Performance

Report

**1800 951 822**

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| Name of service: | Regis Como |
| Service address: | 36 Talbot Avenue COMO WA 6152 |
| Commission ID: | 7869 |
| Approved provider: | Regis Aged Care Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 29 August 2023 |
| Performance report date: | 21 September 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 Como (**the service**) has been prepared by M Glenn, 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.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers and representatives; and
* the Performance Report dated 31 October 2022 for a Site Audit undertaken from   
  6 September 2022 to 8 September 2022.

The approved provider did not submit a response to the assessment team’s report.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **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 7** Human resources | **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

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 |

**Findings**

Requirement (3)(a) was found non-compliant following a Site Audit undertaken in September 2022 as the service was unable to demonstrate consumers were treated with dignity and respect, with their identity, culture and diversity valued. The assessment team’s report provided evidence of actions taken to address deficiencies identified, including training for staff in personal care, managing acute deterioration, refusal of care, continence management, oral care and skin integrity.

At the Assessment Contact undertaken on 29 August 2023, a suite of policies were found to be in place to guide staff in the delivery of care and services in a way that values consumers’ identity, culture and diversity. Staff were observed to be kind and respectful when interacting with consumers and provided care and services as per their cultural needs and preferences. Consumers and representatives said staff are always respectful and provide care and services as per consumers’ choices and preferences.

For the reasons detailed above, I find requirement (3)(a) in Standard 1 Consumer dignity and choice compliant.

**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 |

**Findings**

Requirement (3)(a) was found non-compliant following a Site Audit undertaken in September 2022 as assessment and planning did not inform the delivery of safe and effective care and services. The assessment team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, upgrade of the electronic care management system with a new wound assessment form; and training to staff in skin integrity and wound management and assessment.

At the Assessment Contact undertaken on 29 August 2023, consumers were found to be assessed on admission to identify any risks and inform the development of care plans to ensure the delivery of safe and effective care and services. Staff were able to describe how care plans guide them when providing care to consumers and consumers and representatives said consumers were happy with care they were receiving.

For the reasons detailed above, I find requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers 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 |

**Findings**

Requirements (3)(a) and (3)(b) were found non-compliant following a Site Audit undertaken in September 2022 where it was found the service was unable to demonstrate each consumer received safe and effective care, or high impact or high prevalence risks associated with the care of each consumer were managed effectively. The assessment team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, providing training to staff in wound management and assessment, behaviour management, personal care, refusal of care, continence management, oral care, skin integrity, documentation, and accountability.

At the Assessment Contact undertaken on 29 August 2023, documentation showed the care consumers received was both safe and effective. All consumer wounds are regularly reviewed and managed to ensure they are cared for as per best practice care recommendations, and management strategies were found to be place for consumers experiencing pain. Consumers and representatives said staff deliver the care consumers require, and personal care is delivered as per their wishes.

Staff described the main risks for consumers and how these are managed, including the use of validated assessment tools, appropriate identification and escalation of risks, and strategies to reduce the risk of reoccurrence. Documentation showed psychotropic medications are reviewed as per the service’s policy requirements or when consumer changes occur.

For the reasons detailed above, I find requirements (3)(a) and (3)(b) in Standard 3 Personal care and clinical care compliant.

**Standard 7**

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| Human resources | |  |
| 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 |

**Findings**

Requirement (3)(c) was found non-compliant following a Site Audit undertaken in September 2022 where it was found the service was unable to demonstrate the workforce was competent and had the skills and knowledge to effectively perform their roles. The assessment team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, provided training to staff in wound management, behaviour management, pain management, pressure are care, understanding dementia, documentation, and accountability.

At the Assessment Contact undertaken on 29 August 2023, systems were found to be in place to identify if staff had the right qualifications, knowledge and competencies to perform their roles. Every role at the service has a position description and staff performance is monitored daily by immediate supervisors to identify any issues or gaps that may require further training. Documentation showed the delivery of care and services provided by staff is consistent with consumers’ assessed needs, goals and preferences, and consumers and representatives felt safe and confident staff are competent.

For the reasons detailed above, I find requirement (3)(c) in Standard 7 Human resources 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)