Regis Sandgate - Musgrave

Performance Report

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**Commission ID:** 5175

**Provider name:** Regis Group Pty Ltd

**Assessment Contact - Site date:** 19 November 2020 to 20 November 2020

**Date of Performance Report:** 6 January 2021

# 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

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | 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 provider’s response to the Assessment Contact - Site report received 15 December 2020
* the Infection Control Monitoring Checklist completed at the time of the Assessment Contact.

# STANDARD 2 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

Consumers and representatives said they were happy with the care provided and reported being involved in the initial assessment and ongoing planning of their care. Consumers and representatives said that the care and support offered at the service supported consumers to remain independent. They said they have input into the care planning process through having direct conversations with staff, participating in regular case conferences and through monthly wellness checks. They said they are informed about the outcomes of assessment and planning and have access to their care and services plans if they wish.

Registered staff described how they complete assessments and care planning with the involvement of consumers, representatives, medical officers and allied health professionals where appropriate. Care plans were found to be individualised and contained information to minimise risks associated with the care of the individual consumer including for example, strategies to promote skin integrity, address pain and to minimise falls. Care planning documents evidenced consultation with consumers and representatives about advance care planning and preferences regarding end of life care.

Staff interviewed are aware of consumers’ needs, goals and preferences and the strategies to follow to ensure their needs and preferences are met. Staff said they access care plans and seek guidance and support from registered nurses when there is a need.

Policies, procedures and evidence-based assessment tools guide the assessment, re-assessment and referral processes and the Assessment Team found that changes in the consumer’s condition are identified and escalated appropriately. Care documentation identified that referrals are made to health specialists including podiatrists, dietitians, wound care specialists, physiotherapists and dementia advisory services.

Clinical indicators are monitored and analysed to identify trends and the Assessment Team reviewed incident data relating to falls, skin integrity, pressure injuries, medication incidents, behavioural incidents and hospitalisation.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## 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.*

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

### Requirement 2(3)(e) Compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

# STANDARD 3 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

Consumers and representatives said consumers received personal care and clinical care that is safe and right for them. They advised they have access to medical officers and other health professionals when they need it, including physiotherapist, dietician, medical specialists and speech pathologist.

Consumers and representatives provided positive feedback about the staff and said staff understand their needs, goals and preferences. They were able to provide specific examples of how staff meet their individualised needs.

Care planning documentation identified that consumers are consulted and have input into the care and services they receive. Documentation evidenced timely referral to medical officers and allied health specialists and escalation of concerns when there was a change or deterioration in a consumer’s condition. Strategies are in place to support consumers as they approach the end of life and staff demonstrated an awareness of how to promote comfort and dignity at this time. The Assessment Team found that overall, care planning documentation reflected consumers’ current care needs.

The service has taken action to plan and prepare for a potential outbreak of COVID- 19. Practices are in place to minimise the risk of infection and to promote appropriate prescribing of antibiotics.

The service has policies and procedures that support care and service delivery including minimisation of the use of restraint and infection control. Staff receive education and training to support their knowledge and skills.

Care delivery is monitored through case conferences, monthly wellness checks, ongoing discussions with consumers and their representatives, audits and analysis of clinical indicators.

While the Assessment Team brought forward deficiencies under Requirement 3 (3)(a), I have considered the approved provider’s response and am satisfied that consumers are receiving safe and effective care.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

### 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 that overall consumers received safe and effective personal and clinical care that was tailored to their needs and optimised their health and well-being.

Consumers and representatives were satisfied with the care provided and described the way staff met their needs and preferences including in relation to the provision of assistance with meals, mobility, toileting, wound care, pain management and hygiene.

Staff generally demonstrated a sound knowledge of individual consumers and provided examples of how they managed wounds, provided pain management and attended to consumers’ care needs. They were familiar with assessment and care planning processes and could describe the actions they take when a consumer’s condition changes or when additional guidance from nursing staff is required. Registered nurses advised they are supported by senior clinical staff.

Care planning documentation was reviewed for consumers with differing needs including specialised nursing care, dementia, pain, chronic wounds, musculoskeletal conditions and diabetes. The documentation evidenced ongoing consultation with consumers and their representatives, regular assessment and re-assessment, and referral to health specialists including dementia advisory services and wound care specialists.

Consumers with skin conditions such as ulcers and other wounds told the Assessment Team that their skin care is attended regularly, that advice is sought from external wound care specialists and that the wound care directions are adhered to. Wound care documentation was reviewed and confirmed that wounds are attended in accordance with wound care directions and that wound healing progress is monitored by staff.

The organisation monitors the effectiveness of the care provided through daily review of progress notes by senior clinical staff, regular case conferences and monthly wellness checks. Incident data, including in relation to skin integrity is collected and analysed to identify trends and monitor the provision of care.

A suite of clinical care policies, procedures and guidelines supports care delivery; these are regularly reviewed and updated at an organisational level. An education program is in place to support staff knowledge and skills.

The Assessment Team found deficiencies in this particular requirement that related to the care of one consumer. Concerns related to delays in the implementation of recommendations from a dementia advisory service and in relation to the authorisation and use of chemical restraint. I have considered the approved provider’s response received 15 December 2020 and have noted that the service took prompt action to educate staff about recommendations from the dementia advisory service as soon as their report was made available and that the service has now ensured the care plan is current. The approved provider has demonstrated that specialist medical staff have been engaged in the care of the consumer over an extended period of time and authorisations for the use of chemical restraint are in place. I note too that risks associated with the use of chemical restraint had been discussed with authorised decision makers.

On balance, I am satisfied that consumers are receiving safe and effective personal and clinical care and find this requirement is Compliant.

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

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

### Requirement 3(3)(c) Compliant

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

### Requirement 3(3)(d) Compliant

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

### Requirement 3(3)(e) Compliant

*Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.*

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

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

### Requirement 3(3)(g) Compliant

*Minimisation of infection related risks through implementing:*

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

# STANDARD 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 did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

## 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.*

Consumers reported they are generally satisfied with staffing and a review of clinical documentation identified care is being delivered in accordance with needs and preferences.

There are processes to ensure staff absences are backfilled and if this does not occur then shifts are adjusted to promote continuity of service.

Monitoring mechanisms including analysis of call bell data occurs and where discrepancies are identified, this is followed up by management staff.

For the reasons detailed this requirement is Compliant.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.