

**Performance Report**

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| Name: | Regis Bulimba |
| Commission ID: | 5107 |
| Address: | 50 Brisbane Street, BULIMBA, Queensland, 4171 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 1 October 2024 to 3 October 2024 |
| Performance report date: | 22 November 2024 |
| Service included in this assessment: | Provider: 136 Regis Group Pty Ltd Service: 3464 Regis Bulimba |

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 Bulimba (**the service**) has been prepared by Jodie Earnshaw, 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 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 5 November 2024
* other information known to the Commission.

# Assessment summary

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| Standard 1Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 4** Services and supports for daily living | Not applicable as not all requirements have been assessed |
| **Standard 5** Organisation’s service environment | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | **Not Compliant** |
| **Standard 8** Organisational governance | Not applicable as not all requirements have been assessed |

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* Ensure staffing levels are sufficient to provide care and services in a timely manner whilst meeting consumer needs and preferences

# 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 |

Findings

The service was found to be non-compliant in this requirement following an Assessment Contact conducted 12 to 13 December 2023. Deficiencies related to the service being unable to demonstrate consumers are consistently treated with dignity and respect.

The assessment contact conducted 1 to 3 October 2024 recommended the service has ongoing non-compliance under this requirement.

The assessment team report described examples of the service not providing dignified and respectful care.

Consumers/representatives expressed that consumers are not treated with dignity and respect due to a lack of assistance and long wait times for assistance, resulting in episodes of incontinence. Some consumers reported incidents of disrespect and intimidation by particular staff members.

The Approved Provider’s response provided detailed information of targeted actions taken to address the deficiencies described in the assessment team report. The service demonstrated targeted improvements have been implemented to address previous non-compliance and deficiencies raised during the assessment contact.

The service has undertaken interviews with consumers/representatives, commenced open disclosure processes as necessary and implemented performance management initiatives with some staff members as a result of consumer/representative feedback.

Management and clinical staff are conducting observation activities, ensuring consumers are encouraged and supported to provide feedback and to express their needs, with interventions implemented in an appropriate and timely manner.

The service has documented the matters raised in their complaint management system and updated the plan for continuous improvement.

I am satisfied the service has taken adequate measures to ensure consumers are treated with dignity and respect and staff conduct is managed appropriately when feedback is provided.

In coming to my decision of compliance with this requirement, I have considered the information included in the assessment team report and the response of the Approved Provider. Based on the information summarised above I am satisfied this requirement is compliant.

# 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)(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)(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

The service was found to be non-compliant under Requirement 3(3)(a), following an Assessment Contact conducted 12 to 13 December 2023. Deficiencies related to the service not ensuring each consumer is receiving safe and effective personal and clinical care which is tailored to their needs and optimises their health and well-being.

The assessment contact conducted 1 to 3 October 2024 recommended the service has ongoing non-compliance under this requirement.

The assessment team report described how the service was unable to demonstrate care documentation that consistently reflects consumers’ personal and clinical care needs, goals and preferences. Consumers said the personal care they receive does not always reflect their individual needs. Whilst care documentation was not consistently reflective of consumer care needs, staff were able to describe the individual care needs of consumers.

The Approved Provider’s response refuted the assessment team recommendations and provided detailed evidence to support their position.

The service was able to demonstrate targeted improvements have been implemented to address previous non-compliance through staff training and ongoing monitoring/review of wound care management.

In coming to my decision of compliance with this requirement, I have considered the information included in the assessment team report and the response of the Approved Provider. In regard to named consumers, specifically in relation to falls management, weight management, wound care and pain management, I find there to be insufficient information in the assessment team report to convince me that the matters raised are systemic in nature and the response of the Approved Provider included detailed information to demonstrate that care is provided in line with the named consumers prescribed and identified care needs.

Based on the information summarised above I am satisfied this requirement is compliant.

The assessment contact conducted 1 to 3 October 2024 recommended the service as non-compliant under requirement 3(3)(b). Deficiencies related to the management of high impact and high prevalence risks.

The assessment team report provided examples of how the service did not demonstrate consideration of high impact or high prevalence risks in the management and provision of consumer care for some named consumers. Consumers said their pain levels are not consistently monitored by staff, and they are required to ask for pain relief medication.

Staff described processes for escalating consumer care risks identified or reports of pain by consumers to registered staff. Registered staff described processes for assessments to identify and manage high impact risks associated with consumers’ care. Care documentation demonstrated the documenting of consumers’ feedback and requests for pain medication.

The Approved Provider’s response refuted the assessment team recommendations and provided detailed evidence to support their position of compliance.

The response contained supporting documentation with adequate examples of how measures are taken to monitor and respond to consumers experiencing pain, including pain assessment during care planning processes, escalation of a consumer’s condition and by regular monitoring for pain by staff. The response states that some consumers are able to articulate their pain management needs and this helps them to maintain their voice, choice and control over this aspect of their care and wellbeing. The service has a Nurse Practitioner to support consumer care needs and assessments.

I am persuaded by the response of the Approved Provider that staff consistently monitor consumers for pain and manage pain according to the named consumers’ needs and preferences.

The response contained supporting documentation, with adequate examples of measures taken to manage complex health conditions and support one named consumer experiencing falls, potentially related to their choice to take risks, including dignity of risk and assessments conducted.

I am persuaded by the response of the Approved Provider that staff consistently supported the named consumer with their choices and provided care to manage respiratory and health conditions care needs.

I find there to be insufficient information in the assessment team report to demonstrate issues of a systemic nature for the matters described and the response of the Approved Provider included detailed information to demonstrate that care is provided in line with the prescribed and identified care needs of the named consumers.

In coming to my decision of compliance with this requirement, I have considered the information included in the assessment team report and the response of the Approved Provider. Based on the information summarised above I am satisfied this requirement is compliant.

The assessment contact conducted 1 to 3 October 2024 recommended the service as non-compliant under requirement 3(3)(d). Deficiencies related to the service not demonstrating adequate response or effective management of consumers’ health deterioration.

The assessment team report described how the service did not demonstrate consumers’ health deterioration was responded to in a timely manner when health changes were identified and documented. Staff described how consumers are monitored, how they assess consumers’ changing conditions and the process of referral to other health care professionals for further assessment in a timely manner.

The Approved Provider’s response refuted the assessment team recommendations and provided a commitment to ongoing improvement initiatives resulting from a review of escalation procedures for consumers displaying deterioration. These improvement opportunities have been included into the plan for continuous improvement for ongoing monitoring and evaluation.

The response contained supporting documentation with adequate examples of how the service seeks support from the Nurse Practitioner and other health care professionals to manage care needs of consumers who experience deterioration of their health conditions.

I am persuaded by the response and commitment of the Approved Provider that staff consistently recognise and manage consumers presenting with signs of deterioration and have initiated ongoing improvement actions to improve the outcomes for consumers.

In coming to my decision of compliance with this requirement, I have considered the information included in the assessment team report and the response of the Approved Provider. Based on the information summarised above I am satisfied this requirement is compliant.

The assessment contact conducted 1 to 3 October 2024 recommended the service as non-compliant under requirement 3(3)(g). Deficiencies related to the service not demonstrating effective standard and transmission-based precautions to prevent and control infection related risks.

The assessment team report advised the service had an area under restricted access, during the assessment contact, due to some consumers having tested positive to COVID-19. The assessment team report raised deficiency with the sufficiency of signage and appropriate personal protective equipment usage and supply. The service took action to remediate these concerns during the assessment contact.

The assessment team report brought forward information that the service demonstrated effective processes and practices in place to promote evidence-based use of antibiotics; staff described clinical pathways followed prior to commencement of antibiotic or antiviral medications and advised antibiotics are prescribed by and administered in line with a medical officer’s recommendations. However, the assessment team report described examples of staff not following effective standard and transmission-based precautions to prevent and control infection related risks.

Staff described the service’s outbreak management plan, use of monitoring, rapid antigen test screening, use of personal protective equipment, training and education provided to staff, and establishing zones to manage an isolation or infectious disease situation. However, the service does not have an infection prevention and control lead. The service has three registered staff undertaking the infection prevention and control lead competency and in the interim the service is supported by the national management team.

The Approved Provider in their response acknowledged the assessment team report information, agreeing the service does not currently have an infection prevention and control lead and advised that the service is actively supported by the National infection prevention and control lead, who was in attendance during the assessment contact.

The service utilises reporting and meetings for trending and analyse of infections and an audit report is completed by management after each infectious outbreak within the service. The response advised the audit analyses the quality of care provided during and after the outbreak in order to identify areas for improvement, assess the effectiveness of response strategies, and implement recommendations to enhance future infection control measures.

The service has a training program, prioritising mandatory training compliance of staff undertaking topics such as hand hygiene, Personal protective equipment, and Infection Prevention and Control.

Agency cleaning staff were utilised in August 2024 during infectious outbreaks and these staff were provided with Orientation and Quick Reference Guides which provide guidance on the requirements of the role, maps of areas required to clean, step by step guides located on each cleaning trolley advises how to complete each task. The response advised that agency staff orientation is undertaken by Management.

Whilst the service does not currently have a service dedicated infection prevention and control lead, I am persuaded by the response of the Approved Provider that staff are undertaking appropriate training and that the service is consistently supported and guided by the Organisation with infection prevention and control requirements.

In coming to my decision of compliance with this requirement, I have considered the information included in the assessment team report and the response of the Approved Provider. Based on the information summarised above I am satisfied this requirement is compliant.

# Standard 4

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| Services and supports for daily living |  |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

The assessment contact conducted 1 to 3 October 2024 recommended the service as non-compliant under this requirement. Deficiencies related to reported consumer dissatisfaction with the food provided by the service.

The assessment team report described how the service undertakes consultation with consumers regarding the development of the menu and sought feedback from consumers on their satisfaction through meetings and surveys, however most consumers interviewed expressed dissatisfaction with meals provided by the service.

The Approved Provider’s response noted the feedback described in the assessment team report and provided detailed evidence to support their position of compliance.

The service conducts food focus related meetings and regular food satisfaction surveys noting improving statistics. Feedback is recorded and actioned. Management and senior food service staff monitor daily food service and are available to receive direct feedback from consumers on the food and menu items served. The service commissions a Dietitian to undertake seasonal review of the menu.

I am persuaded by the response of the Approved Provider that the service actively engages with consumers and strives for continuous improvement in relation to food services.

In coming to my decision of compliance with this requirement, I have considered the information included in the assessment team report and the response of the Approved Provider. Based on the information summarised above I am satisfied this requirement is compliant.

# Standard 5

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| Organisation’s service environment |  |
| 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 |

Findings

The service was found to be non-compliant in this requirement following an Assessment Contact conducted 12 to 13 December 2023. Deficiencies related to the service not being unable to demonstrate a service environment that is safe, clean or well maintained.

The assessment contact conducted 1 to 3 October 2024 recommended the service has ongoing non-compliance under this requirement.

The assessment team report described various areas throughout the service to require cleaning and/or maintenance.

The Approved Provider’s response refuted the assessment team recommendations and provided detailed evidence to support their position.

The service demonstrated targeted improvements have been implemented to address previous non-compliance, for example:

* Plan for continuous improvement provided, demonstrating nineteen planned and ongoing actions, with several completed in relation to the environment.
* Staff education and training, focusing on outbreak cleaning protocols and foundational skills including topics such as, identifying maintenance issues and hazards, and reporting procedures.
* Audits conducted and daily monitoring of the environment, inclusive of cleanliness and appropriate locking of areas or equipment such as chemical and medication storage areas.
* The service has undertaken additional cleaning of furniture and fittings and has purchased additional chairs and cleaning equipment.
* Conducted cleaning and maintenance of outdoor areas.
* Measures implemented to reduce hazards of pest bird life.
* Measures implemented to reduce and manage odours within the service.
* The service has conducted an environmental audit, inclusive of named consumers’ rooms with remedial actions implemented.
* Actions taken to address, manage and monitor consumers who smoke, in particular those who may not comply with safe smoking practices.
* Review of reactive and preventive maintenance processes conducted, including scheduled painting, cleaning of outdoor furniture and areas, and room maintenance.

In coming to my decision of compliance with this requirement, I have considered the information included in the assessment team report and the response of the Approved Provider. Based on the information summarised above I am satisfied this requirement is compliant.

# 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. | Not Compliant |

Findings

The service was found to be non-compliant in this requirement following an Assessment Contact conducted 12 to 13 December 2023. Deficiencies related to the service being unable to demonstrate there are effective policies, processes and systems in place to ensure an appropriate mix of skilled staff is planned and deployed to deliver quality care and services to consumers.

The assessment contact conducted 1 to 3 October 2024 recommended the service has ongoing non-compliance under this requirement. Deficiencies related to consumers/representatives reporting staffing levels are insufficient to provide care and services in a timely manner.

The assessment team report described instances where consumers did not receive assistance from staff when they needed it. Consumers/representatives provided examples of adverse impact to consumers due to delayed response from staff.

Whilst management demonstrated vacant rostered shifts are generally filled and actions have been taken to improve the service’s assistance call system response times, consumers/representatives reported staffing levels are insufficient to provide care and services in a timely manner resulting in some consumers experiencing episodes of incontinence or consumers with reduced mobility self- mobilising in an attempt to gain assistance from staff.

Staff reported that due to the staffing model they are rushed and unable to meet the care needs of consumers within reasonable timeframes.

The Approved Provider, in their response acknowledged the assessment team recommendations and stated that the past few months have been a challenging time for the service managing three different infectious outbreaks.

The service experienced concurrent infectious outbreaks during August, September and October 2024 requiring a surge workforce who were partnered with staff from the service. The service has taken targeted to address previous non-compliance:

* During outbreaks, detailed handovers and management oversight was employed to support staff to meet consumer needs.
* The service has held staff meetings to discuss staffing levels, and the model of care adopted by the service.
* Audit of assistance call system conducted, and a new assistance call system software system purchased and being installed.
* Pagers purchased for staff to improve communication and response times.
* Incident of delayed response for one named consumer has been investigated and open disclosure processes followed.

I acknowledge the challenges faced, and the measures taken by the service to ensure an appropriate mix of skilled staff is planned and deployed to deliver quality care and services to consumers, however these measures require time to be embedded and evaluated for effectiveness.

In coming to my decision of compliance with this requirement, I have considered the information included in the assessment team report and the response of the Approved Provider. Based on the information summarised above I find this requirement is non-compliant.

# Standard 8

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| Organisational governance |  |
| 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**

The assessment contact conducted 1to 3 October 2024 recommended the service as non-compliant under requirement 8(3)(d). Deficiencies related to the service not demonstrating effective utilisation of risk management systems or the effective assessment and risk management of consumes who have high impact and high prevalence risks.

The assessment team report described examples of inadequate pain assessment and management for consumers or consumers who are independent not be monitored/assessed adequately.

Information provided in the assessment team report demonstrated a robust organisational structure relating to risk management in monitoring and identifying risks however the assessment team report described gaps in relation to the services’ management of risks associated with some consumers’ care.

Clinical management and systems guide staff practice and senior clinical staff reviews the clinical indicator data ensuring trending and analysis are conducted and shared with senior management. The service medication system is linked to the organisational portal where reports are run on specific risk areas.

As identified under other requirements, the service has a suite of assessment tools and procedures to guide staff practise and to provide care and services according to consumer needs and preferences.

The response contained supporting documentation with detailed examples to support the Approved Provider’s assertion of compliance under this requirement.

I am persuaded by the response of the Approved Provider that staff consistently manage high impact and high prevalence risks of consumers.

In coming to my decision of compliance with this requirement, I have considered the information included in the assessment team report and the response of the Approved Provider. Based on the information summarised above I am satisfied this requirement is compliant.

The assessment contact conducted 1to 3 October 2024 recommended the service as non-compliant under requirement 8(3)(e). Deficiencies related to reported consumer/representative dissatisfaction with how incidents are communicated to representatives, and that an apology or ongoing consultation does not consistently occur.

The assessment team report described how the service is utilising a clinical governance framework for antimicrobial stewardship and minimising the use of restraint, however the service did not demonstrate an effective clinical governance framework for practicing open disclosure. Consumer representatives said incidents have not been communicated to them, and they have not been offered an apology or ongoing consultation.

Staff and management described processes for antimicrobial stewardship and reducing restraint usage. The organisation utilises tools and reporting by the service aligned with national benchmarks, to evaluate and reduce usage where appropriate. Restrictive practices are regularly reviewed with consideration to minimise the use of restraints. Staff and management described the open disclosure process.

The Approved Provider’s response noted the feedback described in the assessment team report and provided detailed evidence to support their position of compliance.

The Service is supported by an organisational clinical governance framework and has an open disclosure policy.

The response contained supporting documentation with adequate examples of how open disclosure is practised by staff at this service.

I am persuaded by the response of the Approved Provider that staff consistently engage with consumers/representatives, providing opportunity to discuss care quality and satisfaction with an open and transparent approach.

In coming to my decision of compliance with this requirement, I have considered the information included in the assessment team report and the response of the Approved Provider. Based on the information summarised above I am satisfied this requirement is compliant.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)