Performance

Report

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| Name of service: | Regis Cranbourne |
| Service address: | 18 Sherwood Road JUNCTION VILLAGE VIC 3977 |
| Commission ID: | 3619 |
| Approved provider: | Regis Aged Care Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 4 October 2022 to 7 October 2022 |
| Performance report date: | 28 November 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 Cranbourne (**the service**) has been prepared by C Spiller 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
* the provider’s response to the assessment team’s report received on 8 November 2022

# 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 six out the six requirements have been assessed as compliant.

Overall, consumers said they are treated with respect and dignity by staff, that staff are aware of their individual and cultural preferences, and observe consumers’ right to privacy. Staff were observed treating consumers with respect. Consumer documentation included information about individual preferences. The service has policies and procedures as well as other documents such as newsletters and handbooks which include consumers’ rights.

Consumers described how staff respect consumers’ culture, values and diversity and how this informs the daily provision of care and services. Care planning documentation reviewed, reflected consumers’ cultural needs, interests and preferences.

Consumers and their representatives said that consumers can exercise choice and make decisions about their care and services. Staff described how they support the decisions of consumers. Documentation details how consumers wish their care to be delivered. Social and emotional care plans include details on maintaining connections and relationships of choice.

Consumers said they are supported by staff to take risks and to live the best life they can. Staff described how risk assessments are undertaken to identify the risks involved in various activities and how these are mitigated. Policies and procedures guide staff in supporting consumers in choice and decision making where it involves risk.

Consumers and their representatives said the information they receive is current, accurate, timely, communicated clearly and is easy to understand. A range of notices are on display within the service and most consumers confirmed attending ‘resident’ meetings and/or receiving meeting minutes.

# 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 five out the five requirements have been assessed as compliant.

Overall, consumers and their representatives feel included in the ongoing assessment and planning of the care and services provided. Staff described the use of validated risk assessment tools. Documentation demonstrates that assessment and care planning include consideration of the individual along with identified risks to consumers’ health and well-being to inform the delivery of safe and effective care and services.

Overall, consumers and their representatives said care and services are planned around what is important to them or the consumer they represent with assessment and planning responsive to changing needs. Care plans are reviewed are individualised and reflect consumers’ current goals, needs and preferences, including the documentation of advanced care wishes informing end of life planning. Staff demonstrate an understanding of consumer care needs including comfort care at the end of life.

Consumers and their representatives described their participation, and of others they wish to be involved in assessment and care planning. Staff described how consumers, representatives, health professionals and other organisations contribute to consumer care and how they work together to deliver a tailored care and service plan. Care planning documents evidence involvement of other health services and management described a planned approach to involve consumers and representatives in the process.

Consumers and their representatives said staff always discuss planned care strategies with them when making changes. Outcomes of assessment and planning are effectively communicated to the consumer and/or representative through a clinical care review process or whenever changes are required. Care plans contain language that is easy for consumers and/or their representatives to understand. Care plans are readily available to consumers and/or representatives and are accessible to staff.

In regard to 2(3)(e), the service was previously found non-compliant in this requirement due to deficits in demonstrating effective recording and review of incidents and consideration of further assessment following. The Assessment Team found the service has demonstrated improvement in the effective recording of incidents with adequate review and consideration of further assessment. Staff are able to describe interventions documented in care plans to meet consumer needs. Most consumers and representatives described how they are involved in reviewing the effectiveness of their care, including when changes or incidents impact theirs or the consumer’s they are representing well-being. Staff described strategies in place to minimise risks for consumers. Progress notes and care plans evidence care and services are reviewed regularly for effectiveness and/or when circumstances change. The service demonstrates consistency in the recording and review of incidents. The above evidence demonstrated the service is compliant with this requirement.

# 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

I have assessed this Quality standard as compliant as I am satisfied all the requirements are compliant.

The Assessment team assessed 3(3)(a) and 3(3)(b) as not met, I have reached a different finding and find these two requirements compliant.

In regard to 3(3)(a), the service was previously found non-compliant, due to deficits in wound care, pain management and restrictive practice. The Assessment Team found the service has not demonstrated improvements in relation to wound care, pain management and pain charting. The Assessment team found wounds were not managed appropriately and deficits identified at the last audit had not been resolved. The Assessment teams’ report stated that wounds are not always dressed as required, measurements are not taken in accordance with the service’s process and deterioration in wounds was not recognised or referred for review for consumer A.

The Assessment team raised further concerns in regard to pain management and charting, finding it not consistent. The Assessment Team noted examples of pain associated with wounds not being managed for consumer A and inconsistent pain charting for consumer B.

In regard to 3(3)(b), the service was previously found not met due to deficits in the management of falls, changed behaviours, and individual risks identified for some consumers. The Assessment Team noted deficits in falls management continue to occur. They reported gaps in post fall monitoring for two consumers.

Management was responsive to feedback about wound care, wound pain and falls and explained that new staff might not be clear on the all the requirements and provided a previously distributed memo providing clear directions for wound management and observations post falls. They acknowledged the gaps in completing electronic pain charts, stating a recent system upgrade may have contributed. They stated they would organise education on completing the new forms to address this issue.

The approved provider submitted a response refuting the Assessment Team findings in regard to wound and pain management for Requirement 3(3)(a). They provided information detailing the comprehensive wound management plan for consumer A. The approved provider stated that the wound was attended to, except on one occasion, stating this was an isolated incident and no adverse outcomes resulted for this consumer’s wound. In reference to the Assessment Team findings of gaps in pain assessment for wounds for consumer A, the approved provider provided a care review and progress notes that show pain assessments had taken place. In reference to consumer B, the approved provider noted the documented gaps in the pain chart, but refute that pain is not being managed well for this consumer, providing further clarification, and stating no adverse impact had resulted, and the consumer had received appropriate pain management.

In their response, to Requirement 3(b)(3), the approved provider acknowledged that some post fall neurological observations were missed for these two consumer, but stated that there was no adverse impact as a result. The approved provider stated they have a robust clinical governance framework in place, with reminders about neurological observations documented in staff meeting minutes, memos, senior staff regularly auditing neurological observations and charting, and staff education occurring.

Management demonstrated improvements in relation to restrictive practices are effective and consumers subject to these are now managed according to best practice and legislative requirements. A review of the service’s psychotropic register evidenced appropriate identification and documentation of consumers receiving psychotropic medication for the purpose of modifying their behaviour. All consumers subject to restrictive practice have up to date behaviour support plans in place to guide staff in providing non-pharmacological interventions. The service demonstrated effective management of high impact of high prevalence risks such as choking and unplanned weight loss, diabetes management and management of changed behaviour with most staff able to demonstrate an understanding of consumers’ high impact risks with prompting. The service has policies regarding management of high impact, high prevalence risks and risk rated tools are available to monitor consumers who may experience high impact or high prevalence risks.

In making this decision, I have reviewed the evidence before me, the approved providers response and supporting documentation has assured me that consumer A’s wound was managed appropriately, the missed dressing change was an isolated incident and no adverse consumer outcome resulted. Similarly, for consumer B, some minor gaps in pain charting occurred but appropriate care was provided and no adverse outcome resulted.

In addition, Management was very responsive, acknowledged the feedback regarding these two consumers and explained that these issues may have occurred due to a system upgrade or newer staff members needing some additional education. At the site audit, a commitment to provide education and reminders to staff was made as part of the services continuous quality improvement. Therefore, I find the service compliant in 3(3)(a) and 3(3)(b).

I am satisfied the remaining five requirements of Standard 3 Clinical and Personal care and are compliant.

Overall, consumers and their representatives said staff communicate with them providing an opportunity to consider and discuss goals and preferences related to end of life care. Staff demonstrated an understanding of the needs of consumers nearing the end of life and described how they recognise and respond to consumers’ end of life care.

In regard to 3(3)(d), the service was found previously non-compliant due to the inability to demonstrate timely recognition and response to consumer deterioration. On this occasion, the Assessment Team found that the service did demonstrate timely recognition and response to consumer changes. Most consumers and their representatives said they are satisfied with responsiveness from service staff and other health professionals when there has been a change in health status for themselves or the consumer they represent. Care documentation demonstrated staff identify and respond to changes in health status in a timely manner.

In regard to 3(3)(e), information about the consumer’s condition, needs and preferences is documented and communicated within the organisation and shared effectively as appropriate. Care documents including progress notes, charting and referrals mostly reflect appropriate information regarding consumer health status, needs and preferences to ensure safe delivery of appropriate care. However, the Assessment Team observed handover sheets did not always reflect currency in consumer health status and infection notifications were not always complete.

In regard to 3(3)(f), consumers and their representatives confirm that referrals occur to medical officers and other health professionals when care needs require specialist input. Staff are aware of the referral process and of services available

In regard to 3(3)(g), the service was found previously non-compliant, due to being unable to demonstrate that processes are followed to minimise infection related risks. On this occasion, the Assessment Team found that the service has demonstrated processes are followed to minimise infection related risks.

# 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 seven out the seven requirements have been assessed as compliant.

Overall, consumers said they are supported to meet their care needs, goals and preferences to optimise their independence, health, well-being and quality of life. Staff demonstrated knowledge of consumers’ needs and preferred activities. Care planning documentation identified consumers’ choices and provided information about services and supports. Lifestyle staff develop a monthly calendar of group activities based on the preferences of the consumers. Social and lifestyle care plans include individualised goals and preferences. Staff provided examples of how consumers are supported to engage in activities, maintain their independence and how they are supported to have a good quality of life.

Consumers are satisfied with services and supports provided to promote their emotional, spiritual and psychological well-being. Staff demonstrated knowledge of consumers’ emotional and spiritual needs, describing how they support individual consumers. Care planning documentation included information on emotional, spiritual and psychological needs and preferences.

Consumers said they are supported and encouraged to do things of interest to them and participate in community activities within and outside the service as they choose. Staff described familial and personal relationships as well as interests of the sampled consumers. Care planning documents contained information in relation to consumers’ interests and family relationships

Consumers said staff who care for them are aware of their needs and preferences. Staff said they are informed of changes to consumer needs and this is communicated through written notes, handover sheets and meetings. The service has processes and systems in place for identifying and recording each consumer’s condition, needs and preferences, including when they change, and this is followed on most occasions.

Consumers and their representatives confirm that referrals occur promptly. Document review demonstrate a range of services and organisations are available for staff to refer consumers to. The service demonstrates that referrals to individuals, other organisations and providers of other care and services are timely and appropriate.

Consumers gave mixed responses in regard to the provision and quality of the meals provided. The service demonstrates that a variety of meals are provided based on 2 seasonal rotations and comprised with the oversight of a dietitian. Special menus are in place for consumers who require or request options such as gluten free or vegetarian meals. Care planning documents note consumers’ food needs, dislikes, likes and food allergies with any changes to the care plan communicated and updated on dietary information sheets stored in the kitchen. Alternatives are always available for all meals.

# 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 three out the three requirements have been assessed as compliant.

Consumers and their representatives provided positive feedback about the service environment. The service environment is welcoming, clean, uncluttered and offers a range of spaces that optimises consumer engagement and interaction or allows for consumers to enjoy some quiet or private time. The service environment enables easy access and movement for consumers and staff.

The Assessment Team observed the service to be safe, clean and well maintained. Consumers and their representatives expressed satisfaction the service environment is safe and comfortable. Cleaning and maintenance consists of proactive and reactive systems to ensure the service is safe, clean and well maintained.

The service was able to demonstrate that the furniture, fittings and equipment is clean and well maintained. Consumers and representatives expressed confidence in knowing that if repairs are required maintenance staff is prompt and responsive. There is a variety of equipment available and is suitable for individual consumer needs.

# 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 four out the four requirements have been assessed as compliant

Consumers and their representatives reported feeling comfortable providing feedback and making complaints. Management and staff described actions they would take in response to a consumer concern. Information regarding how to make a complaint and mechanisms to do so are available at several locations around the service. Documentation including newsletters, meeting minutes and feedback systems demonstrated the service encourages and actions feedback.

Consumers and their representatives are aware of how to access an advocate and of other methods to raise and resolve a complaint. The Assessment Team observed information displayed regarding advocates and other methods of raising a complaint. Handbooks, meeting minutes and newsletters also provide information and contact details. Management described how they provide information on advocacy and complaints services to consumers.

Consumers and their representatives who had provided feedback or raised a complaint are satisfied with the process used to resolve issues. Management and staff described using open disclosure principles in the handling of complaints, including working collaboratively with consumers and representatives and apologising when necessary. Documentation demonstrated how the service actions complaints in a timely manner, including the implementation of improvements.

Consumers and their representatives who had raised concerns are satisfied their concerns had been addressed and resulted in change. Management discussed how feedback and complaints result in improvements and provided recent examples of this occurring. Documentation reviewed demonstrated when concerns raised result in a change, they are captured on the plan for continuous improvement and include actions taken to review and 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

This Quality Standard is compliant as five out the five requirements have been assessed as compliant.

The service demonstrated the workforce is planned to ensure there is a suitable mix of skills and staff levels in various roles to enable the delivery of safe and effective care and services. Consumers and/or their representatives are satisfied with the level of staff, and how staff are available when the consumers needs them. Staff said they are satisfied with the staffing levels and work together to get the work completed.

Consumers and their representatives said staff are kind, caring and gentle when providing care. Staff demonstrated they are familiar with consumers’ identity and individual needs. The Assessment Team observed staff greeting consumers by their preferred name and were kind, caring and respectful in their interactions.

Overall consumers and their representatives said staff have the knowledge and skills to meet the consumers’ care needs. Management described how staff are required to complete annual mandatory education that is monitored. Position descriptions include key competencies and/or particular qualifications, depending on the role.

Consumers and their representatives expressed satisfaction on how staff are recruited, trained, equipped and supported to provide care to the consumer. Management described how staff complete annual mandatory education that is completed online and face to face and the workforce is recruited and trained to support consumers.

Staff expressed satisfaction on the support they receive from management and senior clinical staff at the service both formally and informally. The service demonstrated a system for staff appraisal and performance management processes.

# 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 five out the five requirements have been assessed as compliant.

Consumers described how they are able to provide feedback to staff and management about their care and services and feel supported to do so. Management described how they seek feedback from consumers and representatives through various feedback mechanisms. The service demonstrated how consumers and/or representatives are involved in the development, delivery and evaluation of care and services.

Consumers and/or their representatives expressed satisfaction the consumers feel safe at the service and are living in an inclusive environment with provision of quality care and services. The service promotes safe and inclusive care to guide staff practice.

Management and staff described processes for effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service provided organisational documentation such as frameworks and policies and procedures to support the management of risk in response to incidents and the service was able to demonstrate the implementation of these frameworks and policies and procedures. Management and staff described these risks and how they are managed within the service.

Management described how the clinical governance framework is in place and provides an overarching monitoring system for clinical care. Management were able to describe and provide policies and procedures in relation to antimicrobial stewardship, promoting a restrictive practice free environment and open disclosure.

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)