

**Performance Report**

**1800 951 822**

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| Name: | Regis Dandenong North |
| Commission ID: | 3652 |
| Address: | 5 Bakers Road, DANDENONG NORTH, Victoria, 3175 |
| Activity type: | Site Audit |
| Activity date: | 29 October 2024 to 31 October 2024 |
| Performance report date: | 5 December 2024 |
| Service included in this assessment: | Provider: 3522 Regis Aged Care Pty Ltd  Service: 5471 Regis Dandenong North |

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 Dandenong North (**the service**) has been prepared by G. Harbrow, 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, older people/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

I am satisfied based on the Assessment Team’s observations and recommendations, that the service complies with the Requirements and complies with this standard.

Consumers and representatives confirmed feeling valued and respected as individuals. The Assessment Team observed staff delivering person centred care, treating consumers with dignity, and demonstrating an understanding of consumer choice and preference. Care documentation reflected consumer details regarding background, culture and spiritual preferences and identified activities of individual importance.

Consumers and representatives were satisfied the service and staff provide culturally safe care and support. Staff described their understanding of culturally and linguistically diverse (CALD) consumers, which enables staff to provide care according to consumer cultural preferences. Care documentation detailed information about consumers’ cultural needs and preferences to facilitate staff delivery of culturally safe care.

Consumers and representatives confirmed consumers are supported to exercise choice, independence, and make decisions about the delivery of care and services to best meet their needs. Staff described how they support consumers in decision making by ensuring all consumers have opportunities of choice, including in consumer relationships and connections with others.

The Assessment Team identified the service to support consumers to take risks, to live their lives according to their preferences. Staff described a process of consumer engagement in risk assessment, identification, and management, and care documentation showed consumer and representative acknowledgement of risks associated with consumer preference.

Consumers and representatives advised they receive accurate and timely information to inform consumer choice. Staff explained communication with consumers is adapted to ensure consumer understanding. This includes the use of interpreter services for CALD consumers, and use of visual cues for consumers experiencing communication difficulties including consumers living with cognitive impairment.

Consumers and representatives confirmed consumer privacy is respected and personal information is kept confidential by service staff. The Assessment Team observed, and staff could provide examples of ways they ensure the maintenance of consumer privacy, and confidentiality of consumer information.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations, that the service complies with the Requirements and complies with this standard.

Consumers and representatives were satisfied with the service’s assessment and care planning process. Staff could identify, and care documentation reflected the outcome of consumer risk assessments used to guide staff and inform consumer care planning.

Consumers and representatives were confident consumer assessment and care planning reflected consumer current care needs. While this was consistent with most consumer care documentation, the Assessment Team found the advanced care directive (ACD), for one consumer was not consistent with current consumer care needs and/or representative discussions. However, staff could identify the current care needs and preferences of this consumer. In response to the Assessment Team’s findings regarding this inconsistency, management updated the documentation.

Consumers and representatives were satisfied with their involvement in the consumer care planning process and confirmed the involvement of other organisations and providers of care. Staff described, and care documentation confirmed, consumers, representatives, and other providers of health care services, involved in consumer assessment and care planning.

Consumers and representatives advised, and documentation confirmed, outcomes of consumer assessment and planning effectively communicated to consumers and representatives. Consumers and representatives confirmed they are offered copies of consumer care plans.

Consumers and representatives were satisfied with how the service reviews care and services provided to consumers following changes to care needs. Documentation confirmed, a process of regular and scheduled care plan review, and as required following a change in consumer identified needs.

# 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 am satisfied based on the Assessment Team’s observations and recommendations, that the service complies with the Requirements and complies with this standard.

Consumers and representatives were satisfied care is tailored to consumer individual needs and preferences. Staff described and consumer care documentation confirmed, individualised consumer care in relation to skin integrity and wound management, pain management and restrictive practices, aligned with best practice.

The service maintains a risk assessment register, indicating the risk status of consumers living at the service. Consumers and representatives confirmed consumer high risk care needs are well managed. Staff could identify effective management strategies of high impact risks associated with individual consumer’s care, including diabetes and falls management.

Consumers and representatives were satisfied with the service’s approach to end of life care. Staff could describe resources and services available to support consumers nearing the end of life. Care documentation reflected end of life care is delivered to optimise comfort and in accordance with individual consumer wishes.

Consumers and representatives were confident staff recognise and respond to changes in consumer condition in a timely manner. Staff advised attending education regarding identification and response to consumer deterioration. The Assessment Team found care documents confirmed staff’s timely response to change or decline in consumer condition.

Consumers and representatives confirmed information regarding consumer care needs is effectively communicated with others where responsibility of care is shared. Staff confirmed various communication mechanisms available to facilitate sharing of consumer information. Care documentation reflected communication and the exchange of information regarding consumer conditions, needs, and preferences to others involved in consumer care.

Consumers and representatives were satisfied referrals to individuals and other health service providers occurred when required. Staff could describe and documentation confirmed a timely process of referral in response to identified consumer need.

Consumers and representatives were mostly satisfied with actions taken by the service to assess and minimise the spread of infection and confirmed being informed of any infection outbreaks. However, consumers and representatives identified hand sanitiser was not always readily available. Staff demonstrated knowledge and understanding of infection control practices and antimicrobial stewardship, and while staff described ready access to appropriate personal protective equipment, (PPE), they confirmed hand sanitiser was not always available.

In response to the identified deficit in consumer and staff access to hand sanitiser, management acknowledged and remedied the deficit, distributing pump bottles of hand sanitiser throughout the service.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations, that the service complies with the Requirements and complies with this standard.

Consumers and representatives were satisfied with the support provided by the service to help consumers meet their goals and maximise independence. Consumers confirmed a wide range of enjoyable activities available to them, depending on consumer preferences and needs. Care documentation identified consumer priorities, goals, and strategies to help consumers achieve their goals. Staff and management advised of ongoing evaluation of resident participation and evaluation of lifestyle programs, to better understand consumer needs and inform delivery of appropriate supports and activities.

Consumers and representatives described services and support available to promote consumer emotional, spiritual, and psychological well-being. Staff were able to describe the needs of individual consumers and identified that consumers are supported to access external services to promote consumers wellbeing as required. Care documentation details individual consumer information regarding emotional, spiritual, and psychological needs and preferences.

The Assessment Team determined consumers receive support to engage in activities and social and personal relationships of choice, within and external to the service community. Staff could describe the social relationships, preferences, and interests of individual consumers and care documentation details individual consumer interests and the people and relationships they consider most important.

Consumers and representatives were confident consumer needs and preferences are communicated effectively within the service and with other services sharing responsibility in care. Staff and management advised of numerous mechanisms to communicate consumer information. Consumer documentation shows communication with external care and service providers.

Consumers and representatives were satisfied they have access to external supports and services as required. Staff described how they make referrals and engage numerous external individuals and organisations to provide consumers with services and supports for daily living.

Consumers confirmed meals were of good quality with a variety of options available. The service has a dietitian approved seasonal menu which accommodates a various cultural preferences. Food is freshly cooked on site. Care documentation outlined individual consumer food preferences, relevant health, cultural and religious dietary requirements. This information is available to staff providing food service.

Consumers were satisfied equipment provided by the service was suitable for their needs and well maintained. The Assessment Team report confirmed equipment used to support consumer mobility, comfort, and social participation.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations, that the service complies with the Requirements and complies with this standard.

Consumers described the service environment as homely, safe, and comfortable. Staff assistance and visual cues are provided to support consumer mobility and social interaction.

The Assessment Team identified most consumers and representatives were satisfied with the comfort, cleanliness, and maintenance of the service environment. Consumers were observed moving freely about the service with access to outdoor areas available through coded doorways with the codes on display.

The Assessment Team report identified the service has a process for regular preventative and reactive maintenance with consumers and representatives mostly satisfied with the service’s response to maintenance requests. Consumers and representatives were satisfied service equipment was suitable for their 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

I am satisfied based on the Assessment Team’s observations and recommendations, that the service complies with the Requirements and complies with this standard.

Consumers and representatives confirmed they are supported to make complaints and raise concerns. The Assessment Team identified multiple opportunities provided and mechanisms available to consumers to do so. Consumers described advocacy and language support as readily available and while information was available in languages other than English, management advised of plans to increase access to numerous languages, in response to changes in the cultural dynamic of the consumer cohort.

Consumers and representatives were satisfied with how the service responds to complaints. Management and staff described the practice of open disclosure as part of the complaints management and resolution process. Documentation confirmed staff work with consumers and representatives collaboratively to achieve resolution.

Management advised of a planned process for feedback, suggestions, complaints and compliments review and action. Documentation evidenced how information from consumer complaints had informed quality improvement activities in the service’s plan for continuous improvement (PCI).

# 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

I am satisfied based on the Assessment Team’s observations and recommendations, that the service complies with the Requirements and complies with this standard.

Consumers and staff confirmed staffing is planned to meet consumer care needs with a master roster developed to ensure adequate staff coverage of all roles. Rostering considers staffing numbers and strategies to accommodate most unplanned leave. Consumers advised call bells are responded to in a timely manner with a call bell response report indicating an average response time of 4 minutes.

Consumers described, and the Assessment Team observed, staff as kind, caring and unhurried when providing care. The Assessment Team report identified management seeks consumer feedback, engages with consumers, and observes staff interactions with consumers to ensure staff are complaint with the service’s expectations of kind, caring and respectful service delivery.

Consumers are confident the service workforce know what they are doing. The organisation has a recruitment processes to ensure staff qualifications and compliance checks align with position descriptions. Newly recruited staff are required to complete a probation period which includes support from experienced staff members. Staff are required to complete mandatory and ongoing education and documentation confirms the organisation’s mandatory training framework.

Consumers and representatives confirmed staff are trained and equipped to provide quality care to consumers. Staff described the process for ensuring staff completion of mandatory and ongoing education, as reflected by service training records. The service has a qualified IPC lead nurse, with a second staff member commenced and yet to complete the course.

The service has a process for an annual staff performance review and probation review. Both provide opportunities for staff to identify supports required for professional development. Staff confirmed being supported by management to meet their individual professional development goals.

# 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**

I am satisfied based on the Assessment Team’s observations and recommendations, that the service complies with the Requirements and complies with this standard.

Consumers and management confirmed the service provides several opportunities for consumers and their representatives to be involved in the evaluation and planning of care and services. Staff advised of feedback sought from consumers at regular consumer and representative and food focus group meetings. Management explained while the service does not have current representation on the organisation’s consumer advisory body (CAB), the CAB remains as an agenda item for discussion at consumer and representative meetings. The CAB meets every 6 months and provides consumer representation, information, and advice to the Board.

The organisation has a strategic plan to ensure processes are in place to support safe, inclusive, and quality care for consumers. Management advised of a current focus on opportunities for improvement relating to sustainable consumer care provision and staff retention to support staff consistency and continuity of care. The Assessment Team report identified service performance data captured with reports and clear lines of delegated responsibility from service to Board level. This information is used for benchmarking against similar services across the organisation.

The Assessment Team report identifies the service demonstrates effective governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. Staff have access to consumer information through an electronic information management system. The organisation has systems in place to capture information to inform opportunities for continuous improvement. Policies and procedures are in place to ensure financial and capital expenditure is in line with organisational budget allocations. Workforce governance includes processes for staff recruitment, monitoring, and mandatory training compliance. Regulatory compliance is managed at an organisational level, to ensure the servcie meets legislative requirements relating to the Quality Standards. Feedback and complaints are reviewed for actioning with generated activities used to inform the service’s PCI.

The Assessment Team report identified effective risk management systems and practices. The systems are supported by organisational policies and processes, to provide staff guidance in the recording and management of high impact and high prevalence risks and the reporting of abuse and neglect in line with legislative requirements. The service’s quality indicator report records high prevalent risks with reports to the Board, and serious incidents are reported to the Board through monthly clinical care and governance meetings. Staff advised of completing training modules to support their knowledge about the Serious Incident Response Scheme, (SIRS), consumer abuse and neglect, incidents, and reporting responsibilities.

Consumers and representatives confirmed being supported to live their best lives through the service’s identification of what is important to consumers and supporting them in these areas.

The organisation has a clinical governance framework with supporting policies and procedures to provide staff guidance on the service’s expectations on antimicrobial stewardship, (AMS), minimising the use of restraint and the practice open disclosure. Related data is collected and analysed to identify trends. These are reviewed by the clinical care and governance committee, with reports to the Board. Staff could identify and provide examples of AMS, minimisation of restrictive practices and the practice of 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)