Regis Port Coogee

Performance Report

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**Commission ID:** 7469

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

**Assessment Contact - Site date:** 13 August 2020

**Date of Performance Report:** 11 November 2020

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the Approved Provider did not submit a response to the Assessment Team’s report.

# STANDARD 3 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

During an assessment contact conducted on 13 August 2020 the Assessment Team assessed Requirements 3(3)(a) and (b) within this Standard. No other Requirements within this Standard were assessed, therefore an overall rating for the Quality Standard is not provided.

The Assessment Team have recommended both assessed Requirements are met. Based on the Assessment Team’s report I find both Requirements Compliant. The reasons for my decisions are detailed under the specific Requirements below.

### 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.*

The Assessment Team found each consumer gets safe and effective personal and clinical care that is best practice, tailored to their needs and optimises their health and well-being. Consumers and representatives provided the following information relevant to this Requirement during interviews with the Assessment Team:

* Consumers and representatives said while staff are always busy they take time to make sure consumers get the care they need and prefer such as showering at their preferred time of day.
* A consumer said they fell and fractured their pelvis. Staff have worked with them and the physiotherapist to manage their transfers and pain to ensure their personal care continues in line with their preferences.
* A consumer with a urinary catheter said staff do a good job of looking after the catheter and they have not had any issues.
* A representative stated staff have been supportive and have provided ongoing information regarding the restricted visitor program due to COVID-19 and continue to provide feedback as the consumer settles into the service.
* Representatives advised they are aware of the clinical staff in charge and feel confident to discuss any issues of concern with them. They said clinical staff keep them well informed of any changes by phone and they feel confident the care provided is in line with the consumers’ preferences.

The Assessment Team reviewed policies and procedures to guide staff practice in relation to this Requirement, all of which are available on the organisation’s intranet.

Documentation reviewed by the Assessment Team includes assessments, care plans, progress notes and incident reports. Assessment outcomes inform care plan development, and care plans are used by staff to guide the care they provide. Records show re-assessments are completed at routine intervals and as required, if a consumer’s condition changes, to ensure their clinical and personal care needs continue to be met. Records also show staff evaluate the effectiveness of care interventions and modify them if they are no longer effective.

During interviews with the Assessment Team staff confirmed their practice is informed by polices and procedures and they are informed of any changes to these from the intranet, during meetings, from memos, and at shift handover. Clinical staff spoke of how assessments inform the development of care plans, and how re-assessments are completed at routine intervals and when a consumer’s condition changes. Staff spoke of specific consumers and the care they provide which was consistent with information in care plans. Management said changes in a consumer’s clinical needs are discussed at the weekly multidisciplinary meeting.

The Assessment Team reviewed evidence of processes in place to monitor compliance with this Requirement, and to guide continuous improvement activities.

For the reasons detailed above I find Regis Port Coogee is Compliant with Requirement 3(3)(a).

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

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

The Assessment Team found the service effectively manages high impact or high prevalence risks associated with the care of each consumer. Consumers and representatives provided the following information relevant to this Requirement during interviews with the Assessment Team:

* Representatives said staff always inform them when there is a change in the consumer such as when they fall or become unwell.
* A representative said their consumer had frequent falls due to their impulsive behaviour and a sensor mat was suggested. The representative said this has reduced the number of falls and they are now confident the consumer receives prompt attention when they do fall.
* Consumers stated their pain is well managed. A consumer said they enjoy the massage and staff provide them with heat packs whenever they request one.
* Consumers stated medication is administered correctly and on time. A diabetic consumer stated it is important that their insulin is administered on time and staff ensure this happens.

The Assessment Team reviewed policies and procedures available to guide staff in effectively managing high impact or high prevalence risks including but not limited to those associated with wounds, falls, pain, weight loss and restraints.

Documentation reviewed by the Assessment Team includes assessments, care plans, progress notes, referrals, weight charts, food and fluid intake charts and restraint assessments. Records show concerns about wounds, pain and weight loss are followed up by clinical staff and a range of other health professionals including the speech pathologist, dietician and wound specialists, in liaison with consumers’ medical practitioners. Treatment is provided according to each consumer’s specific clinical needs and care plans are implemented that include regular monitoring of high impact clinical risk. Records show recent education to care staff about the need to complete food and fluid intake charts in a consistent way, and to clinical staff about the need to monitor care staff compliance with completing these documents, to accurately inform decision-making about the need for future clinical interventions.

The Assessment Team noted referrals to members of the allied health team and external specialist services such as Dementia Support Australia. Strategies to reduce identified risks, including those recommended by external specialist services, are recorded on consumers’ care plans effectively communicating care needs to all relevant staff.

During interviews with the Assessment Team nursing, care and lifestyle staff described the high impact and high prevalence risks to consumers, including those who fall frequently, display behaviours and who have lost weight; the strategies in place to manage them, those that were effective and what was done when they were found to be ineffective.

The Assessment Team reviewed evidence of processes in place to monitor compliance with this Requirement, and to guide continuous improvement activities.

For the reasons detailed above I find Regis Port Coogee is Compliant with Requirement 3(3)(b).

# 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

During an assessment contact conducted on 13 August 2020 the Assessment Team assessed Requirements 8(3)(c) and (d) within this Standard. No other Requirements within this Standard were assessed, therefore an overall rating for the Quality Standard is not provided.

The Assessment Team have recommended both assessed Requirements are met. Based on the Assessment Team’s report I find both Requirements Compliant. The reasons for my decisions are detailed under 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.*

The Assessment Team found effective organisation wide governance systems are in place in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints.

During interviews with the Assessment Team management reported the service’s electronic record management system had not been fully functional for a short period of time over recent weeks. Staff and management described how paper-based records were being kept as required. Staff confirmed they were sufficiently informed of the issues, of the short-term solutions to ensure appropriate records of care delivery continued to be made, and of changes to consumers’ care needs despite not being able to access this information electronically.

The Assessment Team found the service has a continuous improvement plan with improvements planned and completed relevant to all Quality Standards. Management said opportunities for improvements are captured through a range of feedback mechanisms including resident/relative meetings and complaints. Management explained a recent project to address call bell response times, and the positive outcome associated with the remedial action taken.

Management provided information to the Assessment Team about how the service manages their budget and used a recent example to explain the process used to purchase additional equipment to meet consumers’ assessed care needs.

During interviews with the Assessment Team management provided evidence of their workforce governance system. Staff have access to information on their roles and responsibilities on the intranet. The organisation has a central system to support each service including rostering assistance, and a pool of casual staff to fill vacant shifts. The service has additional strategies in place should extra staff be required in the event of a suspected or actual infection outbreak, including COVID-19.

The Assessment Team reviewed documentation relating to three consumers and allegations of assault to assess the service’s processes in relation to regulatory compliance. Except for one incident when a mandatory report was made just outside the required timeframe, all other follow-up action taken was sufficient, appropriate and met legislative requirements. Appropriate remedial action had been taken prior to the assessment contact to remind senior staff of the requirement to report allegations of assault within 24-hours of the allegation being reported.

The service has a feedback and complaints system in place. Management provided examples of recent action to make improvements in response to feedback from consumers and representatives about call bell response times, the temperature of meals, and the texture of pureed food for consumers requiring a modified texture diet. All improvement initiatives were recorded on the service’s plan for continuous improvement referred to above.

For the reasons detailed above I find Regis Port Coogee is Compliant with Requirement 8(3)(c).

### 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.*

The Assessment Team found the service has an effective risk management system in place and documentation confirms staff practice is in line with what the system requires.

The Assessment Team reviewed the service’s risk management framework including policies and procedures describing how high impact and high prevalence risks for consumers are to be managed, including how staff are expected to respond to allegations of abuse and neglect, and support consumers to live the best life they can.

Documentation reviewed by the Assessment Team confirmed all high impact and high prevalence clinical and personal risks for consumers are recorded in assessments, care plans and progress notes. Individual incidents that result in adverse consumer outcomes are recorded and analysed to ensure what occurred is understood, and to ensure appropriate strategies and interventions are implemented to minimise the risk of recurrence. Records also show the service analyses incidents to identify potential trends which are responded to more broadly if multiple consumers are impacted. Meeting minutes confirm clinical indicator data is discussed at weekly multidisciplinary team meetings to assist in identifying opportunities for improvement.

During interviews with the Assessment Team staff confirmed they had received education about policies and procedures relevant to this Requirement and could provide examples to demonstrate their understanding, such as following weight monitoring guidelines, using non-pharmacological interventions to support consumers displaying behavioural symptoms of dementia, escalating concerns about a consumer’s condition to clinical staff, reporting allegations of elder abuse and supporting a consumer to use their electric wheelchair in and around the service to maintain independence.

For the reasons detailed above I find Regis Port Coogee is Compliant with Requirement 8(3)(d).

# Areas for improvement

here 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.