Performance

Report

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| Name: | Regis Armadale |
| Commission ID: | 3882 |
| Address: | 607-613 Dandenong Rd, ARMADALE, Victoria, 3143 |
| Activity type: | Site Audit |
| Activity date: | 26 March 2024 to 28 March 2024 |
| Performance report date: | 16 May 2024 |
| Service included in this assessment: | Provider: 3522 Regis Aged Care Pty Ltd  Service: 6496 Regis Armadale |

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 Armadale (**the service**) has been prepared by Katherine Richards, 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 consumers, representatives, staff, management and others.

The Approved Provider submitted an email dated 29 April 2024 stating they would not be providing a formal response to the Assessment Team report.

# 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

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been found Compliant, as:

Consumers said staff treated them with dignity and respect, and staff were familiar with their identity. Care and service plans reflected the diversity, identity, and background of consumers. Staff spoke of consumers in a respectful manner and were aware of their life stories and backgrounds.

Consumers provided examples of the supports they received to maintain their culture. Care and service plans captured the specific cultural needs and practices the consumer wished to maintain. Staff described how the delivery of consumers’ care needs was influenced by their cultural preferences.

Consumers advised their choices to maintain relationships of significance were supported, with married couples supported to share a room. Care planning documentation evidenced consumers’ individual choices regarding when care was to be delivered, who should be involved in their care decisions, and the supports required to maintain relationships. Policies and procedures were in place to guide staff practice to support consumers to exercise their choice and independence.

Care planning documentation evidenced dignity of risk assessments were conducted to identify risks associated with consumer decisions and implement risk mitigation strategies. Consumers confirmed they were supported to safely engage in risks to live their best lives. Staff demonstrated an awareness of the risks taken by consumers, and advised they supported consumers’ choices to take risks and live the life they chose.

Consumers confirmed they and their representatives were kept informed through written information and verbal reminders and received information regarding meal options and upcoming activities. Noticeboards displaying the lifestyle activities schedule, newsletters and complaint avenues were observed to be displayed in multiple languages throughout the service. Staff advised information was provided to consumers in accordance with their communication needs and preferences.

Consumers felt their privacy was respected, and staff knocked on their doors prior to entry, and closed their doors when providing personal care. Staff advised confidential and sensitive information was kept locked in nurses’ stations when not in use. Staff were observed to knock on consumers’ doors prior to entry, and the electronic care management system was kept password protected when not in use.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Care planning documentation evidenced risks to consumers’ health and well-being were identified, and care directives were in place to guide the delivery of care. Representatives confirmed the risks to the health of consumers were effectively assessed and managed. Staff demonstrated an understanding of how risks were identified in the assessment and care planning process.

Care planning documentation reflected consumers’ current needs, goals, and preferences, as well as advance care and end of life directives. Representatives confirmed they were involved in discussions regarding the consumer’s advance care planning. Staff advised consumers and representatives could discuss needs, goals, and preferences during the consumer’s entry to the service, regular care plan reviews and follow ups.

Representatives confirmed their participation in the assessment and care planning process for consumers, in collaboration with other providers involved in consumer care. Care planning documentation evidenced input from consumers, representatives, medical officers, and allied health professionals. Staff described how consumers and representatives were involved in the ongoing review of care planning through care plan reviews and when changes occurred.

The electronic care management system was utilised by staff to document and record assessment outcomes, and a summary care plan was accessible to consumers and representatives. Staff described how they communicated assessment and planning outcomes during phone calls, emails, and in-person. Representatives confirmed they had been offered a copy of the consumer’s care and services plan and were consistently informed of any changes to the consumer’s health and well-being.

Care planning documentation evidenced care plans were reviewed on a regular basis, and when changes in condition or an incident occurred. Management and staff advised care and service plans were reviewed on a 3-monthly basis to evaluate consumer needs and make necessary changes to care delivery. Policies and procedures informed staff practice to evaluate effectiveness of care strategies and make necessary updates following change of condition.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers and representatives confirmed consumers received safe and effective personal and clinical that was tailored to their needs. Staff described the personalised care needs of consumers and outlined how the delivery of consumers’ care met best practice care principles through following policies and procedures. Care planning documentation included tailored consumer strategies for care delivery and monitoring for effectiveness, and consultation with specialists to ensure best practice care.

Staff described the service’s high-impact, high-prevalence risks, how these were managed and measures that had been implemented to mitigate the risks to individual consumers in line with care planning documentation. Representatives confirmed the risks to consumers’ well-being were effectively managed, and mitigation strategies were in place.

Care planning documentation evidenced consumers received care in alignment with their palliative goals to maintain their comfort and manage their pain. Staff described how end of life care was provided to consumers through regular repositioning, pain medication and comfort care, with a representative of a late consumer confirming pain and comfort was well managed. Policies and procedures outlining the palliative care process guided staff during end of life care to maximise consumers’ comfort and preserve their dignity.

Care planning documentation evidenced deterioration or changes in consumers’ health was recognised and responded to in a timely manner. Staff described the signs they monitored which may indicate deterioration or change of consumer health, and actions to be taken to escalate and ensure appropriate review in line with the clinical deterioration policy.

Management and staff advised information regarding the consumer’s health and well-being was communicated through handover, meetings, and care planning documentation. Consumers and representatives confirmed consumers’ needs and preferences were effectively communicated between staff. Care planning documentation evidenced information was accessible by medical officers and allied health professionals involved in the consumer’s care.

Representatives said staff were responsive to identifying consumer needs and creating referrals to external providers of care. Care planning documentation evidenced prompt and timely referrals were made to allied health professionals in response to changes to the consumer’s condition. Policies and procedures outlining the referral process were available to guide staff practice.

Staff demonstrated an understanding of infection prevention and control principles and antimicrobial stewardship, including awaiting pathology results prior to the use of antibiotics. Staff were observed to wear appropriate personal protective equipment and practice hand hygiene. Consumers were monitored for signs of infection, with appropriate isolation precautions applied if unwell. Two staff were enrolled in the Infection prevention and control lead course, and staff practice was informed through policies, procedures, outbreak management plans, and public health unit advice.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Staff were aware of consumers’ interests and activity preferences, and the supports they required to participate in activities of daily living. Consumers described how they were supported to optimise their independence and quality of life by participating in meaningful activities. Group activities had been developed to support consumer independence and were adapted for mobility levels.

Consumers felt their emotional, spiritual, and psychological needs were supported, and they had opportunities to attend religious services reflective of their faith. Staff described how they supported consumers when they were feeling low and would escalate their concerns for assessment if needed. Care and service plans captured information regarding consumers’ emotional and spiritual needs, goals, and preferences.

Consumers confirmed they were supported to participate in activities within the internal and external community, and to maintain contact with their family and friends. Staff described how they encouraged consumers to participate in the community by organising road trips or shopping days. Consumers were observed to receive visits from their friends and family members and spend time with them in the rooms and various communal areas. Scheduled activities were coordinated to cater for consumer interests.

Staff described how information about consumer’s needs, goals, and preferences were communicated within staff from various teams, relevant to their role, for example, changes to dietary needs and preferences were documented within care and services plans and notified to kitchen staff. Consumers confirmed their information was communicated within the organisation, and with external providers of care. Management described using email, phones, and memos for significant changes.

Consumers described services and supports coordinated through referrals, and explained how these were used to meet their needs. Staff stated they engaged external organisations and volunteers to supplement the lifestyle activities available to consumers. Care planning documentation evidenced referrals to external organisations and individuals to meet the needs of consumers.

Consumers mostly provided positive feedback regarding the quality and variety of the meals provided. Some consumers reported dissatisfaction with the taste and variety of some of their meals, although they said they had not shared concerns with management, who committed to working to find solutions once made aware. Care and service plans outlined consumers’ dietary needs and preferences. Staff advised they had access to documented dietary needs and preferences for consumers and obtained consumers’ feedback regarding the meal services through a variety of mechanisms.

A range of lifestyle and mobility equipment was observed to be clean, suitable, and well maintained. Consumers confirmed they felt safe when using equipment and said equipment was regularly checked and cleaned or they could report concerns. Staff advised mobility equipment was cleaned daily, and described how equipment was kept maintained.

# 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

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been found Compliant, as:

Consumers advised the service environment was welcoming and easy to understand, and they could decorate their rooms. Management and staff advised consumers were encouraged to bring their belongings to personalise their rooms, and there were maps, handrails, and directional signage to assist consumers to navigate the service. The service environment was observed to be well lit, with wide corridors and handrails present to enable independent movement throughout the service.

Consumers said they were able to move around freely through indoor and outdoor areas and expressed satisfaction with the cleanliness of the service environment. Staff advised a cleaning schedule was followed with communal areas were cleaned daily and consumers’ rooms cleaned weekly. Consumers were observed to mobilise throughout, and freely exit the service.

Consumers confirmed equipment, furniture, and fittings were safe, clean, and well maintained. The preventative maintenance schedule evidenced the regular maintenance of equipment. The call bell system was observed to be in operational order, and furniture observed to be clean and in good condition.

# 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

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been found Compliant, as:

Consumers and representatives felt comfortable to raise their feedback and complaints to the service. Management and staff described the various mechanisms in place to encourage consumers and representatives to provide their feedback, including through feedback forms, surveys, meetings, or by speaking directly with staff. Complaints information and feedback forms were observed to be displayed throughout the service and in multiple languages.

Consumers and representatives confirmed they were aware of external advocacy and language services available to them to raise and resolve their complaints. Management advised guidelines were in place to organise interpreter and translation services for linguistically diverse consumers. Pamphlets and posters promoting access to advocacy services, including the Commission, were displayed in multiple languages throughout the service.

Consumers provided practical examples of actions taken in response their complaints and feedback, and confirmed action was taken in a timely manner. Staff described the open disclosure principles, including providing an apology in response to adverse events, being open and transparent, and providing a resolution to consumers regarding their issue. Complaints documentation evidenced open disclosure was practiced and consumers and representatives were involved in the resolution process.

Consumers confirmed their feedback and complaints have led to improvements, including the purchase of additional gardening equipment. The continuous improvement plan evidenced consumer meetings, feedback processes and audits were reviewed and used to improve the quality of care and services. Management provided examples of improvements that resulted from the feedback of consumers.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Most consumers and representatives confirmed there were enough staff to meet consumers’ needs. One consumer said the service was understaffed but said it did not feel it affected their care in a negative manner. Overall staff felt there were enough staff to deliver quality care and services, although some described a reduction of staff through the introduction of a new model of care resulting in staff feeling rushed. Management advised the new model of care had mostly produced positive feedback, however, was still under review. Management advised processes to monitor sufficiency of workforce to meet consumer needs, including reviewing call bell times.

Consumers felt staff were kind, caring and respectful when delivering care. Staff interactions were observed to be kind and gentle, and staff actively supported consumers during mealtimes, engaged in conversations with consumers and encouraged them to participate in activities. Policies, procedures, and training were in place to guide staff practice to deliver dignifying and respectful care.

Consumers and representatives expressed confidence in the ability of staff to perform their roles and meet consumers’ care needs. Position descriptions outlined the required qualifications, experience, and key responsibilities for each role. Management described the orientation program which included mandatory training and buddy shifts with experienced staff to ensure competency.

Consumers and representatives confirmed staff were well trained and did not identify any areas of care where staff required additional training. Management outlined the various mandatory training required to be completed during orientation and on annual basis, including manual handling, infection control and elder abuse. Training records evidenced staff compliance with training requirements and outstanding training was due to staff on extended leave.

Management advised several performance appraisals were completed during the probationary period for new staff, and on annual basis thereafter. Staff described the performance appraisal process, and outlined it was an opportunity to discuss their progress, development, and goals. The probationary and annual performance appraisal register evidenced a high completion rate and management advised outstanding appraisals were due to staff that were on leave or did not work frequently.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers and representatives confirmed consumers were involved in the development of their care and services through feedback processes and meetings, with options to nominate to join the organisation’s consumer advisory body. Management and staff advised consumers were actively engaged in the development, delivery, and evaluation of care through, consumer meetings, feedback forms and care plan reviews. Consumer meeting minutes evidenced consumers were encouraged and supported to actively engage in the evaluation of provided care and services.

Management outlined the organisational structure and hierarchy which allowed for shared communication throughout the various levels of the service to ensure the governing body’s oversight and accountability. Management described the governing body’s role in daily operations, including their recent initiatives to refurbish and improve areas of the service to suit the needs of consumers.

Management and staff outlined the effective governance systems, including policies and procedures regarding information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. Management advised continuous improvement opportunities were identified through regular internal audits and communication from the Commission and evaluation of improvements were undertaken. Management confirmed feedback and complaints were electronically documented and reviewed to ensure the effective management of complaints.

Effective risk management systems and practices were in place to guide staff practice in relation to the management of high impact or high prevalence risks, identifying and responding to abuse and neglect, supporting consumers to live the best life they can and managing and preventing incidents. Management confirmed staff were received training to ensure they understood their responsibilities to identify and report elder abuse and neglect. Staff demonstrated an understanding of the most prevalent risks associated with the care of consumers, and the safeguards in place to promote consumer safety. Incidents were reported through the electronic system, and reviewed by the quality team and governing body, and staff were aware of their reporting responsibilities.

The organisation’s clinical governance framework and policies ensured the quality and safety of clinical care, and promoted antimicrobial stewardship, the minimisation of restrictive practices, and the use of an open disclosure process through accessible policies, procedures, and guidelines. Staff demonstrated a shared understanding of these policies and the application of these policies in a practical setting. Management advised clinical governance and medical advisory committees promoted antimicrobial stewardship through education, audits and ensuring pathology results were obtained prior to the use of antibiotics.

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