Performance

Report

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| Name of service: | Regents Garden Four Seasons Booragoon |
| Service address: | 495 Marmion Street BOORAGOON WA 6154 |
| Commission ID: | 7284 |
| Approved provider: | Regents Garden Group Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 21 September 2022 to 23 September 2022 |
| Performance report date: | 11 November 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 Four Seasons Booragoon (**the service**) has been prepared by M. Nassif, 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.

# 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 and representatives said they are treated with dignity and respect and their cultural heritage is valued, and care is inclusive, gentle, and responsive. Staff were observed treating consumers with care, dignity and respect and demonstrated an awareness of individual choices and preferences their health. Care planning documents included what is important to consumers to maintain their culture, identity, and independence.

Consumers and representatives said the service provides care that is consistent with their preferences. Staff provided examples of how they gathered information to understand and support consumers individual cultural needs and preferences. Documentation evidenced cultural diversity and safety in included as annual mandatory training for all staff.

Consumers and representatives said they are supported to exercise choice and independence, making decisions about how care and services are delivered to meet their needs. Care planning documents detailed important consumer preferences to maintain relationships. Staff described how they ask consumers directly about their preferences and support them by offering choices during daily living to maintain ‘autonomy and independence’.

Consumers and representatives said the service supports them to take risks to continue to do the things important to them. Staff said they involve consumers, representatives, family, and medical professionals to understand associated risks to consumers. Care planning documents detailed consumers acceptance of risk in relation to chosen activities.

Consumers and representatives said they receive up to date information to enable consumers to exercise choice. Noticeboards and posters detailing activities and language support were observed throughout the service. Staff described how information is communicated and provided to consumers, to support consumer choice.

Consumers and representatives said their privacy is respected. Staff were observed knocking before entering consumers rooms when providing care, and nurse stations where information is stored was secured when unattended with coded access to relevant staff. Care planning documents included preferences for how consumers expect staff to maintain their privacy.

# 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

Consumers and representatives said the service provides them with safe care through effective assessment and planning. Staff described knowledge of individual consumer risks and intervention to manage risks. Care planning documents demonstrated risks to consumers are identified and assessed with appropriate strategies to manage risks listed.

Staff explained how advance care directives and end of life wishes were discussed upon admission to the service, and as needs changed. Consumers and representatives said, and care planning documents confirmed, consumers’ end of life care preferences was documented.

Consumers and representatives confirmed they were involved in the ongoing assessment and planning of their care and services. Care planning documents demonstrated ongoing consumer involvement in the assessment and planning of care and services, and input from allied health professionals, individuals, and providers of specialist care services.

Consumers and representatives said they are kept informed of changes and outcomes to their assessment and care planning and have access to a copy of their care plan. Care planning documents demonstrated communication of assessment and planning with consumers and representatives.

Care planning documents evidenced care and services are regularly reviewed and updated with changes and incidents. Staff said consumers’ care plans are fully reviewed yearly, partially 6 monthly and when changes or incidences occur.

# 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 said they are happy with the care consumers receive Care planning documents demonstrated individualised personal and clinical care that is tailored to individual needs, and optimised consumers’ health and well-being. Staff described consumers’ most significant personal and clinical care needs and were observed delivering care in alignment with those needs.

Consumers and representatives said they were happy with how the service is managing consumer care. Care planning documents demonstrated high impact/high prevalence risks had been identified and effectively managed by the service. Staff described sampled consumers’ risks and related interventions.

Staff explained how care and services changed for consumers nearing end of life, to support consumers’ dignity and comfort is maximised. Care planning documents created on admission, documented instructions for consumers end of life preferences.

Consumers and representatives expressed confidence that the service would respond in a timely manner to effectively address any deterioration in consumers’ health status. Care planning documents demonstrated identification of, response to, deterioration or changes in consumers’ condition and health status. Staff provided examples of how they identify changes in consumer’s condition and how they respond to deterioration.

Care planning documents demonstrated progress notes, care and service plans and electronic handover reports, provide adequate information to support effective and safe sharing of consumers' information to support care. Staff were observed to attend shift handover to ensure information regarding consumers is consistently shared and understood.

Consumers said timely and appropriate referrals to other health professionals occur. Staff described the process of identifying changes in consumers conditions, notifying representatives and other health professionals. Care planning documents evidenced referrals to allied health professionals such as medical officers, hospital and physiotherapists.

Consumers said, and observations confirmed, the service followed measures to prevent outbreaks and control infection, such as staff washing their hands and wearing personal protective equipment. Staff explained the various methods they use to promote appropriate antibiotic prescribing, such as, obtaining pathology test results to determine if antibiotics were required.

# 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 said, and representatives agreed, they feel supported to participate in activities they like, and their individual preferences are respected. Staff described how the service supports consumers to maximise their independence, well-being, and quality of life. Care planning documents identified consumers needs and preferences and provided information about the services and supports required to help them to do what they like to do.

Consumers said their emotional, spiritual, and psychological well-being is supported. Staff described specific consumer preferences relating to their faith and emotional well-being and said they monitor consumers and offer a one-on-one program if consumer mood is low. Care planning documents included information on consumers individual emotional, spiritual, and psychological needs.

Consumers and representative said consumers are supported to do things that interest them, keep in touch with the people who are important to them, participate in the community and maintain relationships. Staff described how they support consumers to do the things of interest to them, participate in social activities both inside and outside the service and have social relationships. Care planning documents contained information on individual consumers’ interests, preferences and identified the people important to them.

Consumers and representatives said staff understood their conditions, needs and preferences. Staff described how changes in consumers’ care and services are communicated verbally and documented through handover processes and recorded electronically. Care planning documents detailed individual consumers preferences.

Consumers and representatives said the service arranged appropriate referrals to other services. Staff described how the service engaged external service providers when the service could not provide specific activities or services consumers needed. Care planning documents evidenced the service collaborates with external providers.

Consumers and representatives expressed satisfaction with the variety and availability of meals provided by the service. Staff described how they comply with consumers requests for individual dietary needs and preferences and obtain consumers feedback through the food focus committee. Staff were observed assisting, encouraging, and offering choices of meals to consumers.

Equipment for consumers’ activities of daily living was observed to be safe, suitable, clean, and well-maintained. Consumers and representatives said equipment was safe, suitable, clean, and well maintained. Staff stated equipment used to provide or support lifestyle preferences was readily available and they were comfortable raising issues if equipment needed cleaning or repair and maintenance was carried out immediately when required.

# 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 said, and representatives agreed, they felt at home and safe at the service. Staff described how they made consumers and their visitors feel welcome including inviting to activities at the service. Consumer rooms were observed to be personalised and the service was observed to be welcoming.

Consumers and representatives said the service environment is clean, well maintained and comfortable. Consumers were observed to move freely throughout the service, both indoors and outdoors. Staff said consumers can access any area of the service they wished.

Consumer and representatives said the furniture, fittings and equipment are safe, clean and well maintained. Documentation demonstrated the call bell system is efficient and cleaning and maintenance processes are completed in a timely manner.

# 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 felt supported to provide feedback and make complaints. Staff described how they could advocate for consumers to raise concerns. Feedback forms and information on the complaints process was observed to be available throughout the service.

Most consumers and representatives said they were not aware of the advocacy services available to them however felt safe and secure to approach staff and management directly. Consumers said the service provides referrals to language services if required, Staff showed an understanding the complaints and feedback process. Information on advocacy and interpreter services was displayed on noticeboards and posters throughout the service.

Consumers and representatives stated when feedback is provided the service responds appropriately and in a timely manner and apologised when things go wrong. The complaints register demonstrated the use of open disclosure and timely management of complaints in accordance with the service’s policy.

Consumers provided examples of changes that had been made at the service because of complaints, feedback or suggestions made. The service’s complaint register and continuous improvement plan demonstrated feedback, complaints and incidents are recorded, actioned, resolved, and used to inform continuous improvement.

# 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

Consumers, representatives and staff advised there have been issues with staff shortages due to unplanned leave, however no impact to consumer care was raised or identified. Management said they provide additional staff when required. Documentation showed all staff shifts were covered for the fortnight prior to the Site Audit and planned and unplanned leave was replaced. Call bell data demonstrated calls are answered promptly.

Consumers and representatives said staff engage with consumers in a respectful, kind, and caring manner. Staff were observed interacting with consumers in a respectful and personable way, and are familiar with diversity and each consumer's identity, preferences and culture.

Consumers and representatives reported staff are competent, and confident that staff are skilled to meet their care needs. Management demonstrated the induction process includes a suite of competencies staff are required to complete. The service had position descriptions specifying qualifications, knowledge, and experience staff are required to have to perform their duties.

Consumers and representatives were satisfied that staff are adequately trained and equipped to do their jobs. Staff said they receive the training they require to complete their roles and felt comfortable to request for any additional training. The service had an electronic learning management system that recorded and monitored staff training completion.

Staff said their performance is monitored through educational competencies and annual performance appraisals. Management said staff competencies are assessed regularly and the service reviews and analyses internal audit results and clinical data to monitor staff practice and competencies. The service had a suite of documented policies and procedures that guided the monitoring of staff performance and the performance management of staff.

# 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 considered the service was well run, and their input was used in the development and delivery and evaluation of care and services. Documentation, for example consumer surveys, demonstrated consumer and representative input into the design and delivery of care and services.

Management described a range of strategies on how the governing body promotes a culture of safe, inclusive, and quality care and services. For example, monthly clinical meetings are conducted at the service to review clinical practices and report monthly to management and the board.

The service had effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. For example, the service had a continuous improvement plan that is updated regularly and opportunities for improvement are identified through audits, complaints, and consumer surveys, these are logged and actions documented.

The service had a documented risk management framework that included managing high impact or high prevalence risks, identifying, and responding to abuse and neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents. Staff demonstrated knowledge of the framework and how it applied to their day to day work, for example, staff outlined the process for reporting incidents.

The service had a clinical support and governance framework that included antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff said they had been educated about the framework and gave examples of their relevance to their work. For example, staff were aware of the need for alternatives to chemical restraints and advised they incorporate this in their daily care of consumers through seeking alternative interventions before using any form of restraint.

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)