Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Regis East Malvern |
| Service address: | 400 Waverley Road MALVERN EAST VIC 3145 |
| Commission ID: | 3120 |
| Approved provider: | Regis Aged Care Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 5 May 2023 |
| Performance report date: | 1 June 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 East Malvern (**the service**) has been prepared by N Eastwood, 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 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/representatives and others.

# Assessment summary

|  |  |
| --- | --- |
| Standard 5 Organisation’s service environment | 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 5

|  |  |  |
| --- | --- | --- |
| 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 previously found non-compliant with this requirement following a Site Audit performed between 19 October 2022 and 21 October 2022. At the time of the Site Audit the service was unable to demonstrate that the service was being cleaned as regularly as consumers and representatives expect.

The service has implemented several effective actions in response to the non-compliance identified at the Site Audit. The service has recruited additional cleaning staff, increased cleaning shifts with the addition of another cleaning shift each day, and allocation of a cleaner specifically for each wing. Monthly meetings with residents and family regarding the service environment have also been introduced.

At the site visit of 5 May 2023, the service demonstrated the outcomes related to the increased cleaning regime and staffing. Consumers and representatives report being satisfied with the cleanliness of the service. Staff outlined to the Assessment Team the cleaning schedules and systems for preventative and reactive maintenance. Management confirmed consumer rooms and bathrooms receive a daily spot clean and a weekly detail there are monthly cleaning audits and follow up with staff if issues are identified. Carpets are professionally steam-cleaned every 3 months, and replacement of the carpet throughout the service has been approved. During infectious outbreaks cleaning is increased accordingly.

Maintenance staff outlined 3-monthly room audits which include call bell checks and bed checks. The preventative maintenance register and log was reviewed for 2 wings of the service, which showed most maintenance was up to date. The Assessment Team reviewed a reactive maintenance folder used by staff to request maintenance which showed all maintenance requests had been attended to.

The Assessment Team spent time on each floor of the service and sighted consumer rooms and communal areas. All areas were noted to be clean. Carpets were observed to be clean, with signs of recent steam cleaning in accordance with management advice.

As a result, and with consideration to the implemented actions and available information I find this Requirement is now compliant.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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 |

Findings

The service was previously found non-compliant with this requirement following a Site Audit performed between 19 October 2022 and 21 October 2022. At the time of the Site Audit the service was unable to demonstrate adequate staffing to support safe and quality care delivery to consumers.

The service has implemented several effective actions in response to the non-compliance identified at the Site Audit. The service has recruited additional staff, extended shift times, and introduced incentives to assist in the retention of existing staff.

At the site visit of 5 May 2023, the service demonstrated the improvements related to the actions undertaken to address the previously identified deficits. Consumers report improvement in the level of staffing as well as noticing there are not as many agency staff in attendance. Consumers indicate there were sometimes staff shortages, however this was not significantly impacting their care. Management confirm they have implemented and actioned the items added to the Plan for Continuous Improvement (PCI) following the previous Site Audit and continue with ongoing recruitment. 29 staff have been recruited across the service and an improvement in backfilling vacant shifts has occurred. Staff indicate that while there are ongoing shortages because of unexpected leave, they are aware all attempts to fill them are made by management.

The Assessment Team reviewed call bell response time audits which are also analysed by management with the causes of delayed responses investigated. The Assessment Team noted the average call bell response time’s have reduced and continue a downward trend. The Assessment Team viewed the current roster and allocation sheets which demonstrated there was appropriate coverage to ensure staff can provide safe and quality care to consumers. In the past week all shifts were filled with one vacancy noted on the day of the site visit.

The Assessment Team observed staff across the facility during the site visit providing services and care to consumers including, cleaning staff cleaning common areas, lifestyle staff running happy hour and providing entertainment to consumers, care staff aiding consumers in their rooms, and kitchen staff delivering refreshments during afternoon tea service. All areas appeared to be well staffed during the visit.

As a result, and with consideration to the implemented actions and available information I find this Requirement is now compliant.

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