Performance

Report

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| Name of service: | Regis Alawarra Lodge |
| Service address: | 220 Middleborough Road BLACKBURN SOUTH VIC 3130 |
| Commission ID: | 3146 |
| Approved provider: | Regis Aged Care Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 25 October 2022 to 28 October 2022 |
| Performance report date: | 5 December 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 Regis Alawarra Lodge (**the service**) has been prepared by V Stephens, 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 provider’s response to the assessment team’s report received on 21 November 2022

# 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

All sampled consumers expressed satisfaction that they are shown dignity and respect by staff. Sampled care plans were individualised and reflected what was important to the consumer, including their values and goals. Staff described consumer preferences and choices in the delivery of care. The Assessment Team observed staff treating consumers with dignity and respect at all times during the site visit and it was clear staff understood the individual choices and preferences of consumers.

The Assessment Team observed staff being respectful of consumer culture in delivering care and services during the site visit. Care planning documentation reviewed reflected the cultural needs, interests and preferences of consumers.

All sampled consumers are satisfied they are supported to exercise choice and decision-making about how care and services are delivered. Consumers have the freedom of choice to do the things that they enjoy and are able to maintain relationships with family and friends. Staff described how they support consumer independence and decision making.

Sampled consumers are satisfied that the service supports them to take the risks that enable them to live the best life the can. Staff described areas in which consumers wish to take risks, and how consumers are supported to understand the benefits and possible harm when they make decisions regarding risk.

Sampled consumers stated staff inform them directly about daily changes at the service. Administration staff send out a monthly newsletter, resident-relative meeting minutes, menus and activity schedules. Consumers said they are individually reminded of daily activities.

Sampled consumers said that they feel their privacy is respected and that their personal information remains confidential. Staff were able to demonstrate how they maintain consumer privacy. The service has policies and procedures regarding the confidentiality of personal information and disclosure of information. Observations of staff practice demonstrated staff respected consumer 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

Sampled consumers and representatives were satisfied with assessment and care planning processes and that risks are considered and inform safe and effective care. Care planning documents show relevant assessments including individualised risk minimisation interventions where risks to consumers were identified. Sampled staff demonstrated knowledge of consumer risks and risk strategies to ensure safe and effective care.

Sampled care planning documents include individual goals, and current needs and preferences identified through assessments including advance care plans. Consumers said they feel they have been listened to and their care and services are planned around what is important to them. Staff demonstrated knowledge of the needs and preferences of sampled consumers.

Sampled consumers described how they, and others they wish to include, participate in the ongoing assessment and planning of their care. Care documentation sampled reflects evidence of care consultation with the consumer and/or their representative in care assessment, planning and review, and includes other health providers where appropriate. Staff and management described ongoing 3-monthly care plan consultation with consumers and/or their representatives, consultations which included other health professionals such as the general practitioner, wound specialist, geriatrician and other allied health professionals.

Care documentation for all consumers sampled reflects the outcomes of assessment and planning are communicated to consumers and/or their representatives, through the care review and consultation process. All consumers and/or representatives interviewed expressed satisfaction with the level of communication from clinical staff on the care provided and any changes to consumer health and well-being. Staff stated they have ready access to consumer care plans.

Care documentation for all consumers sampled reflects evidence of care review for effectiveness, when circumstances change or when incidents impact on the needs, goals or preferences of consumers. Consumer representatives interviewed said staff advise them of any changes to consumer needs or condition and inform them when incidents occur such as following a fall, pressure injury, skin tear and changed behaviour. Clinical staff and management could describe how and when consumer care plans are reviewed.

# 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

Sampled consumers and their representatives are satisfied the personal and clinical care received is tailored to consumer needs. Documentation reflects individualised strategies that addresses the needs, goals, and preferences of consumers in consultation with them and in collaboration with other allied health professionals. Staff demonstrated their knowledge of the management of wounds and pain and the use of restrictive practice as the last resort.

The service demonstrated effective processes to manage and implement strategies for consumers identified with high impact or high prevalence risks such as falls, pressure injuries, challenging behaviours, diabetes management, and specialised care needs. Documentation evidenced appropriate reviews including by the general practitioner and physiotherapist. Further investigations were completed for consumers identified with high falls risk and pressure injuries.

The service demonstrated how consumers are supported to make decisions about their end of life wishes with the provision of palliative care and advocacy services. Staff described how they access external palliative services to ensure consumers are provided with appropriate pain and comfort management when nearing the end of life.

The service demonstrated how deterioration or change in consumer condition is recognised and responded to in a timely manner. Documentation reflects appropriate actions are taken in response to deterioration or change in consumer health. Clinical staff described how deterioration or changes are identified, actioned, and communicated.

Consumer files, progress notes, and handover sheets reflect current information about consumer condition, needs and preferences. The service demonstrated how information is shared with external services involved in care as required. Clinical and care staff described how they are updated on changes in consumer care through verbal handover, and by referring to handover sheets and care plans.

Sampled consumers expressed satisfaction that access and referral to their general practitioner, allied health professionals and other external specialist services are available when needed. Documentation reflects timely and appropriate referrals to individuals, and external care and service providers. Management and staff described the service’s referral processes and provided examples of referrals completed.

The service demonstrated satisfactory infection prevention and control processes, including the appointment of an infection prevention and control lead. Sampled consumers and their representatives said they were satisfied with the service’s management of infections. Management, staff, and a general practitioner described their knowledge of antimicrobial stewardship and the strategies they use to minimise infection-related risks.

# 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

Sampled consumers are satisfied with how they are supported to meet their care needs, goals and preferences. Consumers said they receive effective services which allow them to maintain their independence, well-being and quality of life. Staff demonstrated knowledge of consumer needs and preferred activities. Care planning documentation identified consumer choices and provided information about the services and supports consumers require for daily living.

Most sampled consumers described the services and supports available to promote their emotional, spiritual and psychological well-being. Staff demonstrated knowledge of the emotional and spiritual needs of consumers and described how they support individual consumers. Sampled care planning documentation also included emotional, spiritual and psychological needs and preferences.

Sampled consumers and their representatives were generally satisfied that the service provides adequate support for consumers to maintain relationships, participate in the community and do things that interest them. Staff described the relationships and interests of consumers, both within and outside the service. Care planning documents contained information about consumer interests and family relationships.

Most consumers and representatives sampled expressed satisfaction that information is shared effectively at the service. Staff said they are informed about changes to consumer needs and that changes are communicated through written notes, handover sheets and meetings.

Consumers and their representatives confirmed that referrals to external care and service providers such as physiotherapists and dietitians occur when needed. Sampled care planning documents identified the involvement of others in the provision of lifestyle supports and services, including visits by allied health professionals, family and friends, representatives of faith and community groups and organisations.

Most sampled consumers expressed satisfaction with the choice, taste and quantity of food. Most sampled consumers were satisfied that they have access to suitable and well-maintained equipment. Equipment was observed to be clean, well maintained and suitable for the needs of consumers.

# 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

Sampled consumers stated that the service environment was welcoming and homely. Lifestyle and care staff said that consumers feel safe and are happy with the living environment. Consumers have free access around the service and are able to utilise communal spaces when they choose.

Consumers and representatives reported that the environment is comfortable, clean and well maintained. Maintenance programs include essential services, preventative maintenance schedules and reactive maintenance processes. The Assessment Team observed the service environment to be safe, clean and well maintained.

Most consumers and their representatives expressed satisfaction with the equipment in use at the service, and that equipment is clean and safe to use. The Assessment Team observed a range of equipment available to meet the care and clinical needs of consumers.

# 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 sampled said they are able and feel comfortable providing feedback and making complaints, and said they were comfortable raising feedback directly with management. Management said feedback is invited at consumer and representative meetings. Clinical and care staff said they would attempt to resolve consumer concerns directly if approached or would pass concerns on. Feedback forms, lodgement boxes and consumer experience surveys were observed at the service.

Most consumers are aware of external avenues to raise complaints. The service provides information on advocacy services, and external complaint organisations through admission pack information, the welcome handbook and pamphlets and information available throughout the service.

Most consumers and representatives sampled said the service provides appropriate resolution to complaints and open disclosure processes are used when things go wrong.

Feedback from consumers and representative indicated that the service reviews their feedback and complaints to improve the quality of care and services. Management described how the complaints process is used to inform the service’s plan for continuous improvement. Feedback and complaints documentation reviewed by the Assessment Team identified that appropriate action was taken to resolve complaints, and that systemic improvements to the service were made as a result.

# 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

The workforce is planned to ensure the correct skill mix and number of staff in various roles to enable the delivery of safe and effective quality care and services. All sampled consumers, representatives and staff provided positive feedback with staffing numbers and call bell response times.

Consumers and their representatives are satisfied staff were kind, caring and gentle when providing care. This evidence aligned with the Assessment Team’s observations of positive and respectful interactions between staff and consumers.

The service demonstrated the workforce was competent and members of the workforce have the qualifications and skills to effectively perform their roles. Consumers and their representatives expressed satisfaction with staff knowledge. Documentation demonstrates staff have qualifications relevant to the role and that their competency is monitored.

Consumers and their representatives were satisfied staff were trained and supported to provide quality care and services to meet consumer needs. Staff expressed satisfaction with the training provided and are able to access additional training where required.

Regular assessment, monitoring and review of staff performance is undertaken by the service. This process includes day-to-day monitoring and a formal documented performance appraisal. Sampled staff confirmed they have an annual performance review.

# 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

Sampled consumers and their representatives said they are engaged in care planning and service provision and confirmed they are invited to and attend resident/relative meetings. Management seeks input from consumers and their representatives through participation in consumer meetings, surveys and individual conversations. The service maintains a quality improvement plan to record and action improvement ideas.

Consumers and their representatives expressed feeling safe at the service and living in an inclusive environment with the provision of quality care and services. The organisation has a suite of policies, procedures and work instructions that support and guide management and staff to provide a safe and inclusive culture for consumers and stakeholders. Management and staff were able to describe how the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and its involvement in its delivery.

The service has governance systems in place and applications for considering the best outcomes for consumers. The board monitors and reviews routine reporting and analysis of data related to consumer experience. The governance team has established processes to satisfy itself that systems for appropriate care are in accordance with the Aged Care Quality Standards.

The service has risk management systems to monitor and assess high impact or high prevalence risks associated with the care of consumers. Risks are reported, escalated and reviewed by management. All sampled staff explained that they have received education in relation to abuse and incident reporting. Staff described the process for reporting incidents to a registered nurse or management. Clinical staff described the electronic incident management system and that all incidents and feedback are captured in one system. To support consumers to live the best life that they can the service completes risk assessments.

The service has a clinical governance framework in place and provides an overarching monitoring system for clinical care. There are accessible policies and procedures in relation to antimicrobial stewardship, minimising the use of restraint and open disclosure.

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)