Performance

Report

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| Name of service: | Regis Birkdale |
| Service address: | 25 Macgregor Drive BIRKDALE QLD 4159 |
| Commission ID: | 5343 |
| Approved provider: | Regis Group Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 6 September 2022 to 8 September 2022 |
| Performance report date: | 30 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 Regis Birkdale (**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 and others.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers said staff treat them well, and they feel valued and respected within the service. Staff described treating consumers respectfully and maintaining their dignity. Care planning documents included individualised information regarding consumers’ identity, culture and diversity. Management explained how different cultures are valued at the service through the introduction of various events organised by the lifestyle team.

Consumers felt staff know about their background and what they enjoy doing within the service. Staff explained how consumers’ background influences the care and services they receive. Training documents evidences staff undertake mandatory training on culturally safe care.

Consumers said they are supported to exercise choice and independence and maintain relationships of their choice. Care planning documents evidenced appropriate processes are in place to support consumers’ independence and relationship building.

Consumers felt supported by staff to take risks to enable them to live their best lives. Management described the risk assessment process and these were documented in consumer care plans. The service had a dignity of risk policy to guide staff to work with consumers to understand, explain and manage risks to help consumers live the way they choose.

Consumers said they have the information they need to make informed choices, including what they want to eat and activities they wish to attend. Staff described how information is provided to consumers, including consumers that have difficulty communicating or are living with cognitive impairments.

Consumers reported that their privacy and confidentiality is respected, and described staff practices such as knocking on doors prior to entry and closing the door during provision of personal care. This was consistent with staff feedback. The service had a privacy policy to advise how personal information is kept confidential.

# 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 were satisfied with the care and services provided and said staff supported consumers’ health and wellbeing. Care planning documents evidenced the service conducts assessment and planning, taking into consideration risks to consumers.

Staff demonstrated awareness of consumer individual care preference and needs. Care planning documents included advance care and end of life plans which a representative confirmed was discussed with them.

Care planning documents evidenced the involvement of consumers, representatives and other health professionals in the assessment and planning process. Staff described how they involve consumers and representatives in the assessment and planning process and consumers and representatives confirmed they were involved.

Consumers and representatives said staff talk to them and provide them with information and explanations about care and services provided and they have access to care planning documents. Outcomes of assessment and planning are documented in care planning documents which was observed to be available to staff and visiting health professionals.

Care planning documents evidenced they are reviewed every three months, or earlier if any changes to a consumer’s condition is recognised or any incidents occur. Staff interviewed demonstrated an awareness of the service’s 3-monthly consumer review process or more frequently as required due to changes in a consumer’s 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

Consumers considered they receive safe and effective care that is tailored to their needs and optimises their health and well-being. Staff said they are guided by policies and procedures to direct care that is best practice. Care planning documents reflected individualised care that is safe, effective and tailored to the specific needs and preferences of consumers.

Care planning documents identified high impact and high prevalence risks to consumers and included risk assessments to understand and outline strategies to manage those risks. Staff demonstrated awareness of their responsibilities in managing risks and described mitigation strategies used.

Consumers and representatives confirmed that advance care planning and end of life planning are discussed as part of the initial care planning discussions. Care planning documents included advance care plans and evidenced regular reviews. Staff described the way care delivery changes for consumers nearing end of life, and how the service provides emotional support to consumers’ family during visits.

Consumers and representatives expressed confidence that changes in consumer care needs would be identified and addressed. Care planning documents demonstrated identification of, response to, deterioration or changes in consumers’ condition and health status. Staff said they have access to guidelines to assist in responding to deterioration or changes in a consumer’s condition.

Care planning documents demonstrated progress notes, care and service plans and handover reports, provide adequate information to support effective and safe sharing of consumers' information to support care. Staff described how information about consumer needs, conditions, and preferences are documented and communicated to ensure consumers get care in line with their needs and preferences.

Consumers and representatives said timely and appropriate referrals to other health professionals occur. Staff described the process for referring consumers to other health professionals and care planning documents evidence referrals to other health professionals such as physiotherapists, speech pathologists and geriatricians.

Consumers and representatives said they are satisfied with infection control practices, and staff described how they minimise infection and monitor consumers for infections. The service had policies and procedures on antimicrobial stewardship and infection control that guides staff practice, and an outbreak management plan that explains how the service will prepare for, identify and manage any outbreaks.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives said consumers receive safe and effective services and supports for daily living that meet consumers’ needs, goals, and preferences. Care planning documents included information on consumer needs and preferences, as well as relevant health information required for daily living support. Staff provided further evidence that consumer needs, and preferences are considered when providing supports for daily living.

Consumers said their emotional, spiritual and psychological needs are supported and when feeling low they feel comfortable talking to staff. Staff said if they identify a change in a consumer’s mood or emotional need, they provide additional support such as one-to-one conversation, and supporting them to communicate with their families. Care planning documents included information about consumers’ spiritual, social and emotional needs.

Consumers and representative said consumers are supported to keep in touch with the people who are important to them, participate in the community and maintain relationships. Care planning documents identified how consumers wish to participate in activities, outings and maintain relationships.

Consumers and representatives reported information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. Staff described how changes in consumers’ care and services are communicated through both verbal and documented handover processes. Care planning documents provided adequate information to support effective and safe sharing of consumers’ care.

Care planning documents evidenced the service collaborates with external providers to support consumers clinically and emotionally. Lifestyle staff described how they work with external organisations, or use volunteers, to help supplement the lifestyle activities offered within the service. The service had protocols for making referrals to individuals and providers outside the service to support the lifestyle needs of consumers.

Consumers and representatives expressed satisfaction with the meals provided to consumers. Care planning documents reflected dietary needs, preferences, nutrition and hydration goals for consumers. Staff were able to explain their dietary needs and preferences of consumers. Staff were observed assisting consumers with meals and offering them choice.

Equipment which supported consumers to engage in lifestyle activities was observed to be suitable, clean and well maintained. Consumers confirmed this to be the case and staff described the process for reporting faulty equipment.

# 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 they felt at home at the service, and staff described how they ensure consumers and their visitors feel welcomed and comfortable. Staff were observed welcoming visitors to the service in a warm and friendly manner and assisting them if requested. The service environment was observed to be welcoming and consumer rooms were personalised.

Consumers said the service environment is clean and well maintained and they are able to move around freely both indoors and outdoors. Observations confirmed consumers are able to move freely, both indoors and outdoors. Staff described the process for cleaning, documenting, reporting, and attending to maintenance issues. Documentation demonstrated cleaning and maintenance processes are completed in a timely manner.

Furniture and equipment throughout the service was observed to be appropriate, clean, and well maintained. Consumers said the equipment within the service is well maintained, clean and is kept within reach for them. Maintenance staff explained the process for maintaining equipment and a review of maintenance documentation demonstrated maintenance checks are up to date.

# 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 the different avenues for consumers to raise concerns, such as through the monthly resident and representative meetings, and feedback forms. Feedback forms and information about providing feedback and feedback boxes was observed around the service.

Consumers said they know how to access advocacy, interpreter, legal services, as well as external complaints. Staff said they know how to access advocacy and interpreter services for consumers. Information on access to advocates, language services and other methods for raising and resolving feedback was observed to be available around the service.

Staff and management described the process that is followed when feedback or a complaint is received and knew what open disclosure was. Consumers and representatives felt that the service responds to complaints appropriately. The continuous improvement log detailed the nature of complaints and the action taken in response.

Consumers felt feedback and complaints are reviewed and used to improve the quality of care and services such as appropriate dining room customer service. Staff described how service improvements have been made in response to feedback and how the service’s complaints management process states that complaints data is analysed and used for continuous improvement. The continuous improvement log detailed the changes made in response to feedback and complaints to improve services.

# Standard 7

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

Findings

Consumers and representatives expressed satisfaction with the staffing numbers, and said the services and care they receive were timely. Staff reported that shift vacancies are usually filled and this was reflected in staff rosters and documentation. Call bell data demonstrated almost all call bells were answered in under 10 minutes.

Consumers and representatives said that staff engage with consumers in a respectful, kind and caring manner. Staff were observed greeting consumers in a friendly manner, using the consumer's preferred name and using a respectful language when assisting consumers.

Consumers and representatives felt staff are competent, and confident that staff are skilled to meet their care needs. Management described the process to ensure that staff are suitable for, and competent in their role through the recruitment process. Documentation demonstrated staff have appropriate qualifications, knowledge, and experience to perform their duties.

Consumers and representatives were satisfied that staff are adequately trained and equipped to do their jobs. Management said staff are trained through e-learning and face-to-face training. Staff said they have access to training to support their role and ongoing development. Training records demonstrated the workforce is satisfactorily recruited, trained, equipped and supported to deliver the outcomes required by these standards.

Documents demonstrated staff performance appraisals are up to date and conducted regularly on an annual basis where their performance is assessed, monitored, and reviewed. Staff described the performance appraisal process and confirmed they occur annually.

# 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 reported they are engaged in the development, delivery and evaluation of care and services through resident and relative meetings. Staff and documented evidence demonstrated that consumers are engaged and supported in providing input on service delivery.

Management described how the governing body is involved in the delivery of care and services via clinical governance committee and the quality and improvement team that provide reports to the management and the Board. The service had policies that outlines the governing body’s role in promoting a culture of safe, inclusive and quality care and services and is accountable for their delivery.

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, management said the service’s head office monitors and informs the service of changes to legislation, regulatory requirements or aged care law.

The service had a risk management system and practices that includes high impact and high prevalent risks, abuse or neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents. Management and staff were able to described these systems and practices.

The service had a clinical governance framework that included antimicrobial stewardship, minimising use of restraint and open disclosure. Staff said they had been educated in these areas and provided examples of how it applied to their day to day work.

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)