Regis Tiwi Gardens

Performance Report

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**Commission ID:** 6997

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

**Site Audit date:** 13 April 2021 to 15 April 2021

**Date of Performance Report:** 21 July 2021

# 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 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Non-compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Non-compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Non-compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Non-compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Non-compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Non-compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | Non-compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | 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 Site Audit; the Site Audit 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 Site Audit report received 24 May 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 two of the six specific Requirements have been assessed as Non-compliant.

The Assessment Team recommended Requirements (3)(c), (3)(e) and (3)(f) in this Standard as not met. The Assessment Team found the service was unable to demonstrate that each consumer is supported to exercise choice and independence, information is provided to representatives to enable them to make decisions and consumers’ personal information is kept private and confidential.

Based on the Assessment Team’s report and the Approved Provider’s response I find Requirements (3)(c) and (3)(f) Non-compliant. However, in relation to Requirement (3)(e) in this Standard, I have come to a different finding to the Assessment Team and have found this Requirement Compliant. I have provided reasons for my findings in the respective Requirements below.

In relation to Requirements (3)(a), (3)(b) and (3)(d) in this Standard, the Assessment Team found overall, sampled consumers confirmed staff treat them kindly with dignity and respect, with their identity, culture and diversity valued. They also found most consumers were able to describe how the service provides culturally safe care and are supported to take risks to enable them to live the best life they can. Specific comments and feedback from consumers include:

* Consumers indicated staff treat them kindly and with respect, with one consumer stating that staff always say hello for a chat even when they are busy.
* A consumer indicated staff support them to practice their faith.
* A consumer confirmed the service provides care which is tailored to their individual needs and wishes.
* Consumers spoke about how staff support them to engage in activities of their choosing.

Staff interviewed were mostly familiar with consumers’ lives and demonstrated understanding of consumers’ individual preferences, culture and interests. The Assessment Team observed staff speaking with consumers in a kind and courteous manner. Care planning documentation used respectful language and recorded consumers’ life stories, preferences, interests and spirituality.

The service’s strategic plan outlines how care is to be provided in a culturally safe manner with care plans sampled demonstrating that cultural needs are assessed and documented to guide staff.

Risk assessments are completed for consumers who wish to engage in activities of their choosing which present risks and strategies are identified to mitigate any risks identified. Staff interviewed were aware of strategies to support consumers.

Based on the Assessment Team’s report and the Approved Provider’s response I find Regis Aged Care Pty Ltd, in relation to Regis Tiwi Gardens, Compliant with Requirements (3)(a), (3)(b) and (3)(d) in Standard 1 Consumer dignity and choice.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

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

*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.*

The Assessment Team found the service was unable to demonstrate each consumer or their representative is supported to exercise choice and independence. The Assessment Team provided the following information and evidence relevant to my finding:

* Two representatives were not satisfied the service informed them of all aspects of care.
* One representative was not satisfied they were made aware of a specialist appointment, so they were able to participate.
* One consumer indicated they have been waiting for someone to assist them to visit their family, however, no staff have spoken to them about their request.
* The public guardian for one consumer has not had information shared with them from a specialist appointment.

The Approved Provider submitted a response to the Assessment Team’s report and does not agree with the Assessment Team’s recommendation. The Approved Provider submitted the following information and evidence to refute the Assessment Team’s recommendation and demonstrate the service’s compliance with this Requirement:

* In relation to the representative who was not aware of a specialist appointment, the Approved Provider asserts that while the family were not part of the initial specialist appointment, a subsequent review was undertaken, and the family attended the second specialist appointment.
* In relation to the consumer waiting for someone to assist them to visit their family, the Approved Provider asserts attempts at arranging this are being made but have been unsuccessful to date. A clinical staff member interviewed was aware of this consumer’s desire to visit their family.
* In relation to the public guardian for one consumer, the Approved Provider asserts this gap has been considered in Standard 3 Requirement (3)(b) which the Approved Provider has not contested.
* In relation to two representatives who were not satisfied the service informed them of all aspects of care, this gap has been considered in Standard 3 Requirement (3)(d) which the Approved Provider has not contested.

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

I have considered the service has not demonstrated each consumer is supported to make decisions about care and service delivery or to make connections with others and maintain relationships of choice, specifically in relation to one consumer. In coming to my finding, I have considered a consumer had expressed a desire to staff to see their family prior to the Site Audit. While the Approved Provider has provided email communication to demonstrate how the service are taking action to meet this request, this initial request was not followed-up until after feedback was provided by the Assessment Team. While I acknowledge that the service is now taking action, on the evidence presented the consumer indicated they were waiting for staff to speak them about their request but had not had their request acknowledged. I have considered the consumer’s cultural background which indicates a connection with family is important and this has not been recognised by the service in a timely manner or alternatives considered to foster connection.

I have also considered that a representative, while included in discussions with the specialist after raising concerns, was not included in the initial discussion as the consumer’s decision maker. Additionally, two representatives have indicated they are not satisfied with the information provided to make decisions about their consumers’ care and while this has been addressed in Standard 3 Requirement (3)(d), ultimately the consumers’ representatives have not always been provided or supported with information to make decisions about the delivery of care and services at key decision making points during changes to consumers’ health.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Tiwi Gardens, Non-compliant with Standard 1 Requirement (3)(c).

### Requirement 1(3)(d) Compliant

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

### Requirement 1(3)(e) Compliant

*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.*

The Assessment Team found the service was unable to demonstrate information is provided to representatives to enable them to make decisions. The Assessment Team provided the following information and evidence relevant to their recommendation of not met in this Requirement:

* Two representatives were not satisfied the service has effectively communicated their consumers’ weight loss in an open and honest manner to enable them to make decisions regarding care.
* One representative was not satisfied the service effectively communicated events surrounding the deterioration of their consumer’s health to enable them to make decisions.
* One representative was not satisfied they were made aware of a specialist appointment, so they were able to participate.
* One consumer indicated they have been waiting for someone to assist them to visit their family, however, no staff had spoken with them about this request.

The Approved Provider submitted a response to the Assessment Team’s report and does not agree with the Assessment Team’s recommendation. The Approved Provider submitted the following information and evidence to refute the Assessment Team’s recommendation and demonstrate the service’s compliance with this Requirement:

* In relation to the representative not satisfied the service effectively communicated events in relation to deterioration, this gap has been considered in Standard 3 Requirement (3)(d) which the Approved Provider has not contested.
* In relation to representatives not satisfied the service effectively communicated consumers’ weight loss, this gap has been considered in Standard 3 Requirement (3)(d) which the Approved Provider has not contested.
* In relation to the representative not aware of a specialist appointment, the Approved Provider asserts that while the family were not part of the initial specialist appointment, a subsequent review was undertaken, and the family attended the second specialist appointment.
* In relation to the consumer waiting for someone to assist them to visit family, the Approved Provider asserts attempts at arranging this are being made but have been unsuccessful to date.

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

I have considered that the service does provide information to each consumer/representative which is current, accurate and mostly timely to enable them to exercise choice. I have considered evidence in the Assessment Team’s report where management and staff were able to describe processes to communicate and provide information to consumers/representatives and observations by the Assessment Team which found various information is available to consumers/representatives.

In coming to my finding I have considered that most evidence presented in this Requirement does not indicate systemic issues associated with provision of information to enable consumers to exercise choice and I have considered most evidence in other Requirements which reflect the core deficiencies associated with the evidence, specifically regarding making decisions, in Requirement (3)(c) in this Standard.

In relation to representatives who were not satisfied with communication of weight loss and deterioration, I have considered this information in Standard 3 Requirement (3)(d). I have considered staff were unable to recognise the deterioration/weight loss in the first instance, therefore, would be unable to communicate this information to representatives. However, I have also considered a deficit in communication regarding ongoing changes/deterioration of consumers’ health to enable the representatives to make decisions in Requirement (3)(c) in this Standard. Additionally, while one representative was not satisfied they were able to attend a specialist appointment, it is evident that once the representative’s desire to attend was expressed, arrangements were made to fully involve the representative. However, I have considered the representative was not supported in the first instance to make decisions about care and have addressed this in Requirement (3)(c) in this Standard. I have also considered the service are acting to meet a consumer’s desire to meet with their family to maintain connection but have not acted in timely manner which I have considered in Requirement (3)(c) in this Standard.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Tiwi Gardens, Compliant with Standard 1 Requirement (3)(e).

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

*Each consumer’s privacy is respected and personal information is kept confidential.*

The Assessment Team found the service was unable to demonstrate that consumers’ personal information is kept private and confidential. The Assessment Team provided the following information and evidence relevant to my finding:

* Staff interviewed indicated they have been using their personal electronic devices to take photographs of consumers’ wounds and using personal emails to transfer this information, without management identifying this practice as a breach of consumers’ privacy.
* Email correspondence confirms management were aware of staff using their personal electronic devices due to issues with the service’s tablets, however, did not offer alternative strategies to ensure consumers’ privacy was maintained.
* The Assessment Team observed staff to leave medication charts unattended on one occasion which made them potentially available to unauthorised persons.

The Approved Provider submitted a response to the Assessment Team’s report and does not agree with the Assessment Team’s recommendation. The Approved Provider submitted the following information and evidence to refute the Assessment Team’s recommendation and demonstrate the service’s compliance with this Requirement:

* The Approved Provider acknowledged the gaps identified by the Assessment Team in relation to wound photographs in Standard 3 Requirement (3)(a) which they have not contested.
* Corrective actions in relation to the wound photograph practices include the purchase of four tablets to take wound photographs which are all fully functional and were being used prior to the Assessment Team’s feedback, face-to-face education has been provided to staff in relation to how to use the tablets and staff have been directed to remove all photographs of consumers’ wounds from their personal electronic devices.
* In relation to the observation of medication charts left attended, the Approved Provider asserts for unauthorised persons to access these charts they would have to jump over the desk and countertop to access the charts in the medication room.

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

In coming to my finding, I have considered the service has not demonstrated each consumer’s privacy is respected and personal information kept confidential. While I acknowledge actions were implemented in the days prior to the Site Audit to ensure the service has electronic devices to take photographs of consumers’ wounds, I have considered information in Standard 3 Requirement (3)(a) which indicates staff were using their own electronic devices to take photographs of consumers’ wounds and their own email accounts to send the photographs to clinical management for 84 days from when management were first alerted to the issue. I consider this period of failure to rectify the identified concerns has significantly breached consumers’ right to privacy by staff using personal devices for taking photographs and transferring photographs through private email. Health information is regarded as one of the most sensitive types of personal information and staff using their personal emails and devices to handle consumers’ private information for any period, regardless of staff intentions to meet the service’s wound documentation procedures, does not demonstrate an understanding or respect of safety of consumers’ private information.

In relation to the unattended medication charts, I have considered the photograph presented by the Approved Provider which demonstrates the bench required to be scaled to access the medication charts is a significant height, and while possible, I find it unlikely to occur due to the location of the nurses’ station. However, the service should consider security of personal information even in these circumstances.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Tiwi Gardens, Non-compliant with Standard 1 Requirement (3)(f).

# 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 three of the five specific Requirements have been assessed as Non-compliant.

The Assessment Team recommended all Requirements in this Standard as not met. The Assessment Team found the service was unable to demonstrate that:

* assessment and planning include consideration of risks to each consumer’s health and well-being and informs the delivery of safe and effective care and services;
* assessment and care planning consistently identifies and addresses all consumers’ current needs and includes advance care planning and end of life planning when changes occur;
* assessment and planning is consistently based on ongoing partnership with consumers and others that consumers wish to be involved;
* 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; and
* care and services are consistently reviewed for effectiveness when circumstances change or when incidents impact on the needs of consumers.

Based on the Assessment Team’s report and the Approved Provider’s response I find Requirements (3)(c), (3)(d) and (3)(e) Non-compliant. However, in relation to Requirements (3)(a) and (3)(b) in this Standard, I have come to a different finding to the Assessment Team and have found these Requirements Compliant. I have provided reasons for my findings in the respective 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.*

The Assessment Team found the service was unable to demonstrate assessment and planning include consideration of risks to each consumer’s health and well-being and informs the delivery of safe and effective care and services. The Assessment Team provided the following findings and evidence to support their recommendation of not met in this Requirement:

* Four consumer care files showed significant deficits in information required to assist staff with managing consumers’ nutritional requirements, responsive behaviours and choking risks.
  + Consumer A’s behaviour charts did not reflect behaviours or were not undertaken consistent with the consumer’s escalating behaviours. This consumer’s sleep chart was also not completed before the sleep assessment was completed.
  + Consumer B’s assessments did not reflect their potential to aspirate.
  + Consumer C’s assessments and care plans did not reflect the ongoing significant weight loss.
  + Consumer D’s assessment and care plan were not reflective of ongoing weight loss, decreased oral intake or non-compliance with the continuous positive airway pressure (CPAP) mask.
* Two representatives were not satisfied consumers’ care plans contained specific care needs.

The Approved Provider submitted a response to the Assessment Team’s report and does not agree with the Assessment Team’s recommendation. The Approved Provider submitted the following information and evidence to refute the Assessment Team’s recommendation and demonstrate the service’s compliance with this Requirement:

* In relation to Consumer A, the gaps associated with management of responsive behaviours have been addressed in Standard 3 Requirement (3)(b) which the Approved Provider has not contested.
* In relation to Consumer B, the gaps associated with swallowing deficits have been addressed in Standard 3 Requirement (3)(b) which the Approved Provider has not contested.
* In relation to Consumer C, the gaps associated with swallowing deficits have been addressed in Standard 3 Requirement (3)(d) which the Approved Provider has not contested. Additionally, the most recent assessment completed after the Site Audit reflects the consumer’s weight loss and the care plan was updated prior to the Site Audit to reflect encouragement of food and fluid and commencement of high energy drinks.
* In relation to Consumer D, the gaps associated with swallowing deficits have been addressed in Standard 3 Requirement (3)(d) which the Approved Provider has not contested. Additionally, an alert for the CPAP machine was initiated on the electronic care system the month prior to the Site Audit and the nutrition and hydration plan was updated on three occasions prior to the Site Audit.

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 have considered that most evidence presented in this Requirement does not indicate systemic issues with the service’s assessment and care planning processes associated with considerations of risk. I have considered the evidence in other Requirements which reflect the core deficiency associated with the evidence.

In relation to Consumer B, I have considered the service did recognise and update the care plan associated with swallowing, however, failed to effectively manage the consumer’s choking/aspiration risk or ensure a referral was acted upon in a timely manner which I have considered in Requirements (3)(b) and (3)(f) in Standard 3 Personal care and clinical care.

In relation to Consumer C, I have considered the service failed to identify and manage the weight loss for the consumer and as a result did not trigger the need for the assessment and care plan to be updated and reflective of the consumer’s status or needs. I have considered this information in Requirements (3)(d) and (3)(f) in Standard 3 Personal care and clinical care.

In relation to Consumer A, I have considered staff have not effectively managed the consumer’s responsive behaviours and have considered this in Standard 3 Requirement (3)(b). I consider that the service’s failure to effectively complete behaviour and sleep charts to inform assessment is relevant to this Requirement, however, this evidence is not sufficient to support systemic deficits in this Requirement and all other evidence has been considered in the Requirements relevant to the core deficit. I do consider the service has an improvement opportunity to review charts and associated assessments.

Additionally, I have considered representative feedback about care plans not containing specific detail relates to Standard 2 Requirement (3)(d) and have considered this in that Requirement.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Tiwi Gardens, Compliant with Standard 2 Requirement (3)(a).

### 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.*

The Assessment Team found the service was unable to demonstrate assessment and care planning consistently identifies and addresses all consumers’ current needs and consistently includes advance care planning and end of life planning when changes occur, specifically in relation to two consumers. The Assessment Team provided the following findings and evidence to support their recommendation of not met in this Requirement:

* In relation to Consumer A, staff did not assess and identify a change to the consumer’s neurological status when undertaking a neurological assessment.
* Consumer A’s oral and dental assessment did not reflect the consumer’s care plan.
* Consumer B’s oral intake was not adequately assessed during a review of a food and fluid chart.
* Three consumers/representatives indicated staff have not spoken to them about advance care planning.

The Approved Provider submitted a response to the Assessment Team’s report and does not agree with the Assessment Team’s recommendation. The Approved Provider submitted the following information and evidence to refute the Assessment Team’s recommendation and demonstrate the service’s compliance with this Requirement:

* In relation to Consumer A, the gaps associated with neurological assessment have been addressed in Standard 3 Requirement (3)(d) which the Approved Provider has not contested.
* In relation to Consumer A’s oral and dental plan, this has been updated to reflect the consumer’s current needs.
* In relation to Consumer B, the Approved Provider asserts food and fluid charts indicated there were several occasions where the consumer had eaten half to three-quarters of a meal. Additionally, the gaps associated with nutrition have been addressed in Standard 3 Requirement (3)(d) which the Approved Provider has not contested.
* In relation to consumer/representative feedback there was no evidence provided to support failure to consult regarding advance care and end of life planning.

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 have considered that most evidence presented in this Requirement does not indicate systemic issues associated with the service’s assessment and care planning processes to identify consumers’ needs, goals and preferences, including advance care planning and end of life planning. I have considered the evidence in other Requirements which reflect the core deficiency associated with the evidence.

In relation to Consumer A, I have considered the service did not respond to identified changes in the consumer’s neurological deficits and this has addressed in Standard 3 Requirement (3)(d). While the consumer’s dental assessment was inconsistent with the care plan, the evidence does not indicate the consumer’s oral and dental needs have not been appropriately assessed and planned for, but that the care plan did not reflect the assessment which I have considered in Standard 3 Requirement (3)(d), that is, outcomes of assessment and planning are documented in a care plan.

In relation to Consumer B, I consider the evaluation of the food and fluid chart was one element of the service failing to identify the consumer’s weight loss which I have considered in Standard 3 Requirement (3)(d).

I have also considered that while three consumers/representatives indicated they had not been consulted about end of life planning or advance care, I have considered that the evidence does not suggest that assessment and planning processes do not include end of life planning or advance care. I have considered this feedback in Standard 2 Requirement (3)(c) in relation to assessment and planning being based on partnership with consumers and relevant others.

In coming to my finding I have also considered that most staff were able to describe how they approach consumers/representatives in relation to advance care planning and that advance care plans are in consumer files.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Tiwi Gardens, Compliant with Standard 2 Requirement (3)(b).

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

The Assessment Team found the service was unable to demonstrate assessment and planning is consistently based on ongoing partnership with consumers and others that the consumers wish to be involved. The Assessment Team provided the following information and evidence relevant to my finding:

* Two representatives are not satisfied they are included in assessment and care planning processes.
* Four consumers/representatives indicated they have not viewed relevant care plans.
* Care planning assessment and wellness checks viewed do not consistently reflect consumer/representative involvement in assessment and care planning.

The Approved Provider submitted a response the Assessment Team’s report and while the Approved Provider acknowledges the gaps identified in the report, does not agree with all the findings in this Requirement. The Approved Provider provided information in relation to action taken address gaps associated with this Requirement:

* Families or representatives are contacted during monthly wellness checks for their input into care planning and goal setting.
* At the next meeting for consumers and representatives, discussions will include encouragement to be involved in care planning and goal setting, access to care plans and relevant documentation, including third party requests and privacy legislation.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with this Requirement. I acknowledge the Approved Provider’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, at the time of the Site Audit, I find the service did not demonstrate assessment and planning is based on ongoing partnership with the consumer and relevant others who the consumer wishes to be involved.

In coming to my finding, I have considered that two representatives’ feedback has indicated they are not satisfied they have been involved in assessment and planning. I have also considered that while families and representatives are contacted during wellness checks, the level of involvement is not indicated or was able to be demonstrated that this contact constitutes a partnership with consumers/representatives in relation to assessment and care planning, but rather a process to inform consumers/representatives that assessment and planning processes have occurred.

In coming to my finding, I have also considered three comments from consumers/representatives indicating staff have not mentioned advance care or end of life planning which suggests the contact made with consumers/representative in relation to assessment and planning does not constitute partnership.

In relation to consumers not having viewed their care plans, I have considered this evidence in Standard 2 Requirement (3)(d) that is, 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.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Tiwi Gardens, Non-compliant with Standard 2 Requirement (3)(c).

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

The Assessment Team found the service was unable 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 information and evidence relevant to my finding:

* Five representatives indicated that consumers/representatives have not seen relevant consumers’ care plans.
* One representative recounted an incident where another representative was denied access to review their consumer’s care plan.
* Two care staff indicated care plans do not allow information about consumers to be quickly obtained.
* Two consumers’ care plans did not reflect current nutritional risks.

The Approved Provider submitted a response to the Assessment Team’s report and does not agree with the Assessment Team’s recommendation. The Approved Provider submitted the following information and evidence to refute the Assessment Team’s recommendation and demonstrate the service’s compliance with this Requirement:

* In relation to representative feedback about not viewing consumers’ care plans, there was no evidence provided by the Assessment Team to support the above statements. Additionally, representatives were not identified so this has not provided an opportunity for the Approved Provider to adequately respond.
* The organisation has processes for representatives to access care plans where consumers have not been provided permission in relation to accessing health information.
* The Approved Provider has acknowledged the gaps in relation to two consumers with unmanaged nutritional risks which has been considered in Standard 3 Requirement (3)(d) and the Approved Provider has not contested.
* Actions taken to improve consultation processes have been included in Standard 2 Requirement (3)(c).

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

In coming to my finding, I have considered that consumers and representatives have indicated to the Assessment Team they have not viewed consumers’ care plans. I consider that effective communication about the outcomes of assessment and planning may likely include consumers/representatives viewing the care plan to ensure they are encouraged and can ask questions about the care plan. I consider consumers and representatives will better understand their ownership of the care and services plan by viewing the document and that not viewing the care plan indicates they are not aware of their entitlement to be involved and have an understanding of the care plan. I have also considered two care staff indicated they are unable to quickly obtain information from care plans which suggests care plans may not be in a format which is easy for consumers to understand.

I have also considered information presented by the Assessment Team in Standard 3 Requirement (3)(e) is relevant to my finding in this Requirement. The Assessment Team found that one consumer’s care plan was inconsistent across multiple domains, including assessments, care plans and progress notes to enable staff to have access to up-to-date information and to ensure outcomes of assessment and planning are accurately documented.

In relation to the two consumers’ nutritional risks, I have considered this evidence relates to Standard 3 Requirement (3)(d).

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Tiwi Gardens, Non-compliant with Standard 2 Requirement (3)(d).

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

The Assessment Team found the service was unable to demonstrate care and services are consistently reviewed for effectiveness when circumstances change or when incidents impact on the needs of consumers. The Assessment Team provided the following information and evidence relevant to my finding:

* Consumer A was not satisfied the service had reassessed their associated needs with their oral and dental issues.
* Staff did not reassess two consumers’ swallowing ability following incidents of coughing/choking.
* A consumer was not reassessed for their swallowing ability after a significant change from the speech pathologist’s recommendation.
* A sleep assessment was not completed prior to a change in their medication to assist with sleep.

The Approved Provider submitted a response the Assessment Team’s report and while the Approved Provider acknowledges the gaps identified in the report, does not agree with all the findings in this Requirement. The Approved Provider provided information in relation to action taken address gaps associated with this Requirement.

* Consumer A has had multiple dental reviews but has not had a resolution to their dental issue.
* In relation to one consumer who was not reassessed for their swallowing following an incident of coughing, the Approved Provider asserts staff did reassess the consumer because they downgraded the consumer’s diet following the incident and prior to the speech pathology assessment.
* In relation to two consumers who were not reassessed following incidents of coughing/choking, the Approved Provider has acknowledged the gaps which have been considered in Standard 3 Requirement (3)(d) which the Approved Provider has not contested.
* In relation to the consumer who had a significant change from the speech pathologist recommendations, this change was completed at the direction of the medical officer. The Approved Provider asserts staff were following the medical officer directive, however, a subsequent speech pathologist review confirmed the initial recommendations were not consistent with the medical officer directive.
* In relation to the consumer who did not have a sleep assessment conducted prior to a medication change, this has now been completed.
* Ongoing education is being provided to clinical staff regarding documentation requirements to be completed during wellness checks.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with this Requirement. I acknowledge the Approved Provider’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, at the time of the Site Audit, I find the service did not demonstrate care and services are reviewed regularly for effectiveness when circumstances change or when incidents impact on the needs and preferences of the consumer.

In coming to my finding, I have considered in relation to Consumer A that while the Approved Provider asserts the consumer has attended several dental reviews, the service has not conducted a reassessment of the consumer’s oral and dental health and have not considered all areas of care which may be affected by dental issues.

In relation to two consumers who were not assessed for swallowing following choking/coughing incidents, while the Approved Provider asserts staff did reassess the consumers as evidenced through a downgrade in diets, I consider that while staff responded to the incident, an actual assessment of the appropriateness of the downgrade was not undertaken with one consumer having ongoing coughing even with the downgraded diet.

Additionally, the Approved Provider asserts staff were following medical officer directives even though they were not in accordance with the speech pathology directives. However, while staff followed the medical officer directive, they did not undertake an assessment to understand impact on the consumer. Additionally, when the speech pathologist reassessed the consumer, they reinstated their original recommendation due to risks associated with consumer’s swallowing.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Tiwi Gardens, Non-compliant with Standard 2 Requirement (3)(e).

# 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 six of the seven specific Requirements have been assessed as Non-compliant.

The Assessment Team recommended all Requirements in this Standard as not met. The Assessment Team found the service was unable to demonstrate that:

* each consumer receives safe and effective personal care or clinical care;
* effective management of high impact or high prevalence risks associated with the care of each consumer;
* assessments are completed with the consumer and/or representative to identify end of life care wishes or documented in an end of life plan;
* information about consumers’ condition, needs and preferences are documented and communicated within the organisation, and with others where responsibility of care is shared;
* consumers are referred to other health care specialists and/or medical officers when required; and
* effective infection control systems to minimise infection related risks through standard and transmission based precautions.

Based on the Assessment Team’s report and the Approved Provider’s response I find Requirements (3)(a), (3)(b), (3)(c), (3)(d), (3)(f) and (3)(g) Non-compliant. However, in relation to Requirement (3)(e) in this Standard, I have come to a different finding to the Assessment Team and have found this Requirement Compliant. 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 receives safe and effective personal care or clinical care. The Assessment Team provided the following information and evidence relevant to my finding:

* Five consumers/representatives were not satisfied the service effectively manages consumers’ personal or clinical care needs. Areas of dissatisfaction included provision of routine personal care, provision of clinical care associated with monitoring for changes in health, application and monitoring of clinical equipment and provision of nutrition and hydration requirements.
* The Assessment Team observed two consumers in the memory support unit to be agitated, however, staff did not effectively intervene or manage the consumers’ agitation.
* Wound charting and progress notes demonstrate a consumer’s (Consumer A) wounds were not re-dressed and managed in accordance with the clinical directive/plan on several occasions. Dressings were completed ‘late’ between one to four days over the schedule dressing date set by clinical staff. A wound was also not dressed on six occasions.
  + The consumer’s wound has not resolved, and the Assessment Team observed one of the consumer’s wounds to be open and undressed and another wound dressing heavily soiled with fluid.
* Over a four-month period, wound documentation indicates Consumer A’s wound has been infested with maggots on several occasions, however, clinical staff did not follow the organisation’s process for maggot removal with documentation demonstrating staff did not on any occasion complete the entire eradication procedure.
  + The Assessment Team also found Consumer A’s wound had five of seven risk factors which cause maggot infestation on several occasions.
  + Clinical management reviewed wound photographs and agreed with the Assessment Team that at the time of maggot infestation in Consumer A’s wound, the photograph indicated significant deterioration of the wound. They also agreed staff should have completed all steps in the maggot infestation removal procedure.

The Approved Provider submitted a response the Assessment Team’s report and while the Approved Provider acknowledges the gaps identified in the report, does not agree with all the findings in this Requirement. The Approved Provider has commenced an action plan to address the gaps identified by the Assessment Team and have provided further information in relation to Consumer A. This information and improvement actions include, but are not limited to:

* The Approved Provider acknowledges there were delays in completing Consumer A’s wound dressings and processes have been implemented to ensure wounds are dressed in accordance with the prescribed regime. Consumer A was reviewed by a wound specialist in May 2021 who indicated that while the wound continues to increase in size and exudate, the wound remains clean. The specialist recommended a dressing regime to minimise the risk of maggot infestation.
* A comprehensive education plan has been developed based on findings in the Assessment Team’s report and the plan includes education sessions relating to wound assessment, management and documentation.
* A clinical educator and senior clinical staff are onsite supporting staff and consumers.
* The visiting wound specialist attends the service monthly and at a visit in May 2021, 10 consumers with complex/chronic wounds were reviewed.
* The maggot removal procedure has been reviewed to ensure it meets best practice and it was found no changes to the procedure were required.

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

I acknowledge the Approved Provider’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, at the time of the Site Audit, I find the service did not demonstrate they provided safe and effective clinical care for each consumer, specifically for Consumer A. In coming to my finding, I have relied upon the care provided to Consumer A in relation to the management of their wounds and the maggot infestations of Consumer A’s wound. Clinical staff had access to Consumer A’s wound management regime/plan, however, did not undertake wound dressing changes in accordance with this regime, including leaving the dressing undressed. I have also considered staff did not effectively implement the organisation’s maggot removal procedure on several occasions to ensure eradication when maggots were identified and to ensure Consumer A received best practice care for their wounds.

I have also considered five representatives were not satisfied with all aspects of the provision of personal care and clinical care.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Tiwi Gardens, Non-compliant with Standard 3 Requirement (3)(a).

### 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 effective management of high impact or high prevalence risks associated with the care of each consumer. The Assessment Team provided the following information and evidence relevant to my finding:

* Consumers identified with swallowing deficits and who had been prescribed modified diets, were not provided with meals in accordance with the prescribed diets which resulted in incidents of choking.
  + An incident form found Consumer A was provided with a meal which was not in accordance with their prescribed diet and resulted in the consumer having a choking episode. The consumer was reviewed by a speech pathologist following the incident. However, actions to address meal preparation for modified diets or staff knowledge in relation to identifying correct modified diets was not completed.
  + After the above incident, another incident form identified another consumer, Consumer B, was provided with food which was not in accordance with their prescribed diet which resulted in Consumer B choking, causing their death.
* The care file for Consumer C, who was identified on the service’s incident log as an ‘unexpected death’, did not have their risk of aspiration appropriately assessed in a timely manner.
  + Consumer C was observed coughing on their breakfast, so staff changed/downgraded the consumer’s diet and fluid type. However, a referral to the speech pathologist was not actioned for three days and a speech pathology review was not undertaken until a week after the consumer was observed to be coughing.
  + Between the observation of Consumer C coughing and the speech pathology review, the speech pathologist review notes indicate there were multiple reports of Consumer C coughing on foods and fluids.
  + The speech pathologist found Consumer C showed signs of aspiration on the diet staff had changed/downgraded them to following the coughing incident and subsequently recommended a further downgrade to the Consumer C’s diet.
  + The day after Consumer C was reviewed by the speech pathologist, the consumer was transferred to hospital due to decreased consciousness and low oxygen saturation levels. A progress note indicates the diagnosis from the hospital was a query infected lung. The consumer died the day of hospital admission.
* Interviews, assessments, behaviours charts, progress notes and care file for Consumer D indicated the consumer’s responsive sexual and physical behaviours are not effectively managed.
  + One consumer interviewed stated Consumer D wanders around the unit and harasses other consumers, especially female consumers but staff are not available to supervise Consumer D.
  + Two staff interviewed indicated Consumer D is aggressive and exhibits inappropriate behaviours towards female consumers.
  + There have been six incidents of responsive behaviours involving other female consumers in a one-month period.
  + While Consumer D had been referred to and assessed by specialist services, staff did not adequately monitor or supervise Consumer B following incidents involving other female consumers in accordance with specialist directives.
    - Behaviour charts were either not completed or did not reflect adequate monitoring of Consumer D.
    - Geriatrician directives were not followed by staff and information from the geriatrician review was not provided to Consumer’s D authorised decision-maker.

The Approved Provider submitted a response the Assessment Team’s report and while the Approved Provider acknowledges the gaps identified in the report, does not agree with all the findings in this Requirement. The Approved Provider has commenced an action plan to address the gaps identified by the Assessment Team and have provided further information in relation to Consumer A. This information and improvement actions include but are not limited to:

* A comprehensive education plan has been developed based on findings in the Assessment Team’s report and the plan includes education sessions relating to choking, safe swallowing and aspiration.
* A clinical educator and senior clinical staff are onsite supporting staff and consumers.
* Dementia Support Australia continue to visit the service on weekly/fortnightly basis to review consumers.
* The service undertook a review of all choking incidents with two being reclassified as aspiration incidents rather than choking.
* In relation to Consumer D, the service initiated referrals to behavioural specialists in a timely manner and the geriatrician’s directives have now been actioned.
* In relation to choking incidents, a quality audit report was conducted by management just prior to the Site Audit which analysed trends and outcomes. Immediate actions included:
  + All consumers with incidents or modified diets were reviewed and modifications to diet and medications were made, with relevant updates made to care plans.
  + Referrals made to medical officers and allied health as appropriate.
  + A dining room champion is to be allocated daily.

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

I acknowledge the Approved Provider’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, at the time of the Site Audit, I find the service did not demonstrate they effectively managed each consumer’s high impact or high prevalence risk associated with their care. I have considered Consumer A and Consumer B were not provided with meals in accordance with their assessed and prescribed dietary requirements due to risks associated with swallowing which resulted in the consumers suffering choking incidents, with Consumer B dying because of the incident.

I have also considered Consumer C was not reviewed in a timely manner for swallowing and aspiration risks following the consumer coughing on their meal, nor was Consumer C provided with an appropriate diet to support/minimise their aspiration risks in the interim period before the speech pathology review. While staff took action to refer the consumer to the speech pathologist immediately following the coughing episode, the speech pathology review did not occur for seven days. Additionally, while staff modified Consumer C’s diet following the coughing episode, this diet was not in accordance with the speech pathologist’s recommendation which was recommended one week after the coughing episode. The speech pathologist also noted that Consumer C was coughing on the modified diet staff had given Consumer C in the week between the coughing episode and the speech pathology review. Subsequently, Consumer C was admitted to hospital with decreased oxygen saturation and was diagnosed with a potential infected lung. I consider staff did not manage Consumer C’s aspiration risk effectively.

In relation to Consumer D I acknowledge that the service referred the consumer to specialist services following an increase in responsive behaviours. However, I consider the service did not effectively monitor Consumer D to minimise risk to other consumers in accordance with specialist directives and other female consumers were negatively impacted by the responsive behaviours of Consumer D.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Tiwi Gardens, Non-compliant with Standard 3 Requirement (3)(b).

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

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

The Assessment Team found the service did not complete assessments with the consumers and/or representatives to identify end of life care wishes or document wishes in an end of life plan. The Assessment Team provided the following information and evidence relevant to my finding:

* Consumer A’s representatives indicated to the Assessment Team they do not trust the service to manage the consumer’s basic needs and would prefer they are provided palliative care elsewhere, however, transfer is not an option, so they visit to assist the consumer with their fluids.
* Consumer B’s representative indicated they had not been consulted about a palliative care review prior to its occurrence and this caused distress. Additionally, there have been ongoing issues with basic care needs, so the representative visits to ensure the consumer receives nourishment and hydration and remains comfortable.
* Both Consumer A and Consumer B have been reviewed by the palliative nurse and anticipatory medications have been prescribed for both consumers.

The Approved Provider accepts there are areas of improvement in relation to this Requirement, however, did not provide a specific response for this Requirement. The Approved Provider submitted the following information and evidence in relation to palliative care:

* Consumer A has been assessed by the palliative care nurse practitioner and a decision was made that the consumer had transitioned to the palliative stage and the consumer is no longer for active or invasive treatment.
* Consumer B has been under the care of the palliative care nurse practitioner since December 2020 and is reviewed regularly.

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

I acknowledge that Consumer A and Consumer B have been reviewed by the palliative care practitioner. However, in relation to Consumer A, I have considered that Consumer A had signs of pain and agitation consistent with their deterioration and nearing end of life which were not identified or reviewed in a timely manner to ensure Consumer A’s comfort was maximised. I have also considered the referral to palliative services for Consumer A was made at the request of the representative. In relation to Consumer B I acknowledge that palliative services have been involved in review of Consumer B, including consultation with Consumer B’s representative when palliative services were first considered, however, I have considered representative feedback which indicates Consumer B has not received basic support to ensure their comfort during this phase of their life.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Tiwi Gardens, Non-compliant with Standard 3 Requirement (3)(c).

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

The Assessment Team found the service was unable to demonstrate changes to consumers’ physical function or condition is identified and responded to in a timely manner, specifically impacting on the consumers’ nutrition and hydration. The Assessment Team provided the following information and evidence relevant to my finding:

* Two representatives were not satisfied the service had effectively identified and managed their consumers’ health and deterioration.
* Interviews, weight records and the care file in relation to Consumer A demonstrates Consumer A had a significant loss of weight over a five-week period without the service identifying the weight loss and physical decline to ensure strategies were implemented to minimise impact to the consumer’s health.
  + Representatives for Consumer A indicated they were concerned about the amount of weight the consumer had lost in a five week period while they were away and had not been visiting. They were also concerned Consumer A was not eating and drinking and that staff did not appear to assist Consumer A with their meals and drinks.
  + Progress notes indicated following a fall, Consumer A’s mobility significantly changed and was unable to ambulate. Consumer A was also experiencing pain.
  + The consumer was sent back to hospital following their return to the service post fall for ongoing pain. Consumer A’s medical officer did not review the consumer until eight days after the hospital review and medication recommended to be ceased was not ceased for three days and was actioned at the representative’s request/prompt.
  + Evaluation of food and fluids did not correctly identify food and fluid consumption and food and fluid charts were not completed to support effective monitoring of nutritional and fluid intake.
  + Clinical management were unaware of Consumer A’s weight loss, decondition and pain.
* Interviews and a care file for Consumer B demonstrated clinical staff did not identify changes in the consumer’s condition following a stroke or significant change in weight:
  + Consumer B’s representative indicated staff did not identify the consumer had a stroke following a fall. The representative had to prompt staff to send the consumer to the hospital.
  + Progress notes indicate staff identified signs/symptoms of a stroke but did not follow-up or action until the representative alerted clinical staff to the change in the consumer’s condition which prompted a transfer to hospital. The representative confirmed the hospital identified Consumer B had two strokes.
  + The consumer was not reviewed by a speech pathologist for 17 days following a choking episode.
  + The consumer was reviewed by a dietitian following a significant weight loss. The dietitian identified the consumer was underweight and malnourished.
  + Clinical management were unaware of Consumer B’s weight loss or deterioration.
* Staff did not act in accordance with the service’s process for malnutrition and weight loss for Consumer A and Consumer B.

The Approved Provider submitted a response the Assessment Team’s report and while the Approved Provider acknowledges the gaps identified in the report, does not agree with all the findings in this Requirement. The Approved Provider has commenced an action plan to address the gaps identified by the Assessment Team and have provided further information in relation to Consumer A. This information and improvement actions include but are not limited to:

* In relation to Consumer A, the dietitian had input since December 2020 for weight loss and the consumer was weighed monthly. Consumer A was reviewed by nursing and medical staff on multiple occasions during the consumer’s decline.
* In relation to Consumer B, the Approved Provider acknowledges the gaps identified by the Assessment Team in relation to documentation and escalation following a clinical decline. The Approved Provider asserts the consumer has been under care of a palliative care nursing practitioner since December 2020 and is reviewed regularly by the nurse practitioner. A review of the consumer’s weight identified that they currently weigh at approximately their admission weight and has fluctuation between two kilograms.

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

I acknowledge the Approved Provider’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, at the time of the Site Audit, I find the service did not demonstrate Consumer A and Consumer B’s change in health or physical function was recognised and responded to in a timely manner. In relation to Consumer A, I acknowledge there were reviews during the period of deterioration by medical, allied health and nursing staff, including a dietitian in December 2020. However, I consider the consumer lost approximately 14 kilograms between the dietitian review in December 2020 and the next review in April 2021, which the service did not identify or respond to in a timely manner, in the context of Consumer’s A declining health following two falls and were prompted to respond due to the representative’s feedback. I have also considered staff did not effectively monitor food and fluid intake to identify a decline in Consumer A’s health. Additionally, Consumer A was experiencing pain and a change in responsive behaviours and the medical officer did not review pain medications for over a week following a discharge from hospital for investigation of pain.

In relation to Consumer B, I have considered while staff had noted Consumer B had signs and symptoms of stroke, they did not act on these changes in condition until prompted by the representative. While the Approved Provider asserts Consumer B’s weight is consistent with their admission weight, I have considered it is significantly different to the preceding months and that this change in weight should have prompted increased monitoring in the context of Consumer B’s stroke and decline in health.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Tiwi Gardens, Non-compliant with Standard 3 Requirement (3)(d).

### 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.*

The Assessment Team found the service was unable to demonstrate information about consumers’ condition, needs and preferences are documented and communicated within the organisation, and with others where responsibility of care is shared. The Assessment Team provided the following information and evidence relevant to their recommendation of not met in this Requirement:

* Changes to Consumer A’s neurological observations were not noted in progress notes and were only documented on the neurological observation chart.
* Consumer A’s care plan was inconsistent across multiple domains, including assessments, care plans and progress notes to enable staff to have access to up-to-date information.
* Consumer B had a significant weight loss which was not identified or documented by the service. Additionally, Consumer B had medication changes during a hospital admission which were not documented or communicated in a timely manner, including that the change was prompted by clinical staff who had spoken with hospital staff.
* Evaluation of Consumer B’s food chart did not accurately identify oral intake.
* Two representatives and one consumer indicated they were not satisfied consumers’ needs and preferences are effectively communicated.

The Approved Provider submitted a response to the Assessment Team’s report and does not agree with the Assessment Team’s recommendation. The Approved Provider submitted the following information and evidence to refute the Assessment Team’s recommendation and demonstrate the service’s compliance with this Requirement:

* Consumer A and Consumer B have been addressed in Standard 3 Requirement (3)(d) and the Approved Provider has not contested these findings.
* Feedback from representatives and consumers in relation to this Requirement did not include names and have not allowed the service to investigate or respond appropriately. Additionally, the Assessment Team did not provide any evidence to support the statements made by consumers and representatives.

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

I have found overall, the service documents information about consumers’ condition, needs and preferences and communicates this information within the organisation and with others where responsibility for care is shared.

I have considered evidence presented by the Assessment Team which indicates the service uses handover processes to communicate information and that all staff, including all members of the allied health team, have access to the service’s electronic care system. Staff interviewed were able to describe consumers’ preferences and how they prefer their care.

The deficiencies presented by the Assessment Team in this Requirement have been considered in other Requirements in Standard 2 Ongoing assessment and planning with consumers and Standard 3 Personal care and clinical care, which I have found Non-compliant.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Tiwi Gardens, Compliant with Standard 3 Requirement (3)(e).

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

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

The Assessment Team found the service was unable to demonstrate they identify and refer consumers to other health care specialists and/or medical officers when required. The Assessment Team provided the following information and evidence relevant to my finding:

* Staff did not refer Consumer A to hospital in a timely manner when they presented with signs and symptoms of a stroke. The consumer’s representative was not satisfied the consumer was referred to specialist services in a timely manner.
* Staff did not refer Consumer B to a dietitian in accordance with the service’s processes and did not identify a significant weight loss. The consumer’s representative was not satisfied the consumer was referred to specialist services in a timely manner.
* Staff did not refer Consumer C to their public guardian.

The Approved Provider submitted a response to the Assessment Team’s report and does not agree with the Assessment Team’s recommendation. The Approved Provider submitted the following information and evidence to refute the Assessment Team’s recommendation and demonstrate the service’s compliance with this Requirement:

* Consumer A and Consumer B have been addressed in Standard 3 Requirement (3)(d) and the Approved Provider has not contested these findings.
* Consumer C has been addressed in Standard 3 Requirement (3)(b) and the Approved Provider has not contested these findings.
* The Assessment Team’s evidence includes that staff could describe the process for referring consumers to other health professionals, the service has policies to support this process and health professionals provide input into consumer care plans. Examples in other Requirements indicate staff regularly refer consumers to a variety of external support and specialist services.

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

The Approved Provider asserts the gaps identified by the Assessment Team in relation to the consumers identified in this Requirement have been acknowledged and addressed in other Requirements, therefore, this information should not be considered again in this Requirement. In coming to my finding, I am required to consider if the service has made timely and appropriate referrals to individuals, other organisations and providers of other care and services. In considering Consumer A, I do consider the service transferred Consumer A to hospital when they became aware that Consumer A was showing signs and symptoms of a stroke, the failure to recognise these signs has been addressed in Standard 3 Requirement (3)(d). I have also considered in relation to Consumer C that the service has not provided the public guardian this information from a geriatrician review to support them to make decisions, however, I have considered this in Standard 1 Consumer dignity and choice.

In relation to Consumer B, I have considered staff did not follow the service’s process in relation to weight loss and as a result, a referral to a dietitian was not made in timely manner. Additionally, I have considered evidence in Standard 3 Requirement (3)(b) where staff, while having made a referral to speech pathologist, did not escalate the referral even though the consumer continued to cough on their diet for a week before the speech pathologist reviewed the consumer and downgraded their diet.

While I acknowledge that the Assessment Team has provided some examples of timely and appropriate referrals, I find the service has not always actioned referrals in a timely manner for all consumers, specifically the two consumers identified above, and this failure has impacted on the consumers’ health outcomes.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Tiwi Gardens, Non-compliant with Standard 3 Requirement (3)(f).

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

The Assessment Team found the service was unable to demonstrate an effective infection control system to minimise infection related risks through standard and transmission based precautions. The Assessment Team provided the following information and evidence relevant to my finding:

* The Assessment Team observed staff entering Consumer A’s room, who has multi-resistant organism infection, without personal protective equipment.
* Management were unable to demonstrate how they effectively monitored consumers treated for confirmed or suspected scabies, with management unable to provide evidence that consumers treated had been tested for scabies.
  + One representative interviewed was not satisfied with management’s response to an actual/potential scabies outbreak.
* Staff did not implement the service’s treatment processes for a consumer whose wound had become contaminated with maggots on several occasions.

The Approved Provider submitted a response to the Assessment Team’s report and does not agree with the Assessment Team’s recommendation. The Approved Provider submitted the following information and evidence to refute the Assessment Team’s recommendation and demonstrate the service’s compliance with this Requirement:

* Confirmed that Consumer A has a diagnosed multi-resistant organism infection.
* A corrective action was implemented in response to scabies outbreak and a decision was made to prophylactically treat all consumers residing in one unit because scabies had only been identified in this unit. The Approved Provider submitted a table which indicated all consumers in the unit had been treated with one or more scabies treatments, but consumers did not have any scapings taken to confirm scabies.
* The Approved Provider asserts that medical officers all have different approaches to scabies management and not all will request skin scapings due to the higher prevalence of scabies in the Northern Territory than other States and Territories in the country.
* Evidence in relation to the management of a consumer’s contaminated wound with maggots has been considered and responded to in relation to Standard 3 Requirement (3)(a) and the Approved Provider has not contested these findings.

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

In coming to my finding, I have considered that the Assessment Team observed staff enter a consumer’s room without wearing the appropriate personal protective equipment to minimise the risk of the spread of a multi-resistant organism.

I have also considered the service has not effectively monitored consumers who were treated for scabies, with the table presented by the Approved Provider indicating consumers treated were from at least two different wings and not all consumers had been allocated a designated location. Additionally, the table does not indicate if the consumer was treated prophylactically or for symptoms of scabies. It also indicates no consumers had scapings taken to confirm infection. I consider the service should maintain more detailed records to support the service’s infection control program. Without knowledge of which consumers are presenting with symptoms and confirmation of infection, even with a cohort prophylactic treatment approach, it does not support effective management of consumers presenting with symptoms. I have also relied upon the Assessment Team’s evidence which indicates over a four-month period, there were ongoing scabies infections.

In relation to the consumer with ongoing maggot infestations of their wound, I have considered staff non-adherence to their treatment regime in Standard 3 Requirement (3)(a). However, I do consider that the service should consider practices and management of the consumer’s wound to ensure minimisation of infestation risks.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Tiwi Gardens, Non-compliant with Standard 3 Requirement (3)(g).

# STANDARD 4 NON-COMPLIANT Services and support 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 Quality Standard is assessed as Non-compliant as one of the seven specific Requirements have been assessed as Non-compliant.

The Assessment Team recommended Requirements (3)(g) and (3)(f) in this Standard as not met. The Assessment Team found the service was unable to demonstrate consumers are provided with meals which are varied and of suitable quality and equipment provided for the care and services of consumers is always safe, suitable, cleaned and well maintained.

Based on the Assessment Team’s report and the Approved Provider’s response I have come to a different finding to the Assessment Team in relation to Requirement (3)(g) in this Standard and have found this Requirement Compliant. In relation to Requirement (3)(f) in this Standard I have found this Requirement Non-compliant. I have provided reasons for my findings in the respective Requirements below.

In relation to all other Requirements in this Standard, most sampled consumers/representatives consider consumers receive the services and supports for daily living which are important for their health and well-being and enable them to do the things they want to do. Specific feedback from consumers/representatives sampled include:

* Consumers expressed their gratitude for lifestyle staff and stated the enjoyed attending the activities provided.
* Staff are supportive of consumers maintaining their independence and provide support when consumers are feeling down or lonely.
* Consumers and representatives indicated they are satisfied consumers’ condition, needs and preferences are effectively communicated within and between organisation.
* Most consumers and representatives indicated satisfaction with referrals to other providers of care and services.

Care planning documents demonstrate consumers’ emotional and social needs, including what is important to them, including social and personal relationships is identified. It also identified interventions for consumers’ emotional, spiritual and psychological well-being. Care plans are accessible to staff, and access is dependent on position within the organisation.

Staff interviewed were able to provide strategies about how they support consumers with services for daily living, including catering, laundry and activities. Lifestyle staff were able to describe what is important to consumers and provided examples of how they assist and support consumers to do the things they like, participate in the community and provide emotional and psychological support. Staff provided examples of events, activities and strategies used to support consumers to maintain personal relationships and participate in the community. Lifestyle staff also described how partnerships with external organisations supports provision of activities. Staff indicated communication of consumers’ needs and preferences is provided through handover, written reports and consumers’ electronic records.

The Assessment Team observed the activities schedule to be in accordance with consumers’ preferences, likes and ideas. Mosaic profile frames were on all consumers’ doors to convey consumers’ needs and interests. Monthly activities information was displayed on information boards and is also delivered to each consumer. The Assessment Team observed consumers participating in a range of activities during the Site Audit, including leaving the service to attend activities in the community. Consumers were observed to be socialising and staff being attentive to consumers during meal service.

Based on the Assessment Team’s report and the Approved Provider’s response I find Regis Aged Care Pty Ltd, in relation to Regis Tiwi Gardens, Compliant with Requirements (3)(a), (3)(b), (3)(c), (3)(d) and (3)(e) in Standard 4 Services and supports for daily living.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*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.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*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.*

### Requirement 4(3)(d) Compliant

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

### Requirement 4(3)(e) Compliant

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

### Requirement 4(3)(f) Non-compliant

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

The Assessment Team found the service was unable to demonstrate consumers are provided with meals which are varied and of suitable quality. The Assessment Team provided the following information and evidence relevant to my finding:

* Seven of 11 consumers/representatives indicated they were not satisfied with the meals with comments, including:
  + The meat is tough, and the food is tasteless. One consumer indicated one meal, fish and chips, that they enjoyed at home, is served bland.
  + Hot meal options are limited, and two consumers buy their own food as the meals are not to their liking.
  + Two representatives often bring in home-cooked meals as their consumers do not like the meals.
* One consumer indicated they have raised issues of choice and variety of meals at meetings for consumers and through feedback forms, however, no action has been taken.
  + The service’s comments and complaints report for February 2021 to April 2021 includes five complaints in relation to the meal quality and variety. However, the service was unable to demonstrate actions were taken to address these raised concerns.
* During the Site Audit, the Assessment Team observed two meal services where only one hot option was provided.

The Approved Provider submitted a response to the Assessment Team’s report and does not agree with the Assessment Team’s recommendation. The Approved Provider submitted the following information and evidence to refute the Assessment Team’s recommendation and demonstrate the service’s compliance with this Requirement:

* While the Approved Provider acknowledges that not all consumers and representatives are satisfied with the meals, this is feedback from only seven of 140 consumers, which equates to less than 10 per cent of the total number of consumers, a very small sample size.
* As stated in the Assessment Team’s report, feedback in relation to meals is regularly sought at bi-monthly meetings for consumers, through feedback forms and surveys. While the Approved Provider asserts the service always strives to provide meals to satisfy all consumers, gaining 100 per cent satisfaction is not likely to occur.
  + Since the Site Audit, the regional catering manager had been onsite for a week conducting interviews with consumers in relation to the menu. All feedback has been acknowledged and the menu will be reviewed to ensure more options are available as requested.
* The service aligns with industry norms in relation to meal and food options, with choice and options provided at all meals times, including a hot meal option, salad or sandwiches. Additionally, the service has not received feedback from consumers that they are wanting more hot meal options.
* In relation to a consumer’s comment in relation to a bland meal, this is unfair to use as evidence as the meal of fish and chips will never be of the same standard as those from a ‘take-away’ shop.
  + The service has purchased air fryers to attempt to serve ‘oven chips’ which has been well received by consumers.
* The service encourages consumers and representatives to bring in home cooked meals which consumers enjoy. While the service endeavours to create meal options for all consumers, this will not be possible for all consumers at all meals.
* Additional information in the Assessment Team’s report indicates positive feedback from consumers and that the menu caters for cultural needs and is reviewed by speech pathologist and dietitian.

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

I find the service has not always provided meals which are of suitable quality and variety. In coming to my finding, I have relied upon feedback from seven of 11 consumers and representatives who have indicated the meals are not of suitable quality and the service was unable to demonstrate feedback provided in relation to the quality of the meals has been actioned and addressed. While the Approved Provider asserts that seven dissatisfied consumers/representatives represent a very small sample of the consumer cohort, I have considered it represents over 50 per cent of the sampled consumer/representatives during the Site Audit. Additionally, one consumer indicated ongoing concerns have been raised through various feedback mechanisms but have not been actioned, with documented complaints relating to the quality of the meals not having documented actions or any follow-up. I have also considered that since the Site Audit, the service has implemented additional strategies to understand consumers’ views in relation to meals which has resulted in a planned menu review with more options and a new cooking equipment for the fish and chips meals has resulted in positive feedback.

The intent of this Requirement highlights that meals and the overall dining experience are a very significant part of day-to-day life and I have considered the service has not effectively used feedback provided to support responses and changes to consumer feedback and ensure consumers are provided with meals which are of suitable quality and variety. The Approved Provider asserts the service seeks consumer feedback in relation to meals through a variety of mechanisms and always strives to provide meals to satisfy all consumers. However, I have considered that documented feedback, including information presented in Standard 6 Requirement (3)(c) showing the continuous improvement log for January 2021 to March 2021 includes food being tasteless, served cold and repetitive, is consistent with feedback provided by consumers/representatives during the Site Audit and has not been actioned. Therefore, I find the service has not strived to ensure meals are satisfactory for consumers, especially those who have provided feedback. The Approved Provider has acknowledged in Standard 6 Requirement (3)(c) that improvements are required in relation to actioning feedback.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Tiwi Gardens, Non-compliant with Standard 4 Requirement (3)(f).

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

The Assessment Team found the service was unable to demonstrate the equipment they provide for the care and services of the consumer is always safe, suitable, cleaned and well maintained. The Assessment Team provided the following findings and evidence to support their recommendation of not met in this Requirement:

* There were two separate incidents involving mechanical lifters which resulted in two consumers sustaining injuries. Incident investigation reports indicated the cause of the incidents included equipment and a consumer extending a leg during the process, and staff procedure.
* A consumer interviewed indicated their call bell had not been functioning for over two weeks but no alternative equipment or means had been provided to assist the consumer to call for staff assistance.

The Approved Provider submitted a response to the Assessment Team’s report and does not agree with the Assessment Team’s recommendation. The Approved Provider submitted the following information and evidence to refute the Assessment Team’s recommendation and demonstrate the service’s compliance with this Requirement:

* In relation to the two incidents involving mechanical lifters, while the Approved Provider acknowledges and regrets the two injuries sustained by two consumers, these injuries were not caused due to equipment failure but rather related to staff procedure and one consumer lifting their leg during the transfer.
* In relation to one consumer’s broken call bell, the Approved Provider acknowledges the delay in repair and that additional options were not made available to the consumer to call for assistance. Once alerted to the issue, the service issued an interim manual call bell until the call bell was repaired.

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 have considered evidence presented in the Assessment Team’s report which indicates consumers sampled feel safe when transferring with mechanical lifters and regularly used equipment is cleaned after use and regular maintenance checks undertaken. Staff interviewed confirmed they have access to relevant equipment which is readily available when required. In relation to the two incidents involving mechanical lifters, I find this evidence relates to staffing practice and competence and I have considered this in my finding in relation to Standard 7 Requirement (3)(c). Additionally, the issues in relation to one consumer’s call bell I have considered in context of Standard 5 Requirement (3)(c) where the Approved Provider has acknowledged the deficit and put actions in place to rectify it. Overall, I find in the context of services and supports for daily living, the equipment provided is safe, suitable, cleaned and well maintained and this has been confirmed through consumer and staff interviews.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Tiwi Gardens, Compliant with Standard 4 Requirement (3)(g).

# STANDARD 5 NON-COMPLIANT 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 Quality Standard is assessed as Non-compliant as two of the three specific Requirements have been assessed as Non-compliant.

The Assessment Team recommended Requirements (3)(b) and (3)(c) in this Standard as not met. The Assessment Team found the service was unable to demonstrate the service environment, furniture, fittings and equipment were safe, clean, well maintained and suitable for consumers.

Based on the Assessment Team’s report and the Approved Provider’s response I find Requirements (3)(b) and (3)(c) in this Standard Non-compliant. I have provided reasons for my findings in the respective Requirements below.

In relation to Requirement (3)(a) in this Standard, the Assessment Team found the service was able to demonstrate the service environment was welcoming, easy to understand and optimised each consumer’s sense of belonging, independence, interaction and function.

Overall, sampled consumers and representatives indicated they find the service environment homely, welcoming and easy to navigate. Some consumers also indicated they were able to bring in items to personal their rooms. Staff interviewed described processes for reporting maintenance issues and actions to take in the event of an emergency. The Assessment Team observed the service environment to be welcoming, homely and calm, with consumers’ rooms being decorated with personal belongings. They also observed communal areas, both indoor and outdoor, were open and provided sufficient space for consumers to mobilise and interact with others. Visitors and relatives were observed meeting with consumers in both personal and communal spaces.

Based on the Assessment Team’s report and the Approved Provider’s response I find Regis Aged Care Pty Ltd, in relation to Regis Tiwi Gardens, Compliant with Requirement (3)(a) in Standard 5 Organisation’s service environment.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

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

### Requirement 5(3)(b) Non-compliant

*The service environment:*

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

The Assessment Team found the service was unable to demonstrate the service environment is safe, clean and well maintained but did find consumers were able to move freely, both indoors and outdoors. The Assessment Team provided the following information and evidence relevant to my finding:

* The Assessment Team observed the indoor and outdoor service environment in the memory support unit (MSU) to be unclean and not well maintained.
  + Specifically relating to inside the MSU, the Assessment Team observed skirting boards were soiled and stained, shared toilets/bathrooms had visible dirt and grime, walls were marked with paint missing, cupboards in kitchenettes contained deceased cockroaches and peeling laminate on a bathroom floor.
  + Specifically relating to outside the MSU, there was a large amount of litter in the garden areas and mildew on the pathways.
* The Assessment Team observed four other wings and found the storage area to be cluttered and unsecured, all fire doors were not fit for purpose, flooring and ceilings appeared to be mouldy and water-stained.
  + A mould sampling report from February 2021 made a recommendation that causes of mould and water damage be rectified and all damaged contaminated materials identified and remediated or disposed.
* The Assessment Team observed unsecured chemicals in the MSU and unsecured medications in the nurses’ station in the main corridor.
* The service is unsure how to manage possum infestation and a consumer was to be relocated from their room after three possums fell from the manhole.

The Approved Provider submitted a response the Assessment Team’s report and accepts the findings and recommendation of the Assessment Team. The Approved Provider has commenced an action plan to address the deficiencies identified by the Assessment Team, actions include but are not limited to:

* A comprehensive environmental audit has been completed which resulted in the development of a priority works list.
* Ceiling repairs had commenced prior to the Site Audit and are ongoing with repairs also to corridors and consumers’ rooms, with a planned completion date in May 2021.
* A schedule for room audits to be implemented, including equipment replacement and timeframes with weekly progress meetings.
* Contract cleaners have conducted deep cleans of the kitchen and kitchenettes.
* Possum traps have been set, with one possum already being captured.

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

I acknowledge the Approved Provider’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, at the time of the Site Audit, I find the service did not demonstrate the service environment was safe, clean and well maintained. In coming to my finding, I have considered the Assessment Team’s observations about the environment’s general appearance which indicated routine and reactive maintenance/cleaning had not been effectively used to ensure all indoor and outdoor areas were clean and well maintained, including several issues in the MSU. I have also considered that mould and water damage and a fire door which was not fit-for-purpose caused risk to the safety of the environment.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Tiwi Gardens, Non-compliant with Standard 5 Requirement (3)(b).

### Requirement 5(3)(c) Non-compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

The Assessment Team found the service was unable to demonstrate furniture, fittings and equipment are safe, clean, well maintained and suitable for consumers. The Assessment Team provided the following information and evidence relevant to my finding:

* The Assessment Team observed furniture in the memory support unit (MSU) to be unclean and not well maintained.
  + Specifically relating to the indoor environment of the MSU, the Assessment Team observed heavily soiled sensory touch boards, peeling laminate on dining room tables and several chairs were soiled and stained.
  + Specifically relating to outside the MSU, an outdoor chair was unclean and had bird droppings on it, with a consumer observed to sit on this chair.
* The Assessment Team observed most dining room tables in one kitchenette had laminate lifting off around the edges,
* A consumer interviewed indicated their call bell had not been functioning for over two weeks but no alternative equipment or means had been provided to assist the consumer to call for staff assistance.
* One consumer and one representative interviewed reported the air conditioning units in these consumers’ rooms had not worked effectively since early February 2021, leaving one consumer uncomfortable in the hot weather and the representative feeling frustrated in relation to the time taken to repair the unit. While the issues have been logged, the service are waiting for parts for the air conditioning units, with one consumer being provided a portable air conditioner in the interim.

The Approved Provider submitted a response the Assessment Team’s report and accepts the findings and recommendation of the Assessment Team. The Approved Provider has commenced an action plan to address the deficiencies identified by the Assessment Team, actions include but are not limited to:

* Review of equipment requiring replacement is ongoing and includes (but not limited to) dining tables, chairs and shower chairs.
* New lounge furniture, such as couches and arm chairs have been purchased.
* Plumbing, air conditioning and call bell systems are repaired and now working.
* In relation to one consumer’s broken call bell, the Approved Provider acknowledges the delay in repair and that additional options were not made available to the consumer to call for assistance. Once alerted to the issue, the service issued an interim manual call bell until the call bell was repaired.
* A schedule for room audits to be implemented, including equipment replacement and timeframes with weekly progress meetings.
* A room audit and hazard identification initiative are to be implemented.

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

I acknowledge the Approved Provider’s actions and improvements to rectify the deficiencies identified by the Assessment Team and feedback from most consumers to the Assessment Team which indicated they are satisfied with equipment and furniture. However, at the time of the Site Audit, I find the service did not demonstrate the service’s furniture, fittings and equipment were safe, clean, well maintained and suitable for consumers. In coming to my finding, I have considered the Assessment Team’s observations about the furniture’s general appearance which indicated furniture was not clean nor well maintained, including several issues in the MSU in relation to chairs, tables and sensory support equipment. I have also considered feedback from consumers and a representative which demonstrates equipment and fittings, including a call bell and air conditioning units have not been fit for purpose and have impacted upon a consumer’s ability to alert staff for assistance and on the comfort of a consumer’s room.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Tiwi Gardens, Non-compliant with Standard 5 Requirement (3)(c).

# STANDARD 6 NON-COMPLIANT Feedback and complaints

### 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.

## Assessment of Standard 6

The Quality Standard is assessed as Non-compliant as two of the four specific Requirements have been assessed as Non-compliant.

The Assessment Team recommended Requirements (3)(c) and (3)(d) in this Standard as not met. The Assessment Team found the service was unable to demonstrate the service’s system for managing and resolving complaints is effective and includes the use of open disclosure when things go wrong or that feedback and complaints are reviewed and used to improve the quality of care and services.

Based on the Assessment Team’s report and the Approved Provider’s response, I find Requirements (3)(c) and (3)(d) in this Standard Non-compliant. I have provided reasons for my findings in the respective Requirements below.

In relation to Requirements (3)(a) and (3)(b) in this Standard, the Assessment Team found the service was able to demonstrate consumers and representatives are encouraged and supported to provide feedback and make complaints. They also found the service was able to demonstrate consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

Consumers interviewed were able to describe processes relating to making complaints or providing feedback and most indicated they were comfortable to raise concerns. Staff interviewed were able to confirm feedback and complaints processes, including how to manage verbal feedback from consumers/representatives. The Assessment Team observed information about feedback processes and feedback boxes. The ‘consumer welcome pack’ also contained information relation to feedback and complaints processes.

Management indicated interpreter services are available to assist consumers if required and staff provided examples of different strategies they use to support consumers to provide feedback. The methods of raising complaints is on the agenda at the monthly meeting for consumers and representatives.

Based on the Assessment Team’s report and the Approved Provider’s response I find Regis Aged Care Pty Ltd, in relation to Regis Tiwi Gardens, Compliant with Requirements (3)(a) and (3)(b) in Standard 6 Feedback and complaints.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Non-compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

The Assessment Team found the service was unable to demonstrate the service’s system for managing and resolving complaints is effective and includes the use of open disclosure when things go wrong. The Assessment Team provided the following information and evidence relevant to my finding:

* Two representatives are not satisfied the service has used open disclosure processes to fully inform them or provide an explanation for their consumers’ deteriorated clinical conditions.
* One consumer indicated they had raised concerns at a resident meeting but has not been provided feedback and the concerns are ongoing.
* One representative is not satisfied with the follow-up action taken in response to their complaint regarding an incident, including what the service has implemented to ensure the incident does not reoccur.
* The service’s continuous improvement log is used as a complaints/feedback log. The continuous improvement log for January 2021 to March 2021 demonstrated not all recorded items had details of actions taken, feedback provided to complainants or evaluations completed. Incomplete items included complaints relating to deficiencies identified by the Assessment Team during the Site Audit, including cleanliness of the memory support unit, staffing ratios in relation to responsive behaviours and quality of meals.

The Approved Provider submitted a response the Assessment Team’s report and accepts the findings and recommendation of the Assessment Team. The Approved Provider has commenced an action plan to address the deficiencies identified by the Assessment Team, actions include but are not limited to:

* The regional general manager has been overseeing feedback processes and actively working with consumers/representatives who have raised concerns, including representatives identified in the Assessment Team’s report. The regional general manager continues to respond to any enquiries or concerns from consumers/representatives.
* Feedback processes are being monitored and are currently up-to-date.

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

I acknowledge the Approved Provider’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, at the time of the Site Audit, I find the service did not demonstrate appropriate actions are always taken in response to complaints or that open disclosure processes are effectively deployed when things go wrong. In coming to my finding, I have considered feedback from consumers and representatives which indicate complaints and open disclosure processes have not been effectively implemented and complainants have not had their concerns satisfactorily addressed. I have also considered the continuous improvement log which is used to monitor complaints actions, indicates not all complaints have been actioned, including ongoing communication with complainants. Additionally, unresolved complaints on the continuous improvement log are consistent with some deficiencies identified by the Assessment Team in other Standards at the Site Audit.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Tiwi Gardens, Non-compliant with Standard 6 Requirement (3)(c).

### Requirement 6(3)(d) Non-compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

The Assessment Team found the service was unable to demonstrate feedback and complaints are reviewed and used to improve the quality of care and services. The Assessment Team provided the following information and evidence relevant to my finding:

* Five consumers/representatives were unable to provide examples of improvements made in response to feedback they had provided.
* The service’s continuous improvement log demonstrated some complaints had not been actioned or feedback given to complainants.
* While the service’s quality audit report included the numbers of concerns, suggestions and compliments received, it did not include corrective actions taken.

The Approved Provider submitted a response the Assessment Team’s report and accepts the findings and recommendation of the Assessment Team. The Approved Provider has commenced an action plan to address the deficiencies identified by the Assessment Team, actions include but are not limited to:

* An initial email/letter was provided to consumers/representatives in relation to the Site Audit. Additionally, meetings for consumers and representatives were held to provide updates and education.
* Monthly meetings for consumers and representatives are used to remind them about feedback processes and a newsletter is distributed providing updates in relation to improvements to the service, updates to the management team, overview of the appointed nurse advisor, recruitment of new staff, care plan reviews, wound consultation and dietitian support.

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

I acknowledge the Approved Provider’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, at the time of the Site Audit, I find the service did not demonstrate feedback and complaints are reviewed and used to improve the quality of care and services. In coming to my finding, I have considered the service has not used their complaints management system effectively, including not actioning complaints and consumers/representatives were unable to provide examples of improvements. I have also considered some concerns and complaints logged were deficiencies identified by the Assessment Team during the Site Audit which the service has not considered or actioned when the concerns were initially presented to the service.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Tiwi Gardens, Non-compliant with Standard 6 Requirement (3)(d).

# STANDARD 7 NON-COMPLIANT 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 Quality Standard is assessed as Non-compliant as three of the five specific Requirements have been assessed as Non-compliant.

The Assessment Team recommended Requirements (3)(a), (3)(c), (3)(d) and (3)(e) in this Standard as not met. The Assessment Team found the service was unable to demonstrate 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;
* the workforce is competent and have the knowledge and skills to effectively perform the roles;
* the workforce is provided with effective training, education or support to ensure they perform their roles and responsibilities effectively to provide safe and quality care to consumers; and
* adequate assessment, monitoring and review of the performance of each member of the workforce is consistently undertaken.

Based on the Assessment Team’s report and the Approved Provider’s response I find the Requirements (3)(a), (3)(c) and (3)(d) Non-compliant. However, in relation to Requirement (3)(e) in this Standard, I have come to a different finding to the Assessment Team and have found this Requirement Compliant. I have provided reasons for my findings in the respective Requirements below.

In relation to Requirement (3)(b) in this Standard, the Assessment Team found consumers sampled indicated staff are kind, caring and gentle when providing care and respectful of each consumer’s identity, culture and diversity. Specific comments and feedback from consumers include:

* One consumer said staff are ‘good’ and they get adequate care when they need it.
* One consumer indicated staff are wonderful, kind and considerate.

The Assessment Team observed staff to be attentive, caring and engaging with consumers during meal service and were also observed to be respectful.

Based on the Assessment Team’s report and the Approved Provider’s response I find Regis Aged Care Pty Ltd, in relation to Regis Tiwi Gardens, Compliant with Requirement (3)(b) Standard 7 Human resources.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-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.*

The Assessment Team found the service was unable 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 information and evidence relevant to my finding:

* Two consumers were not satisfied staff answer their call bells in a timely manner, resulting in sitting on the toilet for a long time or soiling themselves waiting for staff to attend.
* Two representatives indicated when they use the call bell they wait lengthy periods for staff to respond.
* Five representatives indicated they visit the service each day because they do not believe there are enough staff and staff are rushed to provide adequate care.
* Two staff interviewed indicated they are often short staffed and this impacts on the provision of care.
* Two staff interviewed indicated they find the workload difficult and results in them calling in sick.
* Staff feedback forms dated early March 2021 stated due to staffing ratios, consumers were not getting assistance with the hygiene/continence care in a timely manner, however, action in response to this feedback was not actioned until over one month later.
* The service has not been conducting call bell audits in accordance with the organisation’s process, analysing call bells at a much reduced number than is expected.

The Approved Provider submitted a response to the Assessment Team’s report and does not agree with the Assessment Team’s recommendation. The Approved Provider submitted the following information and evidence to refute the Assessment Team’s recommendation and demonstrate the service’s compliance with this Requirement:

* The service uses a flexible staffing model which allows the service to change staffing numbers based on the acuity of consumers and occupancy rates.
* The service’s roster exceeds the Aged Care Royal Commission Recommendation in relation to the minimum staff time standards for residential care by 18 hours per day.
* The service uses a range of strategies to fill unplanned leave, including service leadership coordinating shifts to ensure consumer care is attended.
* In relation to the two consumers who indicated staff do not answer their call bell in a timely manner, for one consumer a name was not provided to be able to accurately respond to the consumer or address the consumer’s concerns. In relation to the other consumer, their comments relate to one incident in September 2020 and a follow-up conversation indicated they are happy with care and services.
* The Approved Provider acknowledges some consumers have had to at times wait for their call bells to be answered, which while not ideal, does not reflect poor care. While some consumers have wait times greater than 10 minutes, this is not the case for the majority of consumers and further call bell auditing has identified trends and these will be accordingly acted upon.
* In relation to representative feedback, no names were provided to be able to accurately respond or provide further evidence.
* The organisation’s call bell policy does not give direction in relation to how frequently call bell data should be reviewed.

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

I consider the service has not demonstrated there are sufficient numbers of staff to ensure the delivery and management of safe and quality care and services. While I acknowledge the service has processes to respond to changing acuity of consumers and have demonstrated they have responded to changes and feedback, this has not always been completed in a timely manner. I have considered that feedback forms indicated staff had provided feedback that staffing levels were not sufficient to ensure consumers’ care needs were met but this feedback was not actioned for over one month. Additionally, I have considered the service’s monitoring processes in relation to call bell response times is insufficient to support effective monitoring of staffing levels and practices and while there is a process to understand impact to consumers where calls are greater than 10 minutes, this process is only undertaken for analysed call bells for one 24-hour period each month. Furthermore, since the Site Audit, the service has conducted further auditing of call bell trends which has identified opportunities for improvement which require actions to be implemented.

I have also considered feedback from consumers and representatives which indicates they are not satisfied with staffing levels resulting in negative outcomes for consumers regarding toileting and supervision of a consumer whose responsive behaviours impacting on other female consumers. I have also considered the impact of staffing level on representatives’ lack of confidence in the provision of safe and quality care.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Tiwi Gardens, Non-compliant with Standard 7 Requirement (3)(a).

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Non-compliant

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

The Assessment Team found the service was unable to demonstrate the workforce is competent and have the knowledge and skills to effectively perform the roles. The Assessment Team provided the following information and evidence relevant to my finding:

* Three representatives are not satisfied all staff have the required skills and knowledge to effectively perform their roles.
* Clinical care outcomes for consumers in Standard 3 Personal care and clinical care demonstrates staff do not have the skills and knowledge to manage risks associated with consumers’ care or identify changes and/or deterioration in consumers’ health.
  + One clinical staff member interviewed indicated a lack of understanding in relation to consumers living with dementia.
* While training has been provided for various aspects of clinical care, including areas of risk not effectively managed, such as choking, weight loss and incident management, these areas of care were found to be deficient during the Site Audit.

The Approved Provider submitted a response to the Assessment Team’s report and does not agree with the Assessment Team’s recommendation. The Approved Provider submitted the following information and evidence to refute the Assessment Team’s recommendation and demonstrate the service’s compliance with this Requirement:

* The Approved Provider acknowledges the concerns raised in relation to the clinical care of consumers, however, asserts these areas have been covered within Standard 3 Personal care and clinical care, which they have not contested. Therefore, should not be used a rationale for not meeting this Requirement.
* While training records have not been well maintained, education is provided for all staff. Since the Site Audit, an education/training plan has been developed to address areas of deficits identified by the Assessment Team.

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

I have considered the service was unable to demonstrate that members of the workforce are competent and knowledgeable, specifically clinical staff, to ensure they effectively perform their roles. In coming to my finding, I have considered the outcomes of consumers’ clinical care in Standard 3 Personal care and clinical care which indicate staff skills and knowledge are not adequate to support the delivery of safe and effective care. I have considered evidence which demonstrates staff have not provided care in accordance with specialist recommendations or the service’s procedures, have not identified significant changes in health or condition and have not responded to clinical situations with the expected response of a qualified nurse. I have considered the negative outcomes for some consumers has been significant due to lack of staff clinical monitoring and response to consumers’ changing conditions. Additionally, I have considered representatives’ lack of confidence in the skills and knowledge of staff, in response to negative clinical outcomes for their consumer.

I have also considered evidence presented by the Assessment Team in Standard 4 Requirement (3)(g) where there were two incidents involving a mechanical lifter, injuring two consumers, due to staff practices. I consider the use of mechanical lifters is daily routine practice and staff should be able to competently use this equipment and when used correctly should not result in injury to consumers or staff.

Furthermore, I have considered the service has not monitored the workforce to ensure the workforce has the skills and knowledge they need for their roles to provide safe and effective care and services, resulting in training not always being tailored to the skills and knowledge deficits of staff.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Tiwi Gardens, Non-compliant with Standard 7 Requirement (3)(c).

### Requirement 7(3)(d) Non-compliant

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

The Assessment Team found the service was unable to demonstrate the workforce is provided with effective training, education or support to ensure they perform their roles and responsibilities effectively to provide safe and quality care to consumers. The Assessment Team provided the following information and evidence relevant to my finding:

* Three representatives are not satisfied staff have sufficient knowledge or training.
* Staff training deficits identified by the Assessment Team include wound management, behavioural management, choking/aspiration and management of clinical deterioration.
* While training records demonstrate staff have completed most mandatory training modules, some areas of training have not been effective, for example, ‘safe swallowing’, deterioration and managing consumers’ behaviours.
* Two staff indicated training can be rushed at times and do not feel it is always adequate.

The Approved Provider submitted a response to the Assessment Team’s report and does not agree with the Assessment Team’s recommendation. The Approved Provider submitted the following information and evidence to refute the Assessment Team’s recommendation and demonstrate the service’s compliance with this Requirement:

* The Approved Provider acknowledges the concerns raised in relation to the clinical care of consumers, however, asserts these areas have been covered within Standard 3 Personal care and clinical care, which they have not contested. Therefore, should not be used a rationale for not meeting this Requirement.
* The Assessment Team’s report included evidence all staff completing induction processes, mandatory training, buddy shifts, feedback is used to identify staff training needs, numeracy and vocabulary competencies are used for new staff where English is their second language and staff are able to request training.

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

I consider the service has not demonstrated processes to ensure the workforce is trained, equipped and supported to deliver the outcomes required by these Standards. In coming to my finding, I have relied upon evidence and outcomes in Standard 3 Personal care and clinical care which indicates that while training has been provided this has not resulted in staff providing appropriate or adequate care in relation to behavioural management or clinical deterioration. Additionally, the service had several incidents associated with choking/aspiration, with one incident resulting in the death of a consumer but only just over one third of staff have completed this training.

I consider management’s lack of monitoring of staff practices has not supported day-to-day practice to protect against risk and improve the care outcomes for consumers. I have also considered evidence presented in Requirement (3)(e) in this Standard that the service’s documentation indicated a staff member has not completed all steps of the induction process to support new staff to transition to their new role, specifically a registered nurse. I acknowledge that staff can request training, but I consider staff have not received ongoing supervision and support to carry out their role and to inform the efficacy of training provided.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Tiwi Gardens, Non-compliant with Standard 7 Requirement (3)(d).

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

The Assessment Team found the service was unable to demonstrate adequate assessment, monitoring and review of the performance or each member of the workforce is consistently undertaken. The Assessment Team provided the following evidence and information to support their recommendation of not met for this Requirement:

* The induction/orientation form for a registered nurse indicated not all steps of the induction process had been completed.
* Monitoring of maintenance staff has not been completed in accordance with the service’s schedule.

The Approved Provider submitted a response to the Assessment Team’s report and does not agree with the Assessment Team’s recommendation. The Approved Provider submitted the following information and evidence to refute the Assessment Team’s recommendation and demonstrate the service’s compliance with this Requirement:

* While the form for the registered nurse induction had not been signed, the Approved Provider asserts the induction and orientation was completed.
* The Approved Provider acknowledges monitoring of maintenance staff has not been completed in accordance with the service’s schedule, but it was impacted by COVID-19 restrictions on staff travelling interstate. Additionally, performance management processes are being undertaken for relevant staff.
* The Assessment Team’s report indicated positive information, such as staff interviewed indicating they receive feedback about their performance and no staff appraisals are outstanding.

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

I consider the service has processes to regularly assess, monitor and review the performance of each staff member of the workforce. In coming to my finding, I consider there are effective processes to ensure an appropriate person regularly evaluates the performance of each staff member and provide an opportunity to plan and support their development. I acknowledge the deficits identified by the Assessment Team in relation to the induction form for a registered nurse and routine monitoring of maintenance has not been completed, I have considered this evidence in other Requirements in this Standard, including management’s failure to monitor staff practices associated with competence. I have also considered the service was able to provide examples of how they have performance managed a staff member in response to feedback and that relevant performance management processes are being undertaken in relation maintenance staff.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Tiwi Gardens, Compliant with Standard 7 Requirement (3)(e).

# 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 Quality Standard is assessed as Non-compliant as two of the five specific Requirements have been assessed as Non-compliant.

The Assessment Team recommended Requirements (3)(a), (3)(c), (3)(d) and (3)(e) in this Standard as not met. The Assessment Team found the service was unable to demonstrate that:

* consumers are engaged in the development, delivery and evaluation of care and services and supported in that engagement;
* effective governance systems in relation to information management, workforce governance, regulatory compliance and feedback and complaints;
* effective risk management systems in relation to managing high impact or high prevalence risks associated with the care of consumers; and
* effective clinical governance framework in relation to antimicrobial stewardship and open disclosure.

Based on the Assessment Team’s report and the Approved Provider’s response I find the Requirements (3)(c) and (3)(d) Non-compliant. However, in relation to Requirements (3)(a) and (3)(e) in this Standard, I have come to a different finding to the Assessment Team and have found these Requirements Compliant. I have provided reasons for my findings in the respective Requirements below.

In relation to Requirement (3)(b) in this Standard, the Assessment Team found the service was able to demonstrate the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The service demonstrated how the Board are making changes to understand consumers’ experience and how the structural communication process ensure relevant governance committees are informed of the performance and compliance of the service. Communication from the Board is discussed at consumer and staff meetings and displayed on information boards.

Based on the Assessment Team’s report and the Approved Provider’s response I find Regis Aged Care Pty Ltd, in relation to Regis Tiwi Gardens, Compliant with Requirement (3)(b) Standard 8 Organisational governance.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

The Assessment Team found the service was unable to demonstrate that consumers are engaged in the development, delivery and evaluation of care and services and supported in that engagement. The Assessment Team provided the following evidence and information to support their recommendation of not met for this Requirement:

* Three representatives are not satisfied they are actively involved and supported in the engagement of care and services.
* The service was unable to demonstrate effective feedback and complaint mechanisms.

The Approved Provider submitted a response to the Assessment Team’s report and does not agree with the Assessment Team’s recommendation. The Approved Provider submitted the following information and evidence to refute the Assessment Team’s recommendation and demonstrate the service’s compliance with this Requirement:

* The Approved Provider acknowledges the concerns raised by three representatives, however, these concerns have been addressed in Standard 3 Personal care and clinical care and Standard 6 Feedback and complaints, which the Approved Provider has not contested.
* Further evidence presented by the Assessment Team indicated a variety of mechanisms and strategies used to engage consumers/representatives in the development, delivery and evaluation of care and services.

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

I consider the service has demonstrated a range of processes are used to engage consumers and representatives in the development, delivery and evaluation of care and services. While three representatives are not satisfied in relation to response to their feedback, I have considered this evidence in Standard 6 Feedback and complaints because this relates to the core intention of the Requirements in that Standard. While feedback is one avenue the service uses to evaluate and improve care and services, this is not the sole source or process used to engage consumers and representatives.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Tiwi Gardens, Compliant with Standard 8 Requirement (3)(a).

### Requirement 8(3)(b) Compliant

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

### Requirement 8(3)(c) Non-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 the service was unable to demonstrate effective governance systems in relation to information management, workforce governance, regulatory compliance and feedback and complaints. However, the Assessment Team found the service was able to demonstrate effective governance systems relating to continuous improvement and financial governance. The Assessment Team provided the following information and evidence relevant to my finding:

* In relation to information management:
  + Three representatives are not satisfied they have been provided with adequate information relating to the care of their consumers or access to care plans.
  + Staff have been unable to effectively use the service’s electronic care system due to not being provided with working electronic tablets.
* In relation to workforce governance:
  + The organisation has not identified the issues in relation to the workforce and workforce numbers are not sufficient to meet consumers’ needs.
  + Call bell response times are not regularly monitored.
* In relation to regulatory compliance:
  + An incident was not logged on the service’s reporting log in accordance with legislative requirements.
  + In relation to managing and preventing incidents, while the service has updated policies to meet current legislative requirements associated with the Serious Incident Response Scheme, an incident involving a consumer and a representative has not had mitigation strategies implemented to minimise the risk of reoccurrence and the consumer’s safety.
* In relation to feedback and complaints:
  + The organisation is unaware the service’s feedback and complaints processes are not managed in accordance with organisational policy.
  + The service has not maintained the complaints register.
  + The complaints register demonstrates actions are not always taken in response to complaints.

The Approved Provider submitted a response to the Assessment Team’s report and does not agree with the Assessment Team’s recommendation. The Approved Provider submitted the following information and evidence to refute the Assessment Team’s recommendation and demonstrate the service’s compliance with this Requirement:

* In relation to information management, this evidence has been acknowledged and addressed in other Requirements in Standard 3 Personal care and clinical care.
* In relation to workforce governance, the Approved Provider disputes the Assessment Team’s finding that they have not identified issues in relation to workforce and adequate support or staff numbers.
* In relation to regulatory compliance, the Approved Provider acknowledges there was one incident which was not recorded on the reporting log. However, disputes the finding that mitigation strategies have not been implemented following an incident between a consumer and representative. The Approved Provider asserts a monitoring chart and sensor mat has been placed in the consumer’s room to alert staff when the consumer rises each morning.
* In relation to feedback and complaints, the Approved Provider has acknowledged this information in Standard 6 Requirements (3)(c) and (3)(d), which they have not contested, and improvements have been implemented.

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

I consider that while the service has effective organisation wide governance systems in relation to financial governance and continuous improvement, in relation to the other governance areas, these have not been effective.

In relation to information management, while I have considered evidence associated with staff breaching consumers’ privacy through using personal devices and email accounts to take and send photographs of consumers’ wounds is Standard 1 Consumer dignity and choice, I consider the service and organisation were aware of this significant breach of consumers’ privacy and did not implement corrective actions for an extended period. I consider the organisation’s systems did not support control of consumers’ private information and while the Approved Provider asserts staff have been directed to remove all photographic evidence of wounds from their personal devices, I consider the extended period of breach and the use of personal emails to digitally send these photographs has not ensured the safety of consumers’ personal information.

In relation to workforce governance, the Approved Provider has disputed the Assessment Team’s findings, but I consider the evidence presented in Standard 7 Human resources indicates the organisation’s governance systems have not been effective in ensuring the service’s workforce is sufficiently competent and skilled to perform their roles. I have considered the service has failed to effectively monitor their staff and use information available to them monitor staff practices. In relation to call bell response times, I consider the service has not used or analysed this information to support effective monitoring of staffing levels and allocations to ensure consumers’ needs are met on an ongoing basis.

In relation to regulatory compliance, I consider the service has not met its recording obligations in relation one incident.

In relation to feedback and complaints, I acknowledge the Approved Provider has accepted the evidence presented in Standard 6 Feedback and complaints. However, I consider the organisation have not identified the significant failures of the service to action complaints, use feedback to drive improvement and failure to use effective open disclosure processes. I consider the period in which feedback has not been effectively managed indicates deficiencies with the governance processes associated with feedback and complaints and that key deficits in care and services identified by the Assessment Team had not been addressed by the service even though feedback had indicated issues associated with some aspects of care.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Tiwi Gardens, Non-compliant with Standard 8 Requirement (3)(c).

### 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 effective risk management systems in relation to managing high impact or high prevalence risks associated with the care of consumers. The Assessment Team provided the following information and evidence relevant to my finding:

* A trend of six incidents of choking and aspiration were not identified by the service and action taken in a timely manner prior to a choking incident causing the death of one consumer. Additionally, risk ratings for each incident were noted to be ‘low risk’ and were not always risk rated appropriately. Additionally, these incidents were not escalated to the relevant governance teams for appropriate actioning.
* The Assessment Team were not provided with clinical governance meeting minutes.
* A consumer had several maggot infestations in their wound and staff practices did not support effective eradication.
* Ongoing incidents relating to a consumer’s responsive behaviours were not effectively managed, including one incident not being recorded on the service’s consolidated register.

The Approved Provider submitted a response to the Assessment Team’s report and does not agree with the Assessment Team’s recommendation. The Approved Provider submitted the following information and evidence to refute the Assessment Team’s recommendation and demonstrate the service’s compliance with this Requirement:

* The Approved Provider asserts the deficiencies and gaps in relation to the management of high impact or high prevalence risks associated with consumers’ care have been responded to and addressed in Standard 3 Requirements (3)(b) and (3)(d) which have not been contested and should be considered only these Requirements.

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

I consider the service has not demonstrated effective risk management systems and practices to support management of consumers’ high impact or high prevalence risks associated with their care. I acknowledge that gaps and deficiencies associated with individual consumers’ care has been considered in Standard 3 Personal care and clinical care, but in coming to my finding I have considered the service did not identify a trend risks associated with choking/aspiration incidents. I consider the service did not effectively investigate and respond to risks presented by these incidents and did not use these incidents to evaluate processes and staff practices to improve performance and delivery of care and services. I also considered staff did not appropriately risk rate these incidents to ensure escalation to relevant governance groups within the organisation.

I have also considered several staff practices have not supported the effective management of a consumer’s wound in accordance with the service’s procedure and risks presented with this wound were not considered or planned which resulted in ongoing maggot infestations.

In relation to a consumer’s behavioural response incidents, I consider the service did not use ongoing incidents to effectively manage the risks presented to other consumers, specifically female staff. I consider the ongoing nature of incidents and knowledge of staff of the risk this consumer posed was not identified by the service to ensure risk management strategies were implemented.

For the reasons detailed above, I find Regis Aged Care Pty Ltd, in relation to Regis Tiwi Gardens, Non-compliant with Standard 8 Requirement (3)(d).

### 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.*

The Assessment Team found the service was unable to demonstrate an effective clinical governance framework in relation to antimicrobial stewardship and open disclosure. The Assessment Team provided the following information and evidence relevant to their recommendation of not met in this Requirement:

* Consumers treated with antibiotics for potential scabies infection did not have skin scrapings prior to the administration of antibiotics.
* In relation a open disclosure, the service has not ensured effective open disclosure processes were used in relation to two consumers in relation to management of clinical deterioration.

The Approved Provider submitted a response to the Assessment Team’s report and does not agree with the Assessment Team’s recommendation. The Approved Provider submitted the following information and evidence to refute the Assessment Team’s recommendation and demonstrate the service’s compliance with this Requirement:

* In relation to management of scabies, this has been addressed in Requirement (3)(d) in this Standard and Standard 3 Requirement (3)(g) which the Approved Provider has not contested.
* The Approved Provider acknowledges the deficiencies associated with two consumers’ clinical deterioration and lack of open disclosure which has been considered in Standard 3 Personal care and clinical care and has not been contested.

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

I consider the service has a clinical governance framework which includes antimicrobial stewardship, minimisation of the use of restraints and open disclosure. While the Assessment Team found the service had not followed guidance from its framework in relation to open disclosure and management of infections, I have considered the core deficiency is associated with Standard 3 Requirement (3)(g) and Standard (6) Requirement (3)(c). I find the deviance from the framework does not indicate systemic failure with the clinical governance framework even though the Assessment Team purports staff practices have significantly deviated from the framework. I find the service has a clinical governance framework associated with antimicrobial stewardship and that the management of scabies is associated with poor infection data/symptom recording/monitoring rather than poor antibiotic use. Additionally, I find the service has an open disclosure policy to support and direct staff but on two occasions this has not occurred. However, I find the service did not recognise the deficits associated these consumers care, therefore, did not trigger consideration of open disclosure but should have been recognised in part through the representatives’ complaints which I have considered in Standard 6 Requirement (3)(d).

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

# 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 Requirements (3)(c) and (3)(f):**
  + Consumers and nominated representatives are supported to exercise choice and independence to make decisions are about care and services, and to maintain relationships of choice.
  + Consumers’ private information is collected and communicated in a private and confidential manner, using appropriate and secure devices and electronic communication to collect and communicate private information.
* **In relation to Standard 2 Requirements (3)(c), (3)(d) and (3)(e):**
  + Assessment and planning processes are based on partnership with consumers and others who consumers wish to be involved in assessment and planning.
  + Consumers and representatives are actively engaged in assessment and planning with an understanding of consumers’ care plans, including how to access care plans.
  + Care plans accurately reflect consumers’ assessed needs and information from assessments.
  + Care and services are reviewed when circumstances change or when incidents impact on consumers’ needs, goals or preferences.
* **In relation to Standard 3 Requirements (3)(a), (3)(b), (3)(c), (3)(d), (3)(f) and (3)(g):**
  + Consumers are provided with personal and clinical care which meets their needs and preferences, specifically wound care, in accordance with prescribed regimes and procedures.
  + Consumers’ high impact or high prevalence risks are effectively managed, including risks associated with choking/aspiration and responsive behaviours.
  + Consumers who are nearing the end of life, have associated symptoms recognised and managed to maximise their comfort and dignity.
  + Consumers’ changes in health or condition are recognised and responded to in a timely manner.
  + Consumers are referred to relevant health specialists in accordance with their needs and the service’s procedures.
  + Potential infections are recorded with associated symptoms noted. Additionally, appropriate pathology investigations are undertaken where symptoms are presented to better understand the infectious agent and plan to minimise the spread of infection.
* **In relation to Standard 4 Requirement (3)(f):**
  + Meals provided are varied and of suitable quality and quantity, and consumer feedback is considered in meal planning.
* **In relation to Standard 5 Requirements (3)(b) and (3)(c):**
  + The service environment is clean, safe and well maintained.
  + Furniture, fittings and equipment are clean and well maintained.
* **In relation to Standard 6 Requirements (3)(c) and (3)(d):**
  + Complaints are actioned and responded to, with communication and consultation with the complainant.
  + Complaints and feedback are trended, analysed and used to improve care and services.
* **In relation to Standard 7 Requirements (3)(a), (3)(c) and (3)(d):**
  + Staffing levels are sufficient to ensure consumers’ needs and preferences are met, including answering call bells in a timely manner.
  + Call bell data is used to monitor staffing mix and levels.
  + Staff practices are monitored, including that the provision of clinical care is provided in accordance with best practice, professional standards and consumers’ assessed needs.
  + Staff are supported through training and education appropriate and relevant to their roles, including ensuring education leads to improved practices.
* **In relation to Standard 8 Requirements (3)(c) and (3)(d):**
  + Effective governance systems associated with information management, workforce governance, regulatory compliance and feedback and complaints.
  + Effective risk management systems and practices associated with managing consumers’ high impact or high prevalence risks associated with their care, including using incident data to identify trends and deficiencies.