Performance

Report

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| Name: | Regis Embleton |
| Commission ID: | 7767 |
| Address: | 46 Broun Avenue, EMBLETON, Western Australia, 6062 |
| Activity type: | Site Audit |
| Activity date: | 23 October 2023 to 25 October 2023 |
| Performance report date: | 28 November 2023 |
| Service included in this assessment: | Provider: 3522 Regis Aged Care Pty Ltd  Service: 4815 Regis Embleton |

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 Embleton (**the service**) has been prepared by Katherine Richards, 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 consumers, representatives, staff, management, and others.

The approved provider submitted an email dated 16 November 2023 advising they would not be providing a formal response.

# 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 6 of the 6 Requirements have been assessed as Compliant.

Consumers and representatives described staff as kind and caring, ensuring consumers feel valued, and treating them with dignity and respect. Staff interactions with consumers were observed to be respectful and kind. Care planning documentation included a consumer profile with details of their preferences, background, and matters of importance.

Staff described how a consumer’s culture or background shaped care and services, with consumers and representatives providing examples of how consumers received inclusive and culturally safe care. Information on cultural safety is explained within admission processes and captured in care planning documentation, including needs and preferences relating to cultural heritage. Staff actions on recognising consumer identity, culture, and diversity were informed through training, policies, and procedures.

Consumers described how they were supported to maintain relationships of importance and felt supported to exercise choice in making decisions about care and service delivery. Staff explained how they supported consumers to make choices, and respected decisions made. Care planning documentation detailed who was involved in making decisions about consumer care.

Consumers said they continue to live their best life, which included supports to take informed risks. Staff demonstrated familiarity with risks consumers chose to take, and explained the process to support consumers understand associated benefits and harm. Consumer meeting minutes demonstrated consumers were informed and encouraged to find ways to do what they wanted, with associated risk assessment undertaken and recorded in care planning documentation.

Information was available to support consumers exercise choice through calendars, menus, correspondence, flyers, and staff explanations. Representatives for consumers with communication or language barriers were happy with actions taken to ensure information and care was communicated, with management describing use of translation cards, interpreter services, and multilingual staff to ensure consumers were kept informed. Information was displayed for consumer reference, including posters, information on upcoming events, activity calendars, menus, and consumer newsletters.

Staff explained how they maintained consumer privacy during cares and ensured consumer information was kept confidential. Consumers in shared rooms said staff were careful to maintain privacy during cares, and staff ensured they did not speak of other consumers or share information. Signs were observed on door handles and curtains closed when care was being undertaken. Documentation relating to consumers secured by locking computers when not in use with management explaining role dependent access to electronic documentation.

# 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 5 of the 5 Requirements have been assessed as Compliant.

Sampled care and services plans demonstrated use of assessments to identify risks and inform care and services delivery with mitigating strategies. Staff explained the assessment and planning processes for new and continuing consumers, and how assessments were used to consider and identify risks. Policies and procedures guide staff in relation to completion of assessments to inform care plans and support the delivery of safe and effective care.

Consumers and representatives said staff discussed needs, goals, and preferences as part of assessment and care planning processes and offered opportunity to discuss advance care directives and end-of-life wishes. Staff demonstrated knowledge of current needs, goals, and preferences of consumers in line with consumer feedback and care planning documentation. Clinical staff said they discuss advance care directives within admission and review processes, and if there is a significant change to consumer health.

Consumers and representatives described involvement within assessment, planning, and review of consumer care and services, and were aware of involvement of other providers. Care planning documentation demonstrates involvement of consumers, representatives, and other involved providers. Staff explained processes to include other providers, and how they ensured consumers and representatives were partners in assessment and planning.

Consumers and representatives were aware they could access the consumer’s care and services plan, with several saying it was routinely offered after an update, however, many said they did not feel a need to see it, as communication of contents was clear. Staff said assessment outcomes were documented and communicated to consumers, involved representatives, and other staff. The outcomes of assessment and planning were documented within care and services plans, progress notes, and handover sheets to inform staff and visiting providers.

Consumers and representatives said they service regularly review, seek feedback, and make changes to care and services plans to meet needs, goals, and preferences. Staff provided an overview of the review process, undertaken every regularly and when incidents arise or circumstances change, and described how they contribute to reviews. Care planning documentation demonstrated regular monitoring and review in line with policies and procedures.

# 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

This Quality Standard is Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives expressed satisfaction with provided personal and clinical care. Care planning documentation reflected delivery of personalised care to optimise consumer health and well-being. Staff were familiar with consumer care needs and demonstrated awareness of available policies, procedures, and systems informing best practice delivery of safe and effective care.

Care planning documentation identified high impact and/or high prevalence risks and included relevant interventions. Consumers and representatives were satisfied risks were known by staff and effectively managed. Staff explained how they used assessment and planning to identify risks and could explain management and monitoring processes for consumers.

Staff described how they identified consumers nearing end-of-life, and adapted care through undertaking palliative assessment, engaging specialist providers where required, and ensuring consumer comfort is maximised. Care planning documentation demonstrated timely identification of consumers nearing end-of-life, management of palliative symptoms, and consultation with consumers and representatives to ensure end-of-life wishes were honoured.

Consumers and representatives said changes to consumer condition was promptly recognised and responded to. Staff explained how they recognised deterioration and responsive actions, including escalation for clinical review. Care planning documentation demonstrated monitoring processes and actions taken when deterioration was detected. Management detailed monitoring processes to identify issues and ensure timely action was taken.

Information about consumer condition, needs, and preferences is documented within the electronic care management system and communicated to relevant staff. Staff described sharing of information through handover processes and within consumer care documentation, with daily communication with management and communication to other providers involved in care.

Consumers and representatives identified when referrals had occurred to other providers and confirmed timely engagement. Staff described referral processes for allied health and specialist providers. Referrals to other providers were documented within progress notes, demonstrating timely action was taken.

Consumers and representatives expressed satisfaction with actions taken to minimise infection. Staff undertook training in infection control and demonstrated understanding of precautions used to prevent and control infections, including hand hygiene and use of personal protective equipment. An Infection prevention and control lead was responsible for infection control practices, and policies and procedures guide staff on antimicrobial stewardship, infection control, and outbreak management.

# 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 7 of the 7 Requirements have been assessed as Compliant.

Consumers described how services and supports allowed them to be as independent as possible and participate in activities to promote well-being and quality of life. Staff demonstrated understanding of services and supports to meet consumer needs and preferences in line with care planning documentation.

Consumers explained available services and supports to meet their emotional, spiritual, and psychological well-being. Staff explained involvement of pastoral care and the social counsellor, and they could coordinate visits from spiritual and religious groups to meet consumer needs. The newsletter included information on mental health and wellbeing services for consumers and families.

Consumers and representatives said they were supported to do things of interest and maintain relationships with people of importance. Staff explained how they tailored activities programs to accommodate consumer interests. Care planning documentation identified relationships of importance.

Feedback from consumers and representatives indicated information about consumer condition, needs, and preferences were known by staff. Staff described processes for sharing information, including updating cleaning and kitchen staff of consumer needs and preferences. Care planning documentation and progress notes contained sufficient information to inform staff.

Consumers gave examples of timely referrals to organisations and providers, such as counsellors and volunteers. Staff explained escalation of concerns, assessment of needs, and formal and informal referral processes. Care planning documentation demonstrated collaboration with external providers to support consumer needs, with timely referrals made.

Consumers were satisfied with the quality and quantity of food, and explained feedback and suggestions had informed menu changes. The rotating menu included meal options, catering for vegetarians amongst dietary requirements and preferences, and had undergone a sampling activity for consumer consultation. Staff explained they took care to ensure meals were well presented and were kept informed of changes to dietary needs and preferences.

Consumers, representatives, and staff said equipment is readily available, clean, and well maintained. Staff described cleaning and maintenance processes of equipment for lifestyle and personal use. Equipment was observed to be clean and well-maintained.

# 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 3 of the 3 Requirements have been assessed as Compliant.

Consumers reported their sense of belonging was enhanced by personalising their rooms. The environment was welcoming, well-lit, and easy for consumers and visitors to understand and navigate. Staff described how they worked to support consumers feel at home and facilitate engagement. Communal areas included dining and lounge areas in each wing, a café and garden areas, and most rooms had direct access to outdoor areas.

Consumers described the environment as safe, clean, and comfortable, allowing them to move freely indoors and outdoors. Consumers and staff described processes for reporting safety issues for maintenance, and the environment appeared well-maintained. Management described improvement actions being undertaken in response to feedback about one part of the garden where the garden had not been well-maintained, resulting in plants dying, including checking irrigation and arranging cleaning and new plants.

Furniture, fittings, and equipment were observed to be clean and well maintained, with consumers satisfied with the environment, and identifying prompt maintenance response where required. Maintenance logs demonstrated timely responsive action and regular monitoring and review to prevent malfunction.

# 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 4 of the 4 Requirements have been assessed as Compliant.

Consumers said they were supported to provide feedback or make complaints and demonstrated awareness of different methods of communicating this information. Staff explained how they supported consumers or representatives to provide feedback or raise concerns and could escalate to management. Feedback forms and collection boxes were located throughout the service, and the service promoted the importance of feedback within newsletters.

Consumers and representatives said they were made aware of, and have access to, advocates, language services, and other complaint pathways. Staff were aware of external advocates and language services and management and management provided examples of when interpreters had been booked. Information on available services was included in organisational processes, handbooks, and relevant posters and brochures were displayed throughout the service in multiple languages.

Documentation demonstrated an open disclosure process is practiced following complaint or incident, and consumers and representatives said the service responded appropriately and promptly to feedback. Staff could explain open disclosure and gave examples of when they had used it. The Open disclosure policy was available to inform staff of expectations and actions.

Consumers, representatives, and staff gave examples of how they had seen feedback and complaints used to improve care and services. Management explained how feedback and complaints are collected, reviewed, and used to create continuous improvement activities with evaluation of outcomes. The Continuous improvement register included actions and captured dates and processes to evaluation of effectiveness of changes.

# 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 5 of the 5 Requirements have been assessed as Compliant.

Consumers, representatives, and staff said the service had the right number and combination of staff to deliver quality care. Management described systems in place to review sufficiency and suitability of the workforce. The roster demonstrated strategies used to fill shift vacancies, with use of agency as a last resort, and records demonstrated minimisation of agency use. Management explained they increased the frequency of call bell audits in response to feedback and put measures in place to improve responsiveness.

Consumers said staff treat them kindly and respectfully, and care documentation included information on identity and cultural preferences. Staff said the service promotes delivery of kind and respectful care through training, meetings, and displayed information in staff areas. Management described how the organisation promoted and monitored kind and respectful care through organisational values, induction and training, and acknowledging examples of excellent care within staff meetings.

Management explained verification processes undertaken at an organisation level to ensure staff have sufficient qualification and checks, with information available to management. Staff said the onboarding process was comprehensive and adequately prepared them for their role, including mentoring, training, and scenario-based activities.

Staff described mandatory and ongoing training delivery to ensure role-based expectations are met. Management demonstrated oversight of compliance with staff training through monitoring of training completion reports and demonstrated outstanding training was followed up with staff and scheduled. Training programs were developed by the organisation and tailored for the needs of the service in response to incident management and/or emerging consumer needs.

Staff explained how the annual performance appraisal process was conducted and used to improve practice. Management explained how the organisation’s policies and procedures informed monitoring of performance and management of identified issues. Systems in place ensured formal reviews were completed by due date and reminders generated when overdue.

# 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 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives described how feedback was used to develop and evaluate care and services. Management described how consumer input is collected through surveys and feedback pathways, and the Chief Executive Officer and Board members schedule visits to meet with consumers at each service within the organisation. Meeting minutes demonstrated collection of feedback and updates of responsive changes.

Management described the structure of the governing body, with the Clinical care committee meeting with the Board each month to discuss delivery of care and services, and Risk management meeting findings are also presented. Monthly monitoring is undertaken through use of service scorecards, for example, using clinical indicators, feedback, and quality. A documented Quality and clinical governance framework informs roles and actions, and the organisation’s policy framework ensures a culture of safe and inclusive care is maintained.

Effective organisation-wide governance systems guided information management, continuous improvement, financial governance, workforce management, regulatory and legislative compliance, and feedback and complaints, with management describing how reporting and frameworks provided oversight to the Board. For example, an auditing schedule measures performance of the service against the Quality Standards, however, the process identified areas for improvement for staff undertaking audits, leading to development of related continuous improvement activities. Regulatory compliance is managed by a central Quality improvement and strategy team, supported by a legal team, with formal processes for informing services and staff of updates and changes.

Risk management systems had been implemented to assess high impact or high prevalence risks related to consumer care. The risk management framework included policies and procedures, and management described processes for monitoring and evaluation, informing improvements and training opportunities. Staff described receiving training on incident management and reporting obligations. Management described programs developed to support staff identify and prevent the abuse and neglect of consumers and adhere to the Code of conduct for aged care.

Staff said the clinical governance framework functioned effectively and they received training in relevant systems. Clinical governance was supported through policies and procedures, training, organised committees, meeting reporting lines, and accountabilities to ensure effective delivery of care. The framework was explored with staff in relation to antimicrobial stewardship, use of open disclosure, and minimisation of restraint, with management and staff able to detail policies, training, actions, responsibilities and monitoring processes.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)