3)(b) and (3)(f) in this Standard, the Assessment Team found the service was unable to demonstrate:

* Consumers receive care tailored to their needs in relation to pain management, oral care and personal care.
* Effective management of high impact or high prevalence risks associated with the care of each consumer. Specifically, the management of two consumers’ medication in relation to oxygen therapy.
* Consumers referred to medical officers had been followed-up in a timely manner or that staff referred a consumer to the dietitian in a timely manner.

The Assessment Team have recommended Requirements (3)(a), (3)(b) and (3)(f) as not met.

I have considered the Assessment Team’s findings, evidence documented in the Assessment Team’s report and the Approved Provider’s response and I have come to a different view from the Assessment Team in relation to Requirements (3)(b) and (3)(f). I find Requirements (3)(b), (3)(d) and (3)(f) in this Standard to be Compliant and Requirement (3)(a) in this Standard to be Non-compliant. I have provided reasons for my findings in the specific Requirements below.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-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.*

This Requirement was found to be Non-compliant following a Site Audit conducted on 22 to 25 February 2021. It was found the service was unable to demonstrate that each consumer received safe and effective personal and/or clinical care that was best practice, tailored to their needs or optimised their health and well-being. The Assessment Team found at this Assessment Contact conducted on 14 to 15 September 2021 that actions and improvements to rectify these deficiencies had been implemented, including (but not limited to):

* A review of all consumers’ assistance required for personal care was conducted. As a result changes to the staffing roster were made to ensure consumers’ personal care needs were met.
* Pain and wound management training for clinical staff has been conducted.
* Care plan consultations with consumers identified in the Site Audit report.
* Wound specialists reviewed consumers with non-healing wounds.

The Assessment Team found that while the service has implemented actions and improvements to rectify the deficiencies found at the Site Audit in February 2021, they found the service was unable to demonstrate consumers receive care tailored to their needs in relation to pain management, oral care and personal care. Additionally, pain assessments were not always conducted in accordance with the service’s policy. The Assessment Team provided the following evidence and findings relevant to my finding:

* A consumer (Consumer B) reported they experience a very dry mouth and lips due to medications. The consumer stated they have reported their dry mouth to staff on several occasions but has only been provided cream on some occasions which did not work.
  + Clinical staff interviewed confirmed Consumer B reports their dry mouth and staff would provide oral care as needed and the consumer can conduct their own oral care. The consumer’s care plan directed staff to check the consumer’s lips and mouth daily but progress notes did not support the provision of oral care.
* A consumer (Consumer B) reported they are experiencing pain and the pain is often not well managed. While clinical staff reported they had as required pain medication to provide Consumer B when they have pain, the consumer’s medication chart did not have the requisite prescription.
* A consumer (Consumer E) and their representative reported the consumer has ongoing unmanaged pain.
  + Progress notes show use of as required medications to manage pain, however, was not commenced on a new regular medication until a few weeks after complaining of new pain.
  + Pain charting was not commenced in accordance with the service’s policy, nor were assessments of pain in accordance with policy, including documenting a pain score, quality of pain, duration and variation.
* Staff did not compete pain assessment or charting in response to a change in pain medication or use of as required medication in accordance with the service’s policy for Consumer D.
* A consumer (Consumer G) indicated they were left unsupervised on the toilet for half an hour and were not satisfied with nail care. The consumer’s care plan directs that the consumer should not been left alone in the bathroom and the consumer’s nails were observed to about one centimetre long with dirt underneath the nails.

The Approved Provider submitted a response to the Assessment Team’s report and accepts there are improvements required in relation to this Requirement. The Approved Provider stated it has commenced a robust plan to address these deficiencies and return the service to compliance with this Requirement. The Approved Provider provided a plan for continuous improvement and addressed some inaccuracies contained within the report, including:

* Conduct a full review of consumers requiring oxygen therapy.
* Conduct a care page survey in relation to pain for consumer experiencing unmanaged pain.
* Clinical managers to review progress notes every 24 hours to identify changes or deterioration to consumers’ clinical health status.
* Various education and training sessions planned for staff.
* Consumer B’s oral hygiene care plan has been updated and instructs staff to monitor the consumer’s lips and mouth twice per day and a care consultation with the representative has also been held.
  + Consumer B was reviewed by the medical officer in January 2021 and for a dry mouth and prescribed daily spray which has been administered.
* In relation to Consumer E, staff overheard? conversation with the consumer and the Assessment Team indicates the consumer did not indicate they had unmanageable pain. Additionally, the consumer has several comorbidities which impact experience of pain even though best practice pain management is being used.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service to be Non-compliant with this Requirement.

I acknowledge the actions and improvements taken in response the deficits identified at the Site Audit in February 2021. However, in coming to my finding I have considered that the service has not ensured that each consumer receives personal care or clinical care which is best practice, tailored to their needs or optimises their health and well-being. I have considered that staff have not acted in accordance with the service’s policies relating to pain assessment and monitoring to ensure consumers’ pain is effectively managed. I acknowledge the Approved Provider’s assertion that Consumer E’s interview with the Assessment Team did not indicate the consumer had unmanaged pain, however, I have considered the consumer’s pain charting did not include a pain score or descriptors to ensure best pain management was being achieved. These charts and assessment were also not completed for Consumer D. Additionally, Consumer B indicated they were in pain but the medication chart did not support clinical staff’s understanding of available pain relieving medications.

In relation to Consumer B, I acknowledge the consumer’s dry mouth was reviewed by the medical officer in January 2021 and a spray prescribed to provide the consumer with comfort for their mouth. However, I have considered the consumer has in recent times been reporting to staff that their mouth and lips are dry which staff should have reviewed to ensure the current strategies, such as the spray, were continuing to be meet the consumer’s clinical care needs and optimise their health and well-being.

I have considered that Consumer G has not been provided care in accordance with their needs, including supervision and nail care.

I have also considered the evidence presented in Requirement (3)(b) in this Standard in relation to Consumers B and D’s oxygen therapy management relates to this Requirement. I find that the lack of detail in the consumers’ care plans regarding when to administer oxygen and monitor saturation levels, directly relates to the provision of clinical care rather than managing the consumers’ risk associated with their care, and there are opportunities to improve these clinical care practices. Specifically, that consumers’ monitoring of oxygen saturations should be specific and tailored to their individual circumstances, including monitoring following an episode of shortness of breath and completing medication charts in accordance with actual administered oxygen.

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

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

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

This Requirement was found to be Non-compliant following a Site Audit conducted on 22 to 25 February 2021. It was found the service was unable to demonstrate that the service had effectively managed high impact or high prevalence risks associated with the care of each consumer. The Assessment Team found at this Assessment Contact conducted on 14 to 15 September 2021 that actions and improvements to rectify these deficiencies had been implemented, including (but not limited to):

* A behaviour audit was conducted for 22 consumers with known responsive behaviours.
* Staff were provided education and training in relation to how to manage behaviours in dementia, medication management, completion of incident forms and older persons mental health.
* Medication management competency for staff and observations of medication rounds to ensure compliance with medication administration procedures.

The Assessment Team found while the service has implemented actions and improvements to rectify the deficiencies found at the Site Audit in February 2021, they found the service was unable to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. Specifically, the management of two consumers’ medication in relation to oxygen therapy. The Assessment Team provided the following evidence and findings relevant to my finding:

* A consumer (Consumer B) reported they have been short of breath for weeks; their oxygen saturation levels had not been checked even though the shortness of breath has been reported to staff.
  + The Assessment Team observed Consumer B to be short of breath while mobilising. Clinical staff administered two litres of oxygen when alerted by the Assessment Team, however, did not take an oxygen saturation reading prior to the administration of oxygen. A reading was taken following the administration of oxygen.
  + The consumer’s care plan or medication chart has as required oxygen prescribed but there is no guidance for when oxygen is to be administered.
  + While the medication chart showed three occasions where the as required oxygen was used, there are only two entries demonstrating oxygen saturations levels had been checked.
  + Following an episode of shortness of breath in July 2021, the consumer was reviewed by the medical officer. While it was recommended the consumer was to be transferred to hospital, the consumer declined. However, ongoing monitoring did not occur.
  + The ‘manage oxygen therapy’ procedure does not specially guide staff as to when to administer oxygen or when to check oxygen saturation levels.
* A consumer (Consumer D) was observed receiving continuous oxygen therapy, however, the Assessment Team observed the nasal cannula to not be fitted correctly and a care worker did not observe this incorrect placement. The consumer stated they never have their oxygen saturation levels monitored.
  + The consumer’s care plan includes that the oxygen is prescribed 2L/min regularly and is signed for 8am to 8pm.
  + Clinical staff reported they will check oxygen saturation levels if the consumer’s breathing becomes uncomfortable or signs of deterioration.

The Approved Provider submitted a response to the Assessment Team’s report and accepts there are some minor areas of improvements required in relation to this Requirement. The Approved Provider stated it has commenced a robust plan to address these deficiencies and return the service to compliance with this Requirement. The Approved Provider provided a plan for continuous improvement and addressed some inaccuracies contained within the report, including:

* Full review of consumers receiving oxygen therapy, including medication charts and care plans to ensure directions are available and consistent with medical officer directives.
* Education for staff in relation to desaturation of oxygen levels, deteriorating consumers, respiratory medications and managing respiratory disorders.
* In relation to Consumer B:
  + The consumer was administered oxygen on three separate occasions in response to the consumer’s request or due to clinical indications. The consumer has never been prescribed continuous oxygen therapy.
  + The service uses exceptional reporting so oxygen saturation levels would not be recorded if within normal parameters.
  + In a nine-month period, the consumer has been reviewed by the medical officer on 12 occasions, two occasion in relation to the consumer experiencing shortness of breath.
  + The clinical care manager used clinical judgement to confirm Consumer B was experiencing shortness of breath and administered oxygen in a timely and appropriate manner.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service to be Compliant with this Requirement.

In coming to my finding, I have considered that the evidence presented in this Requirement relates specifically to Requirement (3)(a) in this Standard, that is, that each consumer gets safe and effective clinical care that is best practice, tailored to their needs and optimises their health and well-being. I have found that Requirement (3)(a) is Non-compliant and the deficiencies associated with oxygen therapy management is associated with optimising consumers’ health in accordance with best practice.

In relation to Consumer B, I have considered that staff have not monitored the consumer’s oxygen saturations consistently or effectively following or prior to episodes of shortness of breath, nor does the consumer’s care plan support staff to understand specific management or monitoring of the individual consumer. I have also considered that staff are not always monitoring oxygen saturations prior to the administration of oxygen and while the Approved Provider asserts clinical staff use their clinical judgement as to the need for oxygen therapy, including without establishing the oxygen saturation level prior to administration oxygen, I find this inhibits the effective clinical evaluation of the oxygen therapy. Therefore, while I find that Consumer B has had documented episodes of shortness breath responded to appropriately to manage risks associated with the consumer’s health conditions, deficiencies in relation to clearer and more specific instructions in the care plan and undertaking of monitoring oxygen saturation levels would support optimisation of the consumer’s oxygen therapy management in relation to Requirement (3)(a) in this Standard. Additionally, the consumer states they have been continuously short of breath in the weeks preceding the Assessment Contact, which if the service had in place regular monitoring of the consumer’s oxygen saturation levels would support optimisation of their care.

In relation to Consumer D, I have considered that the consumer stated their oxygen saturations levels are not monitored, and while the Approved Provider asserts this is only completed when clinically indicated and documented if out of normal parameters, I would consider that a consumer receiving constant oxygen therapy would require oxygen saturations levels to be monitored to understand efficacy of the therapy and their ‘normal’ parameters. However, I find the lack of detail in the consumer’s care plan in relation to monitoring of oxygen saturations levels and the observation by the Assessment Team that the placement of the nasal cannula to deliver oxygen does not indicate a failure to manage risks associated with the consumer’s health conditions but rather relates to Requirement (3)(a) in this Standard in relation to optimising the consumer’s health and well-being and providing clinical care which is tailored to this consumer’s needs.

I have also considered evidence presented by the Assessment Team which demonstrated a consumer’s responsive behaviours have been effectively managed through increased staffing and review by mental health and dementia behavioural specialists. Additionally, wound management for two consumers were effectively managed.

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

### 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.*

This Requirement was found to be Non-compliant following a Site Audit conducted on 22 to 25 February 2021. It was found the service was unable to demonstrate that deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition was recognised and responded to in a timely manner. The Assessment Team found at this Assessment Contact conducted on 14 to 15 September 2021 that actions and improvements to rectify these deficiencies had been implemented, including (but not limited to):

* Education sessions for clinical and care staff have been provided in relation to recognising and managing clinical deterioration.
* Two consumer files demonstrated consumers’ health decline has been identified and is being regularly reviewed by the medical officer. The consumers have also been transferred to hospital in accordance with the service’s policies and procedures.

The Assessment Team found through interviews and review of documents that 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. The Assessment Team provided the following evidence and information for sampled consumers to support my finding:

* Consumer care files sampled demonstrated changes to consumers’ health, condition and abilities are identified, and referrals to medical officers and allied health professionals are made. It also demonstrated additional or increased monitoring or charting had occurred.
* Staff interviewed were able to describe processes and practices used to report changes in consumers’ condition and health, including management and monitoring strategies.

While one consumer representative was not satisfied with the management of changes to their consumer’s health, I have considered this evidence in Standard 2 Requirement (3)(b) in relation to the assessment and planning of the consumer’s changing continence needs.

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

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

This Requirement was found to be Non-compliant following a Site Audit conducted on 22 to 25 February 2021. It was found the service was unable to demonstrate that consumers had been reviewed in a timely manner following referrals to the medical officer. The Assessment Team found at this Assessment Contact conducted on 14 to 15 September 2021 that actions and improvements to rectify these deficiencies had been implemented, including (but not limited to):

* The process in relation to referral and escalation to the medical officer has been reviewed.
* Referrals were included as an agenda item at the registered nurse and medication advisory committee meetings. Additional education sessions were held in relation to referral processes.
* Engagement with additional medical officers and specialists within the area in the event regular medical officers or specialists cannot attend in a timely manner.
* Daily follow-up of request to see the medical officer are to be documented in progress notes.

The Assessment Team found while the service has implemented actions and improvements to rectify the deficiencies found at the Site Audit in February 2021, they found the service was unable to demonstrate that consumers referred to medical officers had been followed-up in a timely manner or that staff referred a consumer to the dietitian in a timely manner. The Assessment Team provided the following evidence and findings relevant to my finding:

* Three consumers/representatives stated the medical officer is frequently unavailable and when they have requested a medical review, they have had to wait for a prolonged period.
  + One consumer (Consumer B) reported they can only see their medical officer once per week but this is not frequent enough and are also disappointed with the medical review.
  + One consumer (Consumer F) indicated they are in pain but could not remember when they had last had a medical review. Additionally, a progress note shows the consumer requested a medical officer review for persistent pain but was not reviewed for four days by the medical officer which was not identified through the 24-hour progress note review.
  + One consumer’s representative (Consumer E) indicated they are in pain and that it can take days for a medical officer to review them and provided an example where this had occurred.
* One consumer’s representative (Consumer A) reported the consumer was not referred to dietitian following weight loss until they discussed the matter with management.
  + The Assessment Team found the service did not refer the consumer to a dietitian in accordance with the service’s policy, when they first lost 2.8 kilograms and then 3.5 kilograms in another period which was not actioned for three days.

The Approved Provider submitted a response to the Assessment Team’s report and refutes the Assessment Team’s finding. The Approved Provider asserts this Requirement should be found Compliant and submitted the following information and evidence relevant to my finding:

* Evidence provided was not factually correct and was not adequately triangulated, therefore, the Requirement should be met.
* In relation to Consumer B, they have several diagnoses which may be contributory to acute and/or chronic pain. The consumer’s medical officer will visit the service weekly and will review the consumer at their request. Progress notes show the consumer has been reviewed by the medical officer on 12 occasions in a nine-month period. Additionally, pain charting and assessments conducted three months prior to the Assessment Contact, indicate best practice pain management strategies are in place. Additionally recent scans indicated no changes and the consumer was also reviewed by a physiotherapist.
* In relation to Consumer A, a 2.8 kilogram weight loss was under 5% weight loss which would not trigger the service’s referral process to the dietitian/medical officer.
* In relation to Consumer F, they have chronic abdominal pain associated with their diagnoses but pain is monitored and well managed. The Approved Provider acknowledges the consumer requested to see the medical officer for pain but was happy to wait until the medical officer’s next visit. Additionally, the consumer’s pain was managed and care reviews prior to the Assessment Contact indicated the consumer was happy with pain management.
* In relation to Consumer E, the consumer was reviewed by the medical officer and had pain relieving medication changed which is managing the consumer’s pain. The consumer can see their medical officer at their request or as is clinically indicated.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Compliant with this Requirement.

In coming to my finding, I acknowledge the consumers and representative views which indicated they are not reviewed by a medical officer/allied health professional in a timely manner. However, in considering each consumer and the response provided by the Approved Provider, I do not find there are systemic deficiencies associated with this Requirement, in context and on balance of the positive evidence provided by the Assessment Team demonstrating appropriate and timely referral of consumers to hospital, wound specialists and mental health/behavioural support specialists.

In relation to Consumer B, I have considered the core deficiencies associated with this consumer’s concerns is more specifically related to Requirement (3)(a) in this Standard, where I have considered that staff have not acted in accordance with the service’s policies relating to pain assessment and monitoring to ensure consumers’ pain is effectively managed. Progress notes demonstrate medical officer review for this consumer, however, a physiotherapy review following the Assessment Contact identified increased pain for the consumer and pain management strategies updated accordingly. I acknowledge the consumer’s view they are not reviewed by the medical officer in accordance with their wishes but find their key concerns regarding pain and a dry mouth have been considered in Requirement (3)(a) in this Standard where the core deficiency is found because staff are not effectively monitoring, assessing or acting upon these concerns, which would direct staff to make the requisite referrals.

In relation to Consumer A, I consider staff acted in accordance with the service’s policy for referral to a dietitian and progress notes for Consumer F had been reviewed by a medical officer in accordance with their wishes.

In relation to Consumer E, I find that while the representative indicated medical officer reviews are not timely, progress notes demonstrate a review by a medical officer did occur, but rather there are opportunities for improvement in relation to pain monitoring to ensure escalation and review by medical officers occur in a timely manner in accordance with clinical care needs. I have considered this area for improvement in Requirement (3)(a) in this Standard.

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

# STANDARD 4 Services 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 Assessment Team assessed Requirement (3)(f) in this Standard, all other Requirements in this Standard were not assessed. Therefore, an overall assessment of this Standard was not completed at this Assessment Contact conducted on 14 to 15 September 2021.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(f) in this Standard. This Requirement was found to be Non-compliant following a Site Audit conducted on 22 to 25 February 2021. It was found the service was unable to demonstrate that meals provided were varied and of suitable quantity and quality.

The Assessment Team found at the Assessment Contact on 14 to 15 September 2021 that actions and improvements to rectify these deficiencies have been effective and the service was able to demonstrate consumers are provided with meals that are varied and of a suitable quality.

I have considered the Assessment Team’s finding and the evidence documented in the Assessment Team’s report and find Requirement (3)(f) in this Standard to be Compliant. I have provided reasons for my finding in the specific Requirement below.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

This Requirement was found to be Non-compliant following a Site Audit conducted on 22 to 25 February 2021. It was found the service was unable to demonstrate that meals provided were varied and of suitable quantity and quality. The Assessment Team found at this Assessment Contact conducted on 14 to 15 September 2021 that actions and improvements to rectify these deficiencies had been implemented, including (but not limited to):

* A monthly care page survey was conducted by lifestyle staff to obtain consumer feedback in relation to food satisfaction.
* The resident meeting has catering as a standing agenda item which provides consumers/representatives with opportunities to raise concerns, provide feedback and make suggestions.
* The menu has been reviewed and changed to include more variations with meals.
* A dining room champion program has been implemented to support the dining experience.
* Feedback in relation meals has been documented on the continuous improvement log and actioned.

The Assessment Team found through interviews, observations and review of documents that the service was able to demonstrate consumers are provided with meals that are varied and of a suitable quality. The Assessment Team provided the following evidence and information for sampled consumers to support my finding:

* Sampled consumers indicated they are satisfied with the meals provided.
* Dietary summary reports include consumers’ allergies and preferences and are in each dining area.
* Management described how they monitor satisfaction with meals and food quality issues are raised with individual suppliers.
* The Assessment Team observed meal service to be calm with meals nicely presented. Staff were observed checking for consumers’ dietary requirements and consumers appeared to enjoy the dining experience.

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

# STANDARD 5 Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

The Assessment Team assessed Requirement (3)(b) in this Standard, all other Requirements in this Standard were not assessed. Therefore, an overall assessment of this Standard was not completed at this Assessment Contact conducted on 14 to 15 September 2021.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(b) in this Standard. This Requirement was found to be Non-compliant following a Site Audit conducted on 22 to 25 February 2021. It was found that while the service demonstrated the service environment was safe, clean, and well maintained, it did not enable consumers to move freely and access outdoor areas.

The Assessment Team found at the Assessment Contact on 14 to 15 September 2021 that actions and improvements to rectify these deficiencies have been effective and the service was able to demonstrate the service environment is safe, clean and well maintained, and enables consumers to move freely, both indoors and outdoors.

I have considered the Assessment Team’s finding and the evidence documented in the Assessment Team’s report and find Requirement (3)(b) in this Standard to be Compliant. I have provided reasons for my finding in the specific Requirement below.

## Assessment of Standard 5 Requirements

### 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.*

This Requirement was found to be Non-compliant following a Site Audit conducted on 22 to 25 February 2021. It was found that while the service demonstrated the service environment was safe, clean, and well maintained, it did not enable consumers to move freely and access outdoor areas. The Assessment Team found at this Assessment Contact conducted on 14 to 15 September 2021 that actions and improvements to rectify these deficiencies had been implemented, including (but not limited to):

* A review of door locks across the service was undertaken to ensure consumers can move freely and access outdoor courtyards. Changes were completed to all doors leading to and from internal courtyards.
* Review of the restraint management policy was undertaken in consultation with staff.

The Assessment Team found through interviews, observations and review of documents that the service was able to demonstrate the service environment is safe, clean and well maintained, and enables consumers to move freely, both indoors and outdoors. The Assessment Team provided the following evidence and information for sampled consumers to support my finding:

* The Assessment Team observed the environment and furniture to be clean and well maintained, with all doors to internal courtyards unlocked and accessible to consumers.
* Consumers sampled indicated the service environment is safe, comfortable, and clean and were able to move freely throughout the service.
* Staff interviewed described how they report hazards and maintenance issues and confirmed issues are actioned in a timely manner.
* The service maintains documented scheduled and reactive maintenance routines.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Playford, to be Compliant with Requirement (3)(b) in Standard 5 Organisation’s service environment.

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Assessment Team assessed Requirements (3)(a) and (3)(c) in this Standard, all other Requirements in this Standard were not assessed. Therefore, an overall assessment of this Standard was not completed at this Assessment Contact conducted on 14 to 15 September 2021.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirements (3)(a) and (3)(c) in this Standard. These Requirements were found to be Non-compliant following a Site Audit conducted on 22 to 25 February 2021. It was found that the service was unable to demonstrate:

* The workforce was planned to enable, and the number and mix of members of the workforce deployed enabled, the delivery and management of safe and quality care and services.
* The workforce was competent and had the knowledge to perform their roles effectively.

The Assessment Team found at the Assessment Contact on 14 to 15 September 2021 that actions and improvements to rectify these deficiencies have been effective and the service was able to demonstrate the number and mix of workforce enables the delivery of safe and quality care and services and the workforce is competent, and members of the workforce have the qualifications and knowledge to effectively perform their roles.

I have considered the Assessment Team’s finding and the evidence documented in the Assessment Team’s report and find Requirements (3)(a) and (3(c) in this Standard to be Compliant. I have provided reasons for my findings in the specific Requirements below.

## 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.*

This Requirement was found to be Non-compliant following a Site Audit conducted on 22 to 25 February 2021. It was found the service was unable to demonstrate the workforce was planned to enable, and the number and mix of members of the workforce deployed enabled, the delivery and management of safe and quality care and services. The Assessment Team found at this Assessment Contact conducted on 14 to 15 September 2021 that actions and improvements to rectify these deficiencies had been implemented, including (but not limited to):

* A review of the staff roster was undertaken with changes to shifts made as required.
* A competency matrix with reassessment schedule for clinical staff has been developed.
* Ongoing recruitment strategies are being utilised.
* Call bell response times are being monitored and investigated when answered over 10 minutes. Monthly reports about call bells are being discussed at resident meetings and are included in the Quality Audit report.

The Assessment Team found through interviews, observations and review of documents that the service was able to demonstrate 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. The Assessment Team provided the following evidence and information for sampled consumers to support my finding:

* Seven consumers interviewed indicated staff were busy and sometimes had to wait for call bells to be answered. However, only one consumer of the seven reported impact to their care needs, including that communication aids are not always correctly placed.
* Four consumers confirmed their care needs are met.
* Management provided examples of how rosters had been altered to meet the acuity and needs of the changing consumer cohort. They also described call bell escalation processes.
* Four care staff interviewed indicated their shifts are busy, however, only two reported this impacting at times in providing personal care in accordance with consumer preferences and to do the ‘little things’.
* Call bell observation and data audit templates for sampled five-month period.

While the Assessment Team were provided with some negative feedback from one consumer and two care staff members, I have considered in context of all feedback provided indicates overall satisfaction with staffing levels and skill mix. However, I encourage the service to consider the negative feedback through their monitoring processes and follow-up concerns with the identified consumer.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Playford, to be Compliant with Requirement (3)(a) in Standard 7 Human resources.

### 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.*

This Requirement was found to be Non-compliant following a Site Audit conducted on 22 to 25 February 2021. It was found the service was unable to demonstrate the workforce was competent and had the knowledge to perform their roles effectively. The Assessment Team found at this Assessment Contact conducted on 14 to 15 September 2021 that actions and improvements to rectify these deficiencies had been implemented, including (but not limited to):

* A competency matrix with reassessment schedule for clinical staff has been developed.
* A review of staff education and training schedules, including using audits, incidents, and complaints to inform the schedules.
* Ongoing performance reviews for staff in addition to annual performance appraisals.

The Assessment Team found through interviews, observations and review of documents that the service was able to demonstrate the workforce is competent, and members of the workforce have the qualifications and knowledge to effectively perform their roles. The Assessment Team provided the following evidence and information for sampled consumers to support my finding:

* Five sampled consumers and representatives indicated they were happy at the service and with the level of care provided meets consumers’ needs.
* Some consumers and representatives were not satisfied the service effectively manages consumers’ personal and clinical care needs.
* Management were able to describe processes for recruitment, orientation, ongoing training and assessment.
* Sampled onboarding documentation for three staff confirmed competency testing and training relevant to each staff member’s role.
* Education and training records for all staff in relation to pain management, wound care, infection control, medication administration and restraint management.

While the Assessment Team found some consumers and representatives were not satisfied the service effectively manages consumers’ personal and clinical care needs, I have considered this information and evidence in Standard 2 Requirement (3)(b) and Standard 3 Requirement (3)(a). I consider that this evidence does not indicate a dissatisfaction with staff competence but rather dissatisfaction with one aspect of care.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Playford, to be Compliant with Requirement (3)(c) in Standard 7 Human resources.

# STANDARD 8 Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Assessment Team assessed Requirements (3)(c), (3)(d) and (3)(e) in this Standard, all other Requirements in this Standard were not assessed. Therefore, an overall assessment of this Standard was not completed at this Assessment Contact conducted on 14 to 15 September 2021.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirements (3)(c), (3)(d) and (3)(e) in this Standard. These Requirements were found to be Non-compliant following a Site Audit conducted on 22 to 25 February 2021. It was found that while the service was unable to demonstrate:

* Effective organisation wide governance systems relating to information management, regulatory compliance and workforce governance.
* Effective risk management systems and practices, specifically relating to management of consumers’ responsive behaviours, pain and medication management because staff were not consistently reporting incidents or reviewing/discussing incidents at monthly clinical indicator reviews.
* Effective clinical governance, specifically in relation to trending and monitoring of consumers’ individual clinical incidents and application of open disclosure processes following consumer incidents

The Assessment Team have recommended Requirements (3)(c) and (3)(e) met. However, in relation to relation to Requirement (3)(d) the Assessment Team have recommended this Requirement as not met because the service was unable to demonstrate effective risk management systems relating consumers’ oxygen therapy and supporting one consumer to live their best life.

I have considered the Assessment Team’s findings, evidence documented in the Assessment Team’s report and the Approved Provider’s response and I have come to a different view from the Assessment Team in relation to Requirement (3)(d). I find Requirements (3)(c), (3)(d) and (3)(e) in this Standard to be Compliant. I have provided reasons for my findings in the specific Requirements below.

## Assessment of Standard 8 Requirements

### 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.*

This Requirement was found to be Non-compliant following a Site Audit conducted on 22 to 25 February 2021. It was found the service was unable to demonstrate effective organisation wide governance systems relating to information management, regulatory compliance and workforce governance. The Assessment Team found at this Assessment Contact conducted on 14 to 15 September 2021 that actions and improvements to rectify these deficiencies had been implemented, including (but not limited to):

* Clinical governance and regulatory compliance training have been provided to relevant staff.
* Vaccinations records updated.
* Performance monitoring systems implemented to ensure staff are following correct procedures and allegations of abuse are managed in accordance with human resource processes.

The Assessment Team found through interviews, observations and review of documents that the service was able to demonstrate effective organisational wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The Assessment Team provided the following evidence and information to support my finding:

* In relation to information management:
  + Staff confirmed information is easy to find and are provided with information through handover, care plans, policies and procedures, staff hub, memoranda and regular team meetings.
  + Policies and procedures are regularly updated and are reflective of current requirements.
* In relation to continuous improvement:
  + Consumers are encouraged to participate in continuous improvement initiatives through feedback, surveys, focus groups and meetings.
  + The continuous improvement plans identified improvements through complaints, internal audits, feedback, learning from other services within the organisation and staff feedback.
* In relation to financial governance:
  + Management described how they make changes to the budget and expenditure to support changes in needs of consumers and provided a specific example when this has occurred.
* In relation to workforce governance:
  + The service’s workforce has assigned delegations and responsibilities for each role for the delivery of safe and quality care and services.
* In relation to regulatory compliance:
  + Staff are made aware of legislative changes through meetings, internal written communications and education sessions.
  + Staff confirmed participation in relation to the Serious Incident Response Scheme, and policies and procedure have been updated to reflect these legislative changes
  + Staff also confirmed they have completed training in relation to the new restrictive practices legislation and were able to describe the changes and different forms of restrictive practices.
* In relation to feedback and complaints:
  + Feedback and complaints are managed by the service’s management team and recorded within a monthly ‘continuous improvement log’. Trends are identified and complaints resolution processes are monitored,

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Playford, to be Compliant with Requirement (3)(c) in Standard 8 Organisational governance.

### 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.*

This Requirement was found to be Non-compliant following a Site Audit conducted on 22 to 25 February 2021. It was found the service was unable to demonstrate effective risk management systems and practices, specifically relating to the management of consumers’ responsive behaviours, pain and medication management because staff were not consistently reporting incidents or reviewing/discussing incidents at monthly clinical indicator reviews. The Assessment Team found at this Assessment Contact conducted on 14 to 15 September 2021 that actions and improvements to rectify these deficiencies had been implemented, including (but not limited to):

* Elder abuse, Serious Incident Response Scheme (SIRS) and managing high impact or high prevalence risk education sessions have been provided to all staff.
* Clinical indicator reports are generated monthly to monitor trends in all areas of clinical care.
* Regular reviews of incident data and reports are undertaken to identify opportunities for improvement.

The Assessment Team found while the service has implemented actions and improvements to rectify the deficiencies found at the Site Audit in February 2021, they found the service was unable to demonstrate effective risk management systems relating to consumers’ oxygen therapy management and supporting one consumer to live their best life. However, the Assessment Team found the service could demonstrate effective risk management systems and practices in identifying and responding to abuse and neglect of consumers and managing and preventing incidents in a SIRS framework. The Assessment Team provided the following evidence and findings relevant to my finding:

* Care plans and medication charts for three consumers did not always provide specific guidance to staff in relation to oxygen therapy management. Additionally, the procedure for oxygen therapy does not guide staff in indications for oxygen initiation, when to undertake clinical assessments or when to escalate or refer to the medical officer or to monitor.
* The service was unaware and monitoring processes did not detect that staff did not regularly check oxygen saturation levels or monitor the signs of respiratory distress for one consumer and oxygen was not administered in line with another consumer’s medication chart.
* The service has not considered one consumer’s mobility and cognitive status in relation to them leaving the service independently and had not identified mitigating strategies to support the consumer to live their best life.

The Approved Provider submitted a response to the Assessment Team’s report and refutes the Assessment Team’s finding. The Approved Provider asserts this Requirement should be found Compliant and submitted the following information and evidence relevant to my finding:

* The evidence presented is repetitive examples have been used in other Requirements.
* In relation to staff not checking oxygen saturation levels in accordance with the organisation’s policy, the Approved Provider asserts there is robust policy framework and documentation in relation to oxygen saturation levels are by exception.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service to be Compliant with this Requirement.

In coming to my finding, I have considered that the evidence presented in this Requirement does not indicate systemic issues associated with the service’s risk management systems and practices associated with managing high impact or high prevalence risks associated with the care of consumers or supporting consumers to live the best life they can. I have considered the evidence presented in other Requirements, specifically Standard 1 Requirement (3)(d), Standard 2 Requirement (3)(b) and Standard 3 Requirement (3)(a) which I have found to be Non-compliant and reflect the core deficiency associated with the evidence.

In relation oxygen therapy management, I do not consider that these deficits are associated with ineffective risk management systems or practices relating to managing high impact or high prevalence risks associated with the care of consumers. Rather, the core deficits relate to assessment and care planning processes associated with oxygen therapy management and the implementation of this therapy in accordance with consumers’ needs and best practice to optimise consumers’ health and well-being. While I acknowledge the Assessment Team’s finding that the service was unaware and monitoring processes did not detect that staff did not regularly check the oxygen saturation levels or monitor the signs of respiratory distress for one consumer or that oxygen was not administered in accordance with the medication chart, I do not consider the evidence supports that staff practices are systemically deficit to not effectively manage high impact or high prevalence risks nor were there specific details about failure of monitoring processes to identify deficits associated with oxygen therapy.

Additionally, I have considered that there is one example of a consumer not being supported to live the best life they can but have considered this as an isolated example which has been addressed in Standard 1 Requirement (3)(d) rather than a systemic issue relating to multiple consumers or poor staff practices broadly.

I have also considered the Assessment Team’s evidence which includes that the organisation has a documented risk management framework, staff have been provided relevant training and there are policies and procedures to guide staff practice.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Playford, to be Compliant with Requirement (3)(d) in Standard 8 Organisational governance.

### 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.*

This Requirement was found to be Non-compliant following a Site Audit conducted on 22 to 25 February 2021. It was found the service was unable to demonstrate effective clinical governance, specifically in relation to trending and monitoring of consumers’ individual clinical incidents and application of open disclosure processes following consumer incidents. The Assessment Team found at this Assessment Contact conducted on 14 to 15 September 2021 that actions and improvements to rectify these deficiencies had been implemented, including (but not limited to):

* Clinical managers conduct timely reviews of all incidents, identify contributing factors, actions taken and their effectiveness and where required undertake further action, such as additional staff training.
* Staff training sessions have been provided in relation to restrictive practices, psychotropic medications and open disclosure.
* The psychotropic medication spreadsheet has been updated to include breakdown of medication and monitoring of alternative measures.

The Assessment Team found through interviews, observations and review of documents that the service was able to demonstrate an effective clinical governance framework, including antimicrobial stewardship, minimising the use of restraint and open disclosure. The Assessment Team provided the following evidence and information for sampled consumers to support my finding:

* The service has a documented clinical governance framework which includes relevant policies and procedures associated with antimicrobial stewardship, minimising the use of restraint and open disclosure.
* Staff confirmed they can access policies and procedures relevant to the clinical governance framework and are kept up-to-date with changes.
* Management described processes used to minimise the use of chemical restraint.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Playford, to be Compliant with Requirement (3)(e) in Standard 8 Organisational governance.

# 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 Approved Provider has acknowledged some deficits identified by the Assessment Team and have indicated and demonstrated a commitment to addressing these deficiencies. The service should seek to ensure:

* In relation to Standard 1 Requirement (3)(d):
  + Consumers with diagnoses which may indicate risk associated with consumers’ choice of activities are risk assessed to identify potential risks and requisite risk mitigation strategies implemented accordingly.
* In relation to Standard 2 Requirement (3)(b):
  + Consumers’ needs, goals and preferences are identified and planned for to direct care and services, including specific guidance and direction for staff in relation to specialised nursing care needs such as oxygen therapy management.
* In relation to Standard 3 Requirement (3)(a):
  + Consumers are provided with safe and effective clinical and personal care, including effective monitoring of pain and use of oxygen therapy, accurate recording of administration of medication (including oxygen) and provision of daily personal care.
  + Monitoring of personal and clinical to identify opportunities for review or escalation/referrals to medical officers or allied health professionals.