Performance

Report

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| Name of service: | Regis Brighton |
| Service address: | 161 Male Street BRIGHTON VIC 3186 |
| Commission ID: | 3662 |
| Approved provider: | Regis Aged Care Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 28 March 2023 to 30 March 2023 |
| Performance report date: | 3 May 2023 |

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 Brighton (**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.

# 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 compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers said they were treated with dignity and respect, with their identity and culture valued. Staff explained how they supported consumers identity, culture, and diversity. Care planning documents contained information about consumers’ culture and diversity and ways to support consumers. Observations demonstrated consumers were treated in a respectful manner.

Staff explained how they tailored care and services with respect to consumers culture, for example, communicating with consumers in their preferred language. Staff were observed supporting consumers to do things in alignment with their spiritual preferences. Care planning documents identified consumers cultural preferences to guide care and service delivery to meet their needs.

Consumers and representatives said consumers were supported to make and communicate their decisions, including who they would like to involve in their care, and were supported to maintain relationships of importance. Staff demonstrated knowledge of consumers preferences and relationships. Care planning documents included information about consumers goals and preferences, and ways to support consumers to be independent.

Consumers reflected they were able to do the things they wanted to do, and if there were any risks identified, strategies to mitigate those risks were discussed and implemented. Staff advised they provided support to consumers to enable them to make informed decisions about risk. Care planning documents confirmed risks were assessed and discussed.

Consumers and representatives described the ways they were provided information to help consumers to make decisions. Staff explained consumers and representatives were consulted about communication preferences, and if required, staff would organise an interpreter, speak to family members, or tailor information to meet consumers’ needs, such as providing information in large font.

Staff provided examples of how they respected consumers privacy and kept personal information confidential, which aligned with feedback received by consumers and representatives, and observations. The service had policies and procedures regarding privacy and the protection of personal information that guided staff practice.

# 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 compliant as 5 of the 5 Requirements have been assessed as compliant.

Staff explained the assessment and planning processes in place, including the identification and discussion of risks. Documents demonstrated assessment and planning used validated assessment tools, and involved consumers and representatives in the development of care and planning documentation, to support the delivery of safe and effective care.

Consumers and representatives said they discussed advance care and end of life planning. Documents confirmed assessment and planning identified and addressed consumers current needs, goals, and preferences, including advance care and end of life planning. The service had policies and procedures which guided staff in assessment and planning of consumers’ needs, goals, and preferences.

Consumers and representatives reflected they were involved in the assessment, planning, and review of care and services for consumers, and included other providers of care as required. Staff explained, and care planning documents demonstrated, consumers, representatives, and others were involved in assessment and planning processes.

Consumers and representatives said the service provided relevant information about care and services and regularly communicated with them. Outcomes of assessment and planning were documented on consumers care and services plan. Staff confirmed copies of the care and services plan was offered to consumers and representatives.

Staff explained the processes for reviewing and updating care and services plans, including scheduled reviews and when circumstances changed for consumers. Care planning documents evidenced care and services were regularly reviewed for effectiveness, with strategies put into place.

# 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 compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives said consumers were receiving care which was safe and right for them and met their individual needs and preferences. Care planning documents demonstrated personal and clinical care delivered is safe and effective and aligned with best practices. Management explained staff referred to clinical governance policies and procedures to direct best practice.

Consumers said risks to their health were assessed, explained, and managed to reduce risks. Care planning documents evidenced high impact, and high prevalence risks associated with the care of consumers were identified, assessed, and managed with strategies in place. Policies, procedures, and clinical protocols guided staff on the management of high impact, high prevalence risks.

Care planning documents evidenced consumers received end of life care in an appropriate manner. For example, documentation for a named consumer demonstrated they received end of life care with respect to their spirituality and comfort, and included consultation and communication with other providers of care and family members. Staff explained they supported consumers end of life wishes, and engaged external palliative care services to ensure consumers received care which maintained their comfort, well-being, and dignity.

Representatives reflected the service responded to deterioration in consumers health in a timely manner. Staff provided examples of how they identified and responded to changes in consumers capacity or condition. Care planning documents evidenced deterioration or changes in consumers health, condition, function, or capacity were identified and responded to, with follow up actions implemented, such as referrals to other providers of care.

Consumers said that those who need information to deliver their care are well informed to deliver that care. Management and staff explained information about consumers was shared through verbal and documented handover processes, and recorded in the electronic care management system. This was consistent with observations.

Consumers said the service referred them to appropriate providers, organisations, or individuals to meet their care needs. The service had an established network of approved individuals, organisations, or providers consumers were referred to. Documentation demonstrated referrals were completed in a timely and appropriate manner.

The service had policies, procedures, and training to support the minimisation of infection related risks, including practices to promote antimicrobial stewardship and appropriate antibiotic prescribing. Staff demonstrated knowledge of ways to minimise infections, and reduce the inappropriate prescription of antibiotics, such as completing pathology testing.

# 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 compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers said they received safe and effective services which helped them to be independent, and contributed to their well-being and quality of life. Care planning documents captured information about consumers life story, choices and preferences, social affiliations, and ways to support consumers. Staff demonstrated knowledge of consumers’ needs and preferred activities.

Consumers and representatives provided examples of services and support available to help consumers emotional, spiritual, and psychological well-being. Staff explained if they noticed a consumer experiencing low mood, they would spend time with the consumer, and provide emotional support. Care planning documents outlined consumers emotional and spiritual needs, with strategies to support consumers.

Consumers said they were supported to participate in their community within and outside the service, and do things of interest. Staff described how they supported consumers social participation and relationships. Care planning documents identified activities of interest to consumers, and how they are supported to participate in these activities and also in the wider community.

Staff explained the process for communicating information about consumers within the service, and where the responsibility of care was shared, such as documented shift handovers. Documentation demonstrated information about consumers care and services was recorded and shared to support effective communication.

Consumers said the service referred them to external providers to support their needs. Staff described how consumers were referred to other providers of care and services, as evidenced in documentation.

Consumers said meals were of a varied, suitable quality and quantity. Consumers were supported to choose their meal preferences, including alternative meal options, and were able to feedback about meals. Dietary information was available to support staff in providing appropriate meals and assistance for consumers.

Consumers said they felt safe using equipment provided by the service, and equipment was suitable, clean, and well maintained. Staff explained how they would report and fix maintenance faults. The service had policies on the maintenance of equipment. Documentation confirmed preventative maintenance was up to date.

# 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 compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers felt they belonged, welcomed and comfortable at the service. Staff described how they supported consumers sense of belonging, such as supporting consumers to personalise their rooms. The service environment was observed to reflect dementia enabling principles of design and safety.

Consumers confirmed they could move freely both indoors and outdoors. Staff explained the cleaning processes and systems in place to upkeep the maintenance of the service environment. Documentation confirmed processes and systems were in place for identifying and recording hazards and attending to maintenance issues and these were completed in a timely manner.

Consumers and representatives advised furniture, fittings, and equipment were safe, clean, well maintained and suitable for consumers. Staff explained the process to report maintenance matters relating to furniture, fittings, and equipment. Furniture, fittings, and equipment was observed to be in suitable 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 compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers and representatives said they were encouraged to provide feedback and raise concerns about care and services. Management and staff described the ways consumers and representatives were supported to provide feedback and complaints, for example, through feedback boxes and meetings. Feedback forms and suggestion boxes were observed around the service.

Consumers and representatives confirmed they knew of other ways to raise a complaint if required. Management and staff described how they would access advocacy and interpreter services for consumers. Information about advocacy services and interpreter services was observed throughout the service environment.

Consumers and representatives confirmed management promptly addressed and resolved matters relating to complaints or incidents. Management provided examples of how complaints were responded to using an open disclosure process in a timely manner. Documentation evidenced feedback and complaints were responded to appropriately, with open disclosure used.

Management explained the processes in place to evaluate feedback and complaints to inform improvements to care and services, as evidenced in documentation. For example, the continuous improvement register identified kitchen renovations was due to commence at a later date, resulting from feedback received from consumers and representatives.

# 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 compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives said they were satisfied with the number of staff, and reflected consumers needs were being met. Management explained how call bell response times and clinical data was monitored and used by management to adjust the number and skills mix of staff to enable the delivery of safe, quality care. Call bell data demonstrated calls for assistance was answered in a timely manner.

Consumers and representatives advised staff interacted with consumers in a kind, caring, and respectful manner. Staff demonstrated knowledge of consumers’ needs and preferences. Staff were observed interacting with consumers in a familiar and friendly way, such as referring to consumers with their preferred name.

Consumers and representatives felt confident that staff are suitably skilled and competent to meet consumers’ care needs. The service had recruitment and selection policies and procedures, and position descriptions outlining the required qualifications, credentials, and knowledge required for each role. Documents demonstrated that staff have the relevant qualifications to perform their duties as outlined in their position descriptions.

Staff described the support, training, professional development, and ongoing guidance provided to support them in their respective role. Documentation demonstrated training and competency checks were monitored, and up to date. Consumers and representatives said staff are well trained and equipped to perform their roles.

Management and staff said, and documentation confirmed. probation and ongoing performance reviews were up to date. Management advised staff performance was monitored through observations, competency checks, audits, and from consumer and representative feedback.

# 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 compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives were satisfied with their level of engagement in the development, delivery, and evaluation of care and services. Management and staff described the ways consumers were engaged and involved in changes to the service, and the development, delivery, and evaluation of care and services. This was consistent and demonstrated by documents.

Management described how the governing body received various consolidated reports on a monthly basis, which outlined information relating to audits, feedback and complaints, continuous improvement initiatives, hazards and risks, clinical and incident data analysis. The governing body used this information to identify compliance with the Quality Standards, and to inform improvements to care and services.

Management, staff, and documents demonstrated effective organisation wide governance systems were in place for information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints. For example, management explained the financial and budgeting processes in place to support consumer needs.

The service had risk management systems implemented to manage high impact or high prevalence risks associated with care of consumers, identify and respond to the abuse and neglect of consumers and supporting consumers to live the best life they can. Staff were aware of these systems, how it applied to their work, and their responsibilities.

Staff described processes relating to the clinical governance framework, such as minimising restrictive practices, implementing antimicrobial stewardship strategies, and using open disclosure with consumers and representatives. Documentation demonstrated clinical processes were followed, such as the assessment and management of restrictive practice.

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)