Performance

Report

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| Name of service: | Regents Garden - Bateman |
| Service address: | 2 Amur Place BATEMAN WA 6150 |
| Commission ID: | 7262 |
| Approved provider: | Regents Garden Group Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 19 June 2023 to 21 June 2023 |
| Performance report date: | 31 July 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Regents Garden - Bateman (**the service**) has been prepared by G. Hope-Simpson, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

The following information has been considered in preparing the 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 received on the 12 July 2023 acknowledging the findings in the Site Audit report.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

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

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | 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. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | 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. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers said they were treated with dignity and respect. Staff were knowledgeable about consumers’ backgrounds and preferences and were observed treating consumers with respect. Documentation reviewed documented each consumers’ backgrounds, personal preferences, identities, and cultural practices were respected.

Consumers said and staff demonstrated, consumers’ cultural preferences and requirements were respected, care and services tailored accordingly, and spaces available within the service for culturally-safe interactions. Policies and procedures guided staff in providing culturally safe services.

Consumers confirmed they were supported to make informed choices about their care and services and maintain relationships of choice. Staff described supporting consumers to maintain connections with people important to them. Care documentation identified consumers’ individual choices around care and connections they maintained. Policies were in place to support consumer choice and independence.

Consumers gave positive feedback regarding support provided if they wished to take risks. Staff described how they supported consumers who wanted to take risks to understand those risks and make informed decisions about them. Care documentation identified different consumers’ risks, as well as strategies to mitigate risks and maximise consumer safety. Consumers were included in identifying safety strategies and had dignity of risk discussions were documented.

Consumers said information provided is timely, accurate, easy to understand and enables them to exercise choice. Staff described how they utilise various communication methods to suit individual consumers’ needs. Menus, activity calendars, and newsletters were displayed around the service. A resident liaison officer was employed to engage with consumers, provide support and deliver information.

Consumers expressed satisfaction with how the service protected their privacy and confidentiality. Staff were guided by the service’s privacy policy and procedure which included protocols to protect consumers’ privacy, such as locking unattended staff rooms, password protection of computers, and knocking on doors prior to entering the room.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | 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. | Compliant |
| Requirement 2(3)(b) | 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. | Compliant |
| Requirement 2(3)(c) | 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. | Compliant |
| Requirement 2(3)(d) | 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. | Compliant |
| Requirement 2(3)(e) | 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. | Compliant |

Findings

Assessment and planning considered risks to consumers’ health and well-being. Care documentation reflected a multidisciplinary approach to care delivery which considered risks and included strategies to reduce or eliminate them. Care plans identified consumers’ current needs, goals and preferences and advance care and end of life planning were included if the consumer wished.

Consumers and representatives said they partnered with the service in assessment and planning. Care plans reflected current needs, and regular care conversations. Staff said care assessment and planning was undertaken in partnership with consumers, representatives, allied health professionals and other services, and this was evidenced in care documentation and observations during the Site Audit.

Consumers and representatives said staff explained information about care and services, they could access a copy of the consumer's care and service plan when they wanted to and knew how to do so. Staff described processes for documenting and communicating outcomes of assessments, including through the electronic care management system.

Consumers and representatives gave positive feedback in relation to the review of care and services. Management and staff described how care plans were reviewed 6 monthly or when a consumer’s needs changed or an incident occurred. Care planning documentation confirmed this.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | 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. | Compliant |
| Requirement 3(3)(e) | 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | 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. | Compliant |

Findings

Consumers and representatives gave positive feedback in relation to personal and clinical care provided. Staff described the approach to personal and clinical care which was responsive to the needs and preferences of consumers. Care documentation evidenced personal and clinical care provided was aligned to best practice and optimised consumers’ health and well‑being. Restrictive practices were used in accordance with legal requirements, complex care instructions were documented in care plans and relevant policies and procedures were in place to guide staff in these areas.

Care planning documents identified high impact and high prevalence risks were effectively managed by the service, and strategies were implemented to minimise risks, including in relation to falls, weight, pain, skin and behaviour. Consumers and representatives were satisfied risks were well managed.

Consumers and representatives confirmed they had discussed their end of life wishes. Staff described tailored care delivered for consumers nearing the end of their life, including comfort care and pain management. Care documentation for a consumer who had recently passed away evidenced consumers’ needs and preferences had been met during the palliative process.

Care documentation reflected the identification of, and response to, deterioration or changes in consumers’ condition and health status. Staff recognised and responded to deterioration or changes through a range of systems and processes, including baseline observations, incident reports, charting and feedback from consumers.

Consumers and representatives provided positive feedback regarding communication between staff about their care needs. Members of the workforce described sharing consumers’ care information with relevant staff through handovers and via the electronic care management system. Staff were observed exchanging consumer information at handover relevant to the consumer’s condition and care needs.

Consumers and representatives were satisfied with the referral process to external professionals, organisations and services. Staff described, and care documentation reflected referrals made to a range of allied health professionals, including the onsite occupational therapist.

Consumers and representatives gave positive feedback regarding the service’s infection management practices and said staff consistently adhere to personal protective equipment requirements. Staff were knowledgeable of antimicrobial stewardship, strategies to minimise infection risk and were guided by the service’s Infection Prevention and Control Lead, alongside an outbreak management plan.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | 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. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | 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. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives said the services and supports for daily living met consumers’ needs, goals and preferences and optimised their independence and quality of life. Lifestyle staff confirmed developing activities in partnership with consumers to ensure suitability. Care documentation was strength based, included information about what was important to consumers, and supports needed to do the things they liked to do.

Consumers and representatives said the service supported the consumers’ spiritual, emotional and psychological well-being. Staff described supporting consumers well-being, by spending time with them and engaging in conversations. The service facilitated weekly religious services and visits from religious leaders.

Consumers said they were supported to undertake activities within the service and community and to maintain relationships. Consumers were observed interacting and socialising with each other and with their families. Care documentation showed consumers’ community connections, interest and people of importance to them.

Consumers said the service effectively shared their information with those involved in their care. Staff described how changes in consumers’ care and services were communicated through both verbal and documented handover processes. The service had an effective system to manage information and consumer care.

Consumers and representatives felt confident that if the service could not provide the supports they required, they would be referred to an appropriate provider. Staff described collaborating with other care providers, volunteers and entertainers to supplement activities. Care documentation evidenced the service’s established network of providers to support consumer needs and preferences.

Consumers gave positive feedback regarding the variety, quality and quantity of meals. Hospitality staff advised menus were developed in response to consumer feedback and were knowledgeable of consumers’ dietary needs and preferences, including options for catering to cultural preferences. The dining experience was observed to be organised, pleasant and had soft music playing in the background.

Equipment used to support consumers in their activities of daily living and lifestyle were observed to be safe, suitable, clean, and well-maintained. Documentation reviewed identified equipment such as lifting aids, walking aids and wheelchairs were scheduled for cleaning and maintenance on the preventative maintenance schedule. Consumers and representatives said they speak to maintenance staff directly if they had issues or concerns with their equipment. Staff understood how to log maintenance requests.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers felt at home at the service and considered the environment easy to navigate and clean. The service environment was observed to be clean and tidy, with signage and design features to support consumers with different needs. Consumers were supported to personalise their rooms and they had access to various areas of the service to socialise and relax in throughout the day, including the on-site cafe.

Consumers and representatives gave positive feedback regarding the cleanliness and condition of the service environment and their ability to move freely between areas. Staff described the processes to identify and report hazards. Observations evidenced the service environment was comfortable in temperature; safe, clean, and well-maintained. All doors were unlocked allowing consumers to move freely both indoors and outdoors, with external courtyards for consumers to utilise.

Furniture, fittings, and equipment were observed to be safe, clean, and suitable and call bells within reach of consumers. Maintenance staff described how consumers’ equipment was safe and clean via regular maintenance checks and external contractor servicing. Consumers and staff confirmed sufficient equipment was available.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives said they were supported to raise complaints and provide feedback. Staff described the feedback and complaints processes. The service had various avenues for making a complaint and providing feedback, including speaking directly to the management team, submitting a feedback form, and at consumer meetings.

Consumers and representatives said they were aware of other avenues for raising a complaint, such as through the Commission. Staff received training in how to advocate for consumers during orientation. Multilingual information on advocacy, the Charter of Aged Care Rights and interpreter language services were observed in the service’s reception area and were included in the consumer admission welcome pack.

Complaints processes guided staff what to do if feedback or a complaint was received and using open disclosure when things went wrong. Documentation and consumer feedback confirmed, the service acted in a timely manner responding to complaints and an open disclosure process was applied.

Consumers provided positive feedback regarding improvements made in response to their feedback or complaints. Management described the Plan for Continuous Improvement was used to monitor their response to complaints and provided examples of improvements made for the benefit of consumers. The service’s complaint register and PCI demonstrated feedback and complaints are trended, analysed, and used to improve the quality of care and services.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | 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. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Most consumers and representatives said there was adequate staff to meet consumer needs, and staff confirmed the workforce allocated was adequate to provide care and services. However, one consumer expressed concerns with waiting for assistance especially in the evenings. Upon raising the feedback with management, an item was added to the service’s Plan for Continuous Improvement with an action of seeking approval and implementation of an additional night care shift. Rosters generally evidenced adequate staff for each shift including Registered Nurses allocated across a 24-hour period. Call bell data showed staff were generally responding to calls for assistance promptly.

Consumers said staff were courteous, professional and aware of their preferences. Staff were knowledgeable of consumers’ needs and were observed addressing consumers by their preferred name and using respectful language when assisting consumers. All members of the workforce completed training on cultural diversity and dignity and respect in aged care.

Consumers and representatives felt staff knew what they were doing and they had the appropriate skills to perform tasks. Management described the process to ensure staff were suitable for, and competent in their role. The service’s recruitment process included verification of minimum qualifications and registration requirements for respective roles.

Staff said they were supported in their roles and had access to training to perform their duties. Management described other individualised training delivered to staff following analysis of incidents or deficiencies identified such as administration of cytotoxic medication after a Commission Site Audit from a sister site. Records reflected staff participating in training aligned with the Quality Standards.

Management confirmed staff performance was reviewed through annual appraisals, feedback from consumers, representatives and colleagues. Staff described the performance review process and additional training undertaken where required.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | 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. | Compliant |
| Requirement 8(3)(d) | 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. | Compliant |
| Requirement 8(3)(e) | 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. | Compliant |

Findings

Consumers and representatives said they felt involved in the design, delivery, and evaluation of care and services. Management confirmed consumer inclusion through consumer meetings, feedback, complaints, surveys and case conferences. Feedback and suggestions made by consumers and representatives were included in the service’s Plan for Continuous Improvement.

Management confirmed the governing body promoted a culture of quality, safety, and inclusion, and described how the board satisfied itself the Quality Standards were met through analysis of internal audit results and monitoring of clinical indicators, consumer and workforce feedback. Consumers said they feel safe and receive the care they need.

The service demonstrated appropriate systems and processes to support information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. The organisation’s systems and processes complied with relevant legislation and the Plan for Continuous Improvement was monitored to ensure appropriate action in response to feedback and complaints.

A systematic approach was used to manage high-impact and high-prevalence risks to identify, report, escalate and review risks and incidents to improve care delivery. Staff were knowledgeable of risk identification, reporting and mitigation processes. The service’s risk management framework provided direction on managing risks, identification and response to elder abuse and supporting consumers to live their best life.

A clinical governance framework, policies and procedures ensured staff understood the processes to enable delivery of safe, quality care. Staff were knowledgeable about antimicrobial stewardship, using restrictive practices as a last resort and the principles of open disclosure. They had completed relevant training.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)