Regis Port Coogee

Performance Report

72 Pantheon Avenue   
PORT COOGEE WA 6163  
Phone number: 1300 998 100

**Commission ID:** 7469

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

**Assessment Contact - Site date:** 24 November 2021

**Date of Performance Report:** 19 January 2022

# Performance report prepared by

Rebecca Beaman, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(d) | Non-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, and consumers/representatives
* the Approved Provider’s response to the Assessment Contact - Site report - a plan for continuous improvement received 16 December 2021.

# 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 two of the seven specific Requirements has been assessed as Non-compliant.

The Assessment Team assessed Requirements (3)(a) and (3)(b) in this Standard, all other Requirements in this Standard were not assessed at the Assessment Contact conducted on 24 November 2021.

The Assessment Team have recommended Requirements (3)(a) and (3)(b) in this Standard as not met. The Assessment Team found the service was unable to demonstrate each consumer receives safe and effective personal and clinical care that is tailored to meet their needs or in line with best practice or effective management of high impact or high prevalence risks to consumer care.

Based on the Assessment Team’s report and the Approved Provider’s response, I find Regis Aged Care Pty Ltd, in relation to Regis Port Coogee, to be Non-compliant with Requirements (3)(a) and (3)(b). I have provided reasons for my findings in the respective 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.*

The Assessment Team found the service was unable to demonstrate each consumer gets safe and effective personal care, clinical care, or both personal and clinical care particularly in relation to the safe management of indwelling catheters, effective continence management and the safe administration of medications. The Assessment Team provided the following evidence to support my findings:

* Consumer A expressed dissatisfaction with how their indwelling catheter was managed previously by staff. During April 2021, they required hospital transfer after experiencing a traumatic episode during a catheter change by nursing staff where Consumer A had severe pain and blood in their urine post change. Consumer A stated they were ‘in agony’ during the procedure and was not offered pain relief, however, felt better once the procedure was finished.
* While Consumer A stated this situation has not occurred again they were dissatisfied with the incident and were not offered to be part of the resolution of that incident.
* Consumer B reported while they were generally satisfied with personal and clinical care, feedback provided to the Assessment Team showed their continence care was not effective due to them having frequent urine leakages on a chair they sit at for most of the day, requiring them to have several layers of protection and the chair to be cleaned frequently by staff.
* At the time of the visit, the Assessment Team noted a malodour in Consumer B’s room and Consumer B post midday still in their night attire. Consumer B stated they had not been offered assistance with a shower and nobody offered them assistance with changing their continence aid on the day of the visit.
* Consumer C’s representative indicated they were not satisfied with how the consumer’s continence care was managed. The representative expressed dissatisfaction with Consumer C not having their continence aids changed in a timely manner, not being showered in a timely manner and being in their night clothing sometimes at almost midday. The representative also indicated the room often smells malodourous as Consumer C is sometimes found sitting in their urine as staff are ‘so busy’. Consumer C’s representative advised they had provided feedback to the service in writing multiple times with no response. A care plan consultation on 10 November 2021 acknowledged concerns raised by Consumer C’s family regarding personal hygiene not being completed in a timely manner with actions for the Clinical Manager to take, including daily checks of Consumer C regarding personal hygiene.
* In relation to medication management:
  + One representative expressed dissatisfaction with ongoing medication incidents for Consumers D and E, in particular with wrong medications being administered. The representative raised concerns about medication incidents following two incidents where hospital transfer was required to monitor for side effects of the incorrect medication.
  + Documentation showed effective strategies were not put in place to ensure medication incidents where Consumers D and E received wrong medications, including belonging to each other did not re-occur. Documentation viewed by the Assessment Team indicated seven medication incidents relating to Consumers D and E occurred over a three month period from 1 August 2021 to 30 October 2021.
  + A further three consumers (Consumer F, G and H) had medication incidents where incorrect medication was administered, other consumers’ medications were administered, and medication was administered incorrectly. In response, the service arranged a medication refresher course for staff involved in the medication incidents after 10 incidents occurred.

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:

* A full review of all files for consumers mentioned in the Assessment Team’s report. The plan for continuous improvement notes the last of those file reviews were completed on 17 December 2021.
* Ensuring care plan consultations are undertaken with consumers and where appropriate their family.
* Monitoring of risk assessments on a regular basis and identify any further consumers requiring risk assessments.
* Ensure consumer needs and preferences in relation to personal hygiene/continence care, indwelling catheter care and safe administration of medications are recorded and applied.
* A review of the adequacy of continence management.
* Provision of training to all clinical and care staff relating to continence care.

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 to the deficits identified at the Site Audit. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Assessment Contact the service has not ensured that each consumer receives personal or clinical care which is best practice, tailored to their needs or optimises their health and well-being. I have placed weight on the feedback provided to the Assessment Team from Consumers A.B and C in relation to their continence needs not being effectively managed.

In relation to Consumers D and E, I have considered the feedback provided by the consumers or their representatives and documentation reviewed by the Assessment Team demonstrated staff have not acted in accordance with the service’s policies in relation to safe administration of medications.

In relation to Consumers F, G and H, I have considered that whilst the service has undertaken an action to retrain all medication management staff, at the time of the Assessment Contact visit the Assessment Team identified multiple medication error incidents.

I acknowledge the Approved Provider has advised they put in place strategies to mitigate the risks identified by the Assessment Team during the Assessment Contact visit and immediately following the visit and have now completed target file reviews for all consumers mentioned in the Assessment Team’s report.

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

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

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

The Assessment Team found the service was unable to demonstrate it effectively manages high impact or high prevalence risks associated with the care of each consumer, particularly in relation to the management of pain, continence, prevention of pressure injuries and the appropriate prescribing and administration of psychotropic medications where there is a restrictive practice in place. The Assessment Team provided the following evidence to support my findings:

* The service were unable to demonstrate all pressure relieving strategies documented for Consumer B were implemented for the prevention of pressure injuries. Consumer B developed bilateral heels pressure injuries that were identified two weeks apart and were stage 2 when identified.
  + Consumer B stated staff do not always ensure pressure relieving devices are applied every day.
* In relation to Consumer B, the service did not review the effectiveness of their existing falls prevention strategies when a change in Consumer B’s condition occurred, impacting their mobility. A falls risk assessment completed in September 2021 identified Consumer B as a ‘low falls risk’. During October 2021, Consumer B’s condition changed, however, the service had not considered the change in risk to falls for Consumer B.
* In relation to pain management:
  + Consumer I’s representative reported Consumer I was ‘very sore’ and they were observed during the visit to be unable to sit. Documentation showed they had been involved in incidents where they sustained minor injuries, however, staff recorded on assessments Consumer I had no pain and the medication chart showed they are not administered regular or as required medication for pain.
  + Consumer J reported their pain is not managed. Staff reported they were aware Consumer J has pain in their back, however, documentation showed whilst Consumer J has regular analgesia administered and prescribed as required analgesia this has not been administered.
* In relation to management of behaviours, documentation indicated Consumer K’s challenging behaviours are ongoing, however, alternative strategies have not been trialled or changes in psychotropic medications evaluated for effectiveness. While staff documented they identified Consumer K to have pain following falls and other incidents, the pain assessment completed in November 2021 reports the consumer has no pain.
* In relation to administration of medications:
  + Consumer K’s psychotropic medications were increased by the medical officer during November 2021, however, the service did not monitor the changes in psychotropic medications for effectiveness.
  + Oral antibiotic medication was not administered in the evening to Consumer L on three occasions over a one week period, however, the service had not evaluated if Consumer L was impacted by the error.
  + Consumer F had not received their short course medications during September 2021.
  + Consumer M’s medicated patch had not been changed for seven days past its due date before the error was identified
  + Further medication errors, including ceased medication being administered for 11 days before the error was identified were also identified by the Assessment Team.
* 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:
* To ensure all pressure relieving devices are in place for all consumers that require them.
* A review of seating for Consumer B to ensure comfort is maintained and pressure relieving devices are in place.
* Review of all consumers for effective pain management and review options for referral to the pain clinic.
* Monitoring all feedback provided by consumers in relation to pain, monitoring analgesic modifications and evaluate their effect.
* Ensure alternatives are trialled and accurately recorded prior to the usage of psychotropic medications for all consumers.
* Review effectiveness of behaviour management strategies.

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 to the deficits identified at the Site Audit. However, in coming to my finding I have considered that the service has not demonstrated they effectively manage high impact or high prevalence risks associated with the care of each consumer, specifically in relation to pain, medication and behaviour. I have considered that staff have not acted in accordance with the service’s policies in relation to management of pain, assessment of risk in relation to falls, evaluation of strategies to manage challenging behaviours and any impacts as a result of changes in medications. I acknowledge the Approved Provider has advised they have put in place strategies to mitigate the risks identified by the Assessment Team during the Assessment Contact visit and immediately following the visit and have now completed target file reviews for all consumers mentioned in the Assessment Team’s report.

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

# STANDARD 8 NON-COMPLIANT 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)(d) 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 29 November 2021.

The Assessment Team have recommended this Requirement as not met because the service was unable to demonstrate effective risk management systems relating to the management of incidents, particularly medication management. The Assessment Team found the service was unable to demonstrate it effectively manages high impact or high prevalence risks associated with consumer care in relation to management of pressure injuries, pain and administration of psychotropic medications.

Based on the Assessment Team’s report and the Approved Provider’s response, I find Regis Aged Care Pty Ltd, in relation to Regis Port Coogee, to be Non-compliant with Requirement (3)(d). I have provided reasons for my finding in the respective Requirement below.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Non-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.*

The Assessment Team found the service was unable to demonstrate an effective risk management system, particularly in relation to management of high impact or high prevalence risks associated with the care of consumers and the management of incidents. The Assessment Team provided the following evidence to support my findings:

* While the service managed incidents relating to the abuse and neglect of consumers and reportable incidents under the Serious Incident Response Scheme (SIRS) were managed appropriately, medication incidents were not effectively managed or strategies put in place to further prevent like incidents from occurring. Over a three month period, medication incidents were noted to have significantly increased.
* Documentation indicated the service was not able to demonstrate the systems in place were effective in managing risks associated with medication errors. Medication errors increased from 10 recorded in August 2021 to 31 during October 2021.
* The representative for two consumers, (D and E), expressed concerns to the Assessment Team about the number of medication errors that had occurred.
* The Team found continence care for two consumers, (B and C), was not effective and staff did not provide personal care in line with consumers’ care compromising their skin integrity.

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:

* Retraining all medication competent staff.
* Reviewing the route of medication administration.
* Reviewing all consumers for effective pain management and review options for pain clinic referral.
* Monitoring of feedback from consumers on their level of pain.
* Ensuring alternatives are trialled prior to psychotropic medication administration and those alternatives are recorded.

I acknowledge the actions and improvements taken in response to the deficits identified at the Site Audit. However, in coming to my finding I have considered that the evidence presented in this Requirement indicates there is a systemic issue with the service’s risk management system, particularly in relation to management of high impact or high prevalence risks associated with consumer care. I have placed weight on evidence collected that showed management of continence care and skin integrity issues for two consumers (Consumer B and C) was not effective. I have considered that while staff report and record all incidents and they are reviewed by registered staff and management, the incident management system has not prevented ongoing medication errors from occurring, impacting multiple consumers. Medication errors noted to have tripled over a three month period. I acknowledge the Approved Provider has advised they put in place strategies to mitigate the risks identified by the Assessment Team during the Assessment Contact visit immediately following the visit.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Port Coogee, to be Non-compliant with Requirement (3)(a) in Standard 8 Organisation 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.

**In relation to Standard 3 Requirement (3)(a), the service should seek to ensure:**

* Consumers are provided with safe and effective clinical and personal care, including effective monitoring of pain, safe delivery of medications, effective management of continence and provision of daily personal care.

**In relation to Standard 3 Requirement (3)(b), the service should seek to ensure:**

* The high impact or high prevalence risks associated with the care of each consumer are managed effectively, including in relation to pain, medication, behaviours and pressure injuries.
* Medication incidents, particularly medication errors are reviewed to identify areas for improvement.

**In relation to Standard 8 Requirement (3)(d), the service should seek to ensure:**

* There is an effective risk management system, specifically in relation to the management of high impact or high prevalence risks associated with consumer care and the management of incidents, including medication incidents.