Performance

Report

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| Name of service: | Regents Garden Aubin Grove |
| Service address: | 248 Lyon Road Aubin Grove WA 6164 |
| Commission ID: | 7444 |
| Approved provider: | Regents Garden Group Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 11 July 2022 to 12 July 2022 and 30 August 2022 to 31 August 2022 |
| Performance report date: | 27 September 2022 |

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 Aubin Grove (**the service**) has been prepared by James Howard, 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 was considered in preparing the performance report:

* The Assessment Team’s report for the site audit conducted on 11 and 12 July 2022 and 30 and 31 August 2022; 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.
* Other information and intelligence held by the Aged Care Quality and Safety 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 | | Compliant |
| 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

The Quality Standard is assessed as Compliant as six of the six specific requirements were assessed as Compliant.

Consumers and representatives said staff and management treated them with dignity, respect and kindness. Staff were observed treating consumers with dignity and respect, valuing their culture and diversity and being aware of individual choices and preferences. The service had a policy and procedure which guided staff in respectful and dignified care delivery. Staff described how consumers’ care plans included their cultural needs and preferences, and consumers confirmed their cultural needs and preferences were respected during care delivery.

Consumers said they were supported to exercise choice and independence about how and when their care was delivered, as well as when others were involved in their care. Consumers’ care plans recorded individual preferences, which were communicated to staff. Staff were observed assisting consumers to maintain relationships with family and friends. Consumers said the service supported their choice to take risks and live the best lives they can. Staff described how risks and benefits associated with consumers’ choices were discussed with consumers and representatives, a risk assessment was completed and a copy placed on the consumer’s record.

Consumers and representatives said they received current information about activities, menus and events at the service. Information was received via consumer meeting minutes, a consumer welcome pack, newsletters, posters, noticeboards and verbal advice regarding changed appointments. Where communication barriers existed, staff used language cue cards to converse with consumers.

Consumers said they were confident their information was kept confidential. Staff said all privacy measures were taken when providing care to consumers, such as closing doors and curtains to their rooms. Staff said consumers’ personal information was kept on password-protected computers. Staff were observed screen-locking computers in nurses’ stations when the area was unattended. The Assessment Team viewed the service’s policy on consumer privacy and confidentiality.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

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

Consumers and representatives said the service provided safe and effective assessment, planning, care and services. Staff described known risks to individual consumers and the interventions in place to reduce risk. Consumers’ care plans identified specific risks, as well as the strategies used to address falls, pressure injuries, weight loss and restrictive practices. Consumers said their needs, goals, preferences and end of life wishes were included in their assessment and planning process. A review of care plans confirmed consumers and representatives’ positive statements about the service’s care planning process.

Consumers’ care plans confirmed ongoing assessment and planning involved consumers, representatives, medical officers, allied health professionals and palliative care specialists as needed. Staff said consumers, representatives and others were involved in care planning when consumers’ conditions changed. The service communicated the outcomes of assessment and planning to consumers and representatives in a timely manner, which was confirmed by consumers. Copies of care plans were available to consumers and staff could access these documents through the service’s electronic care management system.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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

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

Consumers and representatives said consumers received care that was safe, suited to them and optimised their health and well-being. Staff said they consulted with senior staff for support and guidance in providing best practice care for consumers. Consumers said they were happy with how the service managed high impact or high prevalence risks for their individual circumstances. Consumers’ care plans recorded known risks and staff described how these risks were managed for individual consumers.

The service demonstrated consumers nearing the end of their lives had their dignity preserved and care was provided in accordance with their needs and preferences. Consumers’ care plans confirmed end-of-life wishes were recorded and staff described how they maximised the comfort of palliating consumers. The service had end-of-life policies and procedures which guided staff in providing pain management and comfort care to consumers.

Consumers and representatives said they were confident the service recognised deterioration in their conditions and responded in a timely and appropriate manner. A review of care plans showed consumers were monitored daily for changes, which were recorded in progress notes, clinical charts, incident reports and shared between staff during shift handovers. Consumers with changed conditions were referred to medical officers and allied health providers as needed.

The service had policies and procedures which guided the minimisation of infection related risks and promoted antimicrobial stewardship. The service used an antimicrobial stewardship assessment chart when considering if a consumer should use antibiotics. The service had an infection prevention and control lead and outbreak management plan, which guided staff during a COVID-19 outbreak in early 2022. Staff described how they used hand washing and personal protective equipment to help protect consumers from infection. The Assessment Team observed hand hygiene facilities throughout the service and consumers confirmed staff wore gloves and masks when working.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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

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

Consumers said they were supported to participate in activities of interest to them, which contributed to maintaining independence and promoted well-being and quality of life. Care plans identified consumers’ activities of choice. The occupational therapist described one consumer’s preferred way to maintain independence. The Assessment Team viewed a consumer’s activity chart which showed they received a weekly visit from lifestyle staff.

Consumers said their spiritual needs were met by attending church services, or religious ministers would visit consumers at the service. Where consumers chose more solitary activities, the service’s occupational therapist visited them in their rooms for one-on-one conversations and to gauge their well-being. Consumers said staff knew which activities were of interest to them, and staff were observed encouraging consumers to participate in a group quiz.

Information about consumers’ conditions, needs and preferences was communicated within the organisation. Staff advised consumers’ needs were shared during shift handovers and recorded in progress notes. Consumers said they did not have to repeat their preferences to multiple staff members and they consistently received the services and supports needed.

The service made timely and appropriate referrals to other organisations and providers of care and services, where consumers’ needs could not be met solely by the service. Consumers’ care plans confirmed the involvement of external providers such as allied health professionals. Consumers expressed confidence in the service’s ability to refer them to other providers if needed.

Most consumers said the meals they received were of ample quantity and quality. Meals were prepared onsite, based on consumers’ feedback, dietary needs, preferences and allergies. However, consumers and representatives gave mixed responses to meals overall. Though all consumers were happy with meal choices, others were dissatisfied with the quality or taste of meals. In response to consumers’ feedback, the service’s social workers led a food services improvement project and the service introduced changes to the food and meals as a result.

Consumers said equipment at the service was easily accessible and met their needs. Consumers knew how to report when their equipment needed repairs or maintenance and advised maintenance staff responded quickly to requests. The Assessment Team observed equipment used for activities of daily living was safe, suitable, clean and well maintained. Lifestyle staff said equipment was cleaned before and after each use.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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

The Quality Standard is assessed as Compliant as three of the three specific requirements were assessed as Compliant.

The service environment was welcoming, easy for consumers to navigate, well-lit and comfortable. Consumers said the service environment was safe, clean, well maintained and comfortable. The service environment promoted the movement of consumers both indoors and outdoors. Doors were kept unlocked, walkways were hazard-free and staff assisted consumers to move around as they wished. Consumers confirmed free access to all areas of the service, including where they could socialise with family.

Consumers said furniture, fittings and equipment were kept safe, clean and well maintained, which the Assessment Team confirmed through its own observations. The service kept maintenance logs which showed requests were promptly actioned. Consumers said when their personal equipment required maintenance, it was tended to without delay.

# Standard 6

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| Feedback and complaints | | Compliant |
| 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

The Quality Standard is assessed as Compliant as four of the four specific requirements were assessed as Compliant.

Consumers and representatives said the service supported them to provide feedback and make complaints. Staff described the service’s feedback and complaints processes in place, such as anonymous feedback forms, consumer meetings and listening to consumers’ concerns. The Assessment Team reviewed consumer meeting minutes, which confirmed consumers used the meeting as a forum for raising concerns.

Consumers were aware complaints could be made with the support of advocacy services, family members and the Commission. Staff understood internal and external complaints mechanisms available to consumers and their representatives. Advocacy posters were displayed in the service and a review of the complaints register confirmed staff raised issues on behalf of consumers. Consumers and representatives said they were comfortable raising concerns with staff and management. Interpreter services were available for consumers who did not speak English.

Consumers and representatives said when feedback was provided, the service responded appropriately and apologised when things went wrong. The service’s complaints register confirmed the service followed an open disclosure process, in line with its policy. The service showed feedback and complaints were trended, analysed and used to improve the quality of care and services. Consumers said their feedback and complaints were used to improve care and services, most recently regarding food and meal options.

# Standard 7

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| Human resources | | Compliant |
| 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

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

Consumers and staff said unplanned leave had at times led to staff shortages. However, except for wait times being temporarily longer, neither consumers nor staff advised consumer care was impacted. Call bell data showed staff responded to 90% of consumer calls within seven minutes. A review of the previous fortnight’s roster confirmed registered nurses were always available. In response to unplanned leave, management engaged additional care staff in several ways to facilitate the delivery of safe care and services. Consumers said staff were respectful, kind, caring, gentle and familiar with their needs when providing care. Consumers’ comments were affirmed by the Assessment Team’s observations during the site audit.

Consumers and representatives said staff were skilled and competent in meeting consumers’ needs. Staff said management supported them to engage in ongoing training, which began during an induction process which taught manual handling, restrictive practice protocols, infection control and privacy and confidentiality. The service had position descriptions for each role, including minimum qualifications for care staff and registration requirements for clinical staff. Staff said their performance was monitored through competency testing and annual appraisals. The service’s performance management framework included staff self-assessment, career progression and monitoring clinical data.

# Standard 8

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| Organisational governance | | Compliant |
| 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

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

Consumers said the service was well operated and they had input into how their care and services were delivered. For example, management regularly sought consumer feedback through meetings, along with informal discussions with staff and management. Improvements identified during meetings were recorded in the service’s continuous improvement plan.

Management said the organisation’s governing body promoted a culture of safe, inclusive and quality care and services through measures such as implementing policies that supported compliance with the Quality Standards; use of a clinical governance framework that addressed risk management, consumer partnerships and clinical practice; and attendance at clinical review meetings where infection control, serious incidents, feedback and complaints, audit results and risk management were addressed. The Assessment Team viewed correspondence sent by the governing body to staff and consumers, which informed them of changes to aged care legislation and organisation policies.

The service had organisation-wide governance systems that guided information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

Consumers said they were supported to live their best lives, particularly through minimising risks such as falls, infection and restrictive practice. The Assessment Team viewed the service’s risk management framework, which addressed care planning, incident management, serious incident reporting, clinical data collection and auditing, medication management, falls prevention, wound management, infection control, antimicrobial stewardship and the use of a risk register. Staff described their risk management responsibilities and understood how the service’s policies benefited consumers.

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)