Accreditation Decision

**Decision to re-accredit service following a site audit**

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Regis Rose Bay |
| **RACS ID:** | 2832 |
| **Name of approved provider:** | Regis Aged Care Pty Ltd |
| **Address details:** | 84 Newcastle Street ROSE BAY NSW 2029 |
| **Date of site audit:** | 25 September 2019 to 27 September 2019 |

**Summary of decision**

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| **Decision made on:** | 24 October 2019 | |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. | |
| **Decision:** | To re-accredit the service under section 41 of the Rules. | |
| **Further period of accreditation:** | 03 November 2019 to 03 November 2022 | |
| **Assessment of performance with the Aged Care Quality Standards** | | |
| Standard 1 Consumer dignity and choice | | Met |
| Requirement 1(3)(a) | | Met |
| Requirement 1(3)(b) | | Met |
| Requirement 1(3)(c) | | Met |
| Requirement 1(3)(d) | | Met |
| Requirement 1(3)(e) | | Met |
| Requirement 1(3)(f) | | Met |
| Standard 2 Ongoing assessment and planning with consumers | | Met |
| Requirement 2(3)(a) | | Met |
| Requirement 2(3)(b) | | Met |
| Requirement 2(3)(c) | | Met |
| Requirement 2(3)(d) | | Met |
| Requirement 2(3)(e) | | Met |
| Standard 3 Personal care and clinical care | | Met |
| Requirement 3(3)(a) | | Met |
| Requirement 3(3)(b) | | Met |
| Requirement 3(3)(c) | | Met |
| Requirement 3(3)(d) | | Met |
| Requirement 3(3)(e) | | Met |
| Requirement 3(3)(f) | | Met |
| Requirement 3(3)(g) | | Met |
| Standard 4 Services and supports for daily living | | Met |
| Requirement 4(3)(a) | | Met |
| Requirement 4(3)(b) | | Met |
| Requirement 4(3)(c) | | Met |
| Requirement 4(3)(d) | | Met |
| Requirement 4(3)(e) | | Met |
| Requirement 4(3)(f) | | Met |
| Requirement 4(3)(g) | | Met |
| Standard 5 Organisation’s service environment | | Met |
| Requirement 5(3)(a) | | Met |
| Requirement 5(3)(b) | | Met |
| Requirement 5(3)(c) | | Met |
| Standard 6 Feedback and complaints | | Met |
| Requirement 6(3)(a) | | Met |
| Requirement 6(3)(b) | | Met |
| Requirement 6(3)(c) | | Met |
| Requirement 6(3)(d) | | Met |
| Standard 7 Human resources | | Met |
| Requirement 7(3)(a) | | Met |
| Requirement 7(3)(b) | | Met |
| Requirement 7(3)(c) | | Met |
| Requirement 7(3)(d) | | Met |
| Requirement 7(3)(e) | | Met |
| Standard 8 Organisational governance | | Met |
| Requirement 8(3)(a) | | Met |
| Requirement 8(3)(b) | | Met |
| Requirement 8(3)(c) | | Met |
| Requirement 8(3)(d) | | Met |
| Requirement 8(3)(e) | | Met |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 48 of the Rules.**

Site Audit Performance   
Assessment Report

The Commission makes the decision taking into account this Site Audit report, any response by the provider, and any other relevant information.

The met/not met recommendations made by the Assessment Team in this Site Audit report may differ from the findings in the decision.

## Introduction

**This is the report of an assessment of Regis Rose Bay (the Service) conducted from 25 September 2019 to 27 September 2019.**

**This assessment was conducted for the purposes of assessing the provider’s performance in relation to the Service against the Aged Care Quality Standards (the Quality Standards) in accordance with the Aged Care Quality and Safety Commission Rules 2018.**

This report contains detailed findings about the performance assessment of the Service against each Quality Standard and the requirements within each Quality Standard. The Quality Standard and assessed requirements are rated as either Met or Not Met.

A Met rating for the Quality Standard means that all requirements of that Quality Standard have been assessed and rated as Met.

A Not Met rating for the Quality Standard means that one or more requirements of that Quality Standard has been assessed and one or more of those requirements have been rated as Not Met.

There will be no rating of the Quality Standard if only some of the requirements have been assessed and those requirements have been rated as Met.

This Report is to be read in conjunction with the Quality Standards.

## Assessment Details

The assessment was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers | 17 |
| Consumer representatives | 7 |
| Management | 7 |
| Clinical staff | 5 |
| Care staff | 10 |
| Hospitality and environmental services staff | 7 |
| Lifestyle staff | 3 |
| External contractors | 0 |
| Visiting service providers such as allied health professionals | 3 |
| Other | 0 |

## Detailed findings

This section covers information about the assessment of the provider’s performance, in relation to the service, against each of the requirements of the Quality Standards that were assessed.

### Standard 1: Consumer dignity and choice Met

#### 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.

#### Summary of Assessment of Standard 1:

Consumers interviewed said they feel they are treated with dignity and respect and they are supported to make decisions about care and services and exercise independence. Service staff demonstrated awareness of practices to ensure each consumer is treated with dignity and respect and their cultural needs and preferences are considered.

The organisation demonstrates they provide consumers with information that is accurate and enables consumers to exercise choice and decision making. The organisation demonstrated a commitment to respecting consumers privacy and personal information.

#### Requirements:

##### **Standard 1 Requirement 3(a) Met**

The organisation demonstrates that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

##### **Standard 1 Requirement 3(b) Met**

The organisation demonstrates that care and services are culturally safe.

##### **Standard 1 Requirement 3(c) Met**

The organisation demonstrates that each consumer is supported to exercise choice and independence, including to:

1. make decisions about their own care and the way care and services are delivered; and
2. make decisions about when family, friends, carers or others should be involved in their care; and
3. communicate their decisions; and
4. make connections with others and maintain relationships of choice, including intimate relationships.

##### **Standard 1 Requirement 3(d) Met**

The organisation demonstrates that each consumer is supported to take risks to enable them to live the best life they can.

##### **Standard 1 Requirement 3(e) Met**

The organisation demonstrates that information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.

##### **Standard 1 Requirement 3(f) Met**

The organisation demonstrates that each consumer’s privacy is respected and personal information is kept confidential.

### Standard 2: Ongoing assessment and planning with consumers Met

#### Consumer outcome:

1. 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.

#### Summary of Assessment of Standard 2:

Of the consumers randomly sampled 100% said they get the care they need most of the time or always. All the consumers interviewed said they had been involved in the development of their care, with three consumer representatives saying they had been involved in assessment and care planning process. All consumers said they were very satisfied with the care and services provided to them and they felt safe and confident staff listen to them and accommodate their preferences.

The Assessment Team is satisfied that care and service plans are developed in consultation with consumers, and their preferences are adequately recorded or that consumers have ready access to their care and services plan. Staff could describe how consumers, and others who contribute to the consumers care, work together to develop and review a tailored care and services plan. Management said they have adopted a wellness approach which involves case conferencing on a monthly basis with the consumer and or representative. The care and service plans are regularly reviewed, with consumer’s preferences clearly described.

The Assessment Team is satisfied that allied health services are involved in assessment and planning. There are records of initial or ongoing assessment for physiotherapy managed pain programs, and evaluation of these treatments.

The Assessment Team is satisfied that advance care planning and end of life planning addresses the consumers’ needs, goal and preferences.

#### Requirements:

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

The organisation demonstrates that 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.

##### **Standard 2 Requirement 3(b) Met**

The organisation demonstrates that 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.

##### **Standard 2 Requirement 3(c) Met**

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.

##### **Standard 2 Requirement 3(d) Met**

The organisation demonstrates that 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.

##### **Standard 2 Requirement 3(e) Met**

The organisation demonstrates that care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

### Standard 3: Personal care and clinical care Met

#### 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.

#### Summary of Assessment of Standard 3:

All consumers interviewed said they felt safe most of the time or always, and all said they get the care they need most of the time or always. One consumer said “the staff treat me with respect and I feel safe living here. I sometimes get confused about the time, but the staff make sure I get to the dining room for my meals. Another consumer said. I know staff are aware of my needs and preferences which include my decision to continue smoking, I even have a smoking plan. I am pleased to have this as it makes me feel safe”.

The Assessment Team observed handover as the registered nurse gave clear instructions and explanations to care staff about each individual consumer’s care needs. Review of clinical and personal care information showed documentation in care plans was tailored to each consumer and reflected best practice. Personal hygiene preferences are documented, and staff interviewed were knowledgeable about each consumer’s preference. Consumers nutrition and hydration needs were observed to be monitored and assessed. Special needs and preferences for individual consumers are communicated to catering staff and registered nurses monitor that assistance with meals has been provided.

The service demonstrated that needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved. One consumer representative said “mum is in advanced palliative care and she could not have been cared for in a better place. The staff are wonderful. the staff are very understanding of their condition. The representative added “that she is seeing allied health professionals when she needs to”. One consumer said staff will “check on her to see what she prefers to eat in the morning as she doesn’t feel up to getting out of bed till later in the day”. The consumer added the staff are very kind and caring and are very aware of the consumer’s preferences.

The service demonstrated minimisation of infection related risks. The service has an infection control policy and procedures, which staff said they were familiar with including the principles of infection control. Further, they have access to personal protective equipment and it is always readily available. Staff advised they attend regular education in infection control and were familiar with the service’s handwashing procedures.

Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for anti-biotics.

#### Requirements:

##### **Standard 3 Requirement 3(a) Met**

The organisation demonstrates that 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.

##### **Standard 3 Requirement 3(b) Met**

The organisation demonstrates effective management of high impact or high prevalence risks associated with the care of each consumer.

##### **Standard 3 Requirement 3(c) Met**

The organisation demonstrates that the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

##### **Standard 3 Requirement 3(d) Met**

The organisation demonstrates 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.

##### **Standard 3 Requirement 3(e) Met**

The organisation demonstrates that information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.

##### **Standard 3 Requirement 3(f) Met**

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### **Standard 3 Requirement 3(g) Met**

The organisation demonstrates minimisation of infection related risks through implementing:

1. standard and transmission based precautions to prevent and control infection; and
2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

### Standard 4: Services and supports for daily living Met

#### 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.

#### Summary of Assessment of Standard 4:

The organisation provides services to manage consumers health and wellbeing and enables them to do the things they want to do. The organisation optimises consumers’ health and well-being by respecting their spirituality, provide emotional support when needed, be involved in the community and live the life they choose.

The organisation demonstrated that information about consumers current conditions and needs is communicated within the organisation so that relevant clinical and emotional care is made available and can be provided. The organisation provides consumers with meals and the equipment they require to maintain independence and consumers are satisfied with the manner in which these are provided.

#### Requirements:

##### **Standard 4 Requirement 3(a) Met**

The organisation demonstrates that each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.

##### **Standard 4 Requirement 3(b) Met**

The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

##### **Standard 4 Requirement 3(c) Met**

The organisation demonstrates that services and supports for daily living assist each consumer to:

1. participate in their community within and outside the organisation’s service environment; and
2. have social and personal relationships; and
3. do the things of interest to them.

##### **Standard 4 Requirement 3(d) Met**

The organisation demonstrates that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

##### **Standard 4 Requirement 3(e) Met**

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### **Standard 4 Requirement 3(f) Met**

The organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity.

##### **Standard 4 Requirement 3(g) Met**

The organisation demonstrates that where equipment is provided, it is safe, suitable, clean and well maintained.

### Standard 5: Organisation’s service environment Met

#### 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.

#### Summary of Assessment of Standard 5:

Consumers confirmed the service is well maintained, clean and they have access to outdoors areas where they can spend time with their families or friends. All consumers randomly interviewed said they feel safe at the service most of the time or always.

The organisation demonstrated there are established processes for assessing the safety, cleanliness, maintenance and suitability of furniture, fittings and equipment through environmental audits. Preventative and corrective maintenance systems are effective and provide a satisfactory service environment for consumers.

The service was observed to be welcoming with individual rooms decorated with photographs and other personal items. Consumer’s bedrooms, bathrooms and other areas of the service are clean and well maintained. Regular environmental audits are conducted to ensure facilities are maintained.

#### Requirements:

##### **Standard 5 Requirement 3(a) Met**

The organisation demonstrates that the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.

##### **Standard 5 Requirement 3(b) Met**

The organisation demonstrates that the service environment:

1. is safe, clean, well maintained and comfortable; and
2. enables consumers to move freely, both indoors and outdoors.

##### **Standard 5 Requirement 3(c) Met**

The organisation demonstrates that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

### Standard 6: Feedback and complaints Not Met

#### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

#### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

#### Summary of Assessment of Standard 6:

The Assessment Team found that three of the four requirements related to Standard 6 were met.

Consumer interviews demonstrated the service encourages consumers and representatives to raise feedback. Consumers and representatives said they have either raised or would feel comfortable raising any issues or complaints. Consumers interviewed were aware of the internal feedback and complaint process. All consumers said they wouldn’t need to complain as everything is very good.

The service has processes in place to ensure consumers and representatives understand the information provided to them including the use of translated materials, interpreters and advocates. The Assessment Team observed information to be displayed around the service in relating to interpreters and advocacy. Feedback forms and a suggestion box was observed to be located at entry to the service.

The organisation has a complaints policy in place. However, review of an adverse event where open disclosure was necessary identified process has not been followed. Although the service could demonstrate a care conference had been held with the representative documented evidence to support an investigation process, apology and correct clinical governance procedures had been followed.

Staff have received training and information on complaints mechanisms for consumers and are encouraged to assist consumers raise any feedback and/or complaint. Discussions with staff showed they are aware of how to assist consumers in lodging feedback and/or complaint.

#### Requirements:

##### **Standard 6 Requirement 3(a) Met**

The organisation demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

##### **Standard 6 Requirement 3(b) Met**

The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

##### **Standard 6 Requirement 3(c) Not Met**

The organisation demonstrates that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

##### **Standard 6 Requirement 3(d) Met**

The organisation demonstrates that feedback and complaints are reviewed and used to improve the quality of care and services.

### Standard 7: Human resources Met

#### 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.

#### Summary of Assessment of Standard 7:

The Assessment Team found all requirements of this standard to be met.

Consumer experience interviews show that 100% of consumers said staff treat them with respect and are kind and caring always or most of the time. Consumers reported the staff show kindness and are caring. Consumers felt staff know what they are doing and explain or follow up on information for them.

The service has a roster in place which includes a registered nurse 24-hours, seven days a week. The service rarely uses agency staff and where necessary, changes to staff numbers and rosters has been completed. Staff recruitment processes are comprehensive and minimum education competencies are confirmed. The service has a structured orientation program in place which includes buddy shifts.

The service has a regular training and education and performance appraisals are completed annually. The workforce confirmed they have access to position descriptions, and extra training and education if they choose.

#### Requirements:

##### **Standard 7 Requirement 3(a) Met**

The organisation demonstrates that 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.

##### **Standard 7 Requirement 3(b) Met**

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

##### **Standard 7 Requirement 3(c) Met**

The organisation demonstrates that the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

##### **Standard 7 Requirement 3(d) Met**

The organisation demonstrates that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

##### **Standard 7 Requirement 3(e) Met**

The organisation demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

### Standard 8: Organisational governance Not Met

#### 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.

#### Summary of Assessment of Standard 8:

The Assessment Team found that four of the five requirements relating to this standard were met.

All consumers interviewed through the consumer experience interviews said the service is well run most of the time or always. Consumers confirmed and provided examples of when and how they are engaged in the development, delivery and evaluation of care and services.

The organisation demonstrated they have an active governing body in place who meet regularly, receive and review risks to consumers and set organisational goals through a strategic plan. The organisations governance systems support regulatory compliance, clinical care and consumer feedback. Workforce interviews confirmed they have received training in these systems and are aware of how their work contributes. However, in relation to antimicrobial stewardship, minimisation of restraint, open disclosure and clinical governance relating the accuracy of clinical indicators the following was identified:

* The organisation did not provide evidence there is an overarching governance system in place to analyse and monitor antibiotic use, pathology outcomes and correct antibiotic use.
* The organisation has a policy in place about restraint management and this informs staff to promote a restraint free environment. However, the Assessment Team were told by consumers they are using low-lying beds. When raised with management the Assessment Team were told the organisation does not consider low-lying beds to be a form of restraint.
* The service was unable to demonstrate they have followed open disclosure process on one occasion relating to a stage four pressure injury sustained at the service. While the service had conducted a case conference with the representative, documented evidence of the investigation, apology and improvements or learnings was not provided.
* The organisation did not provide evidence there is an overarching clinical governance system in place to accurately record and monitor pressure injuries.

#### Requirements:

##### **Standard 8 Requirement 3(a) Met**

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

##### **Standard 8 Requirement 3(b) Met**

The organisation demonstrates that the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

##### **Standard 8 Requirement 3(c) Met**

The organisation demonstrates 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.

##### **Standard 8 Requirement 3(d) Met**

The organisation demonstrates 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.

##### **Standard 8 Requirement 3(e) Not Met**

The organisation demonstrates that 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.