Performance

Report

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| Name of service: | Regis Frankston |
| Service address: | 93 Ashleigh Avenue FRANKSTON VIC 3199 |
| Commission ID: | 3708 |
| Approved provider: | Regis Aged Care Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 15 November 2022 to 17 November 2022 |
| Performance report date: | 13 December 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 Frankston (**the service**) has been prepared by D. McDonald, 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.

# 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

Consumers stated they were treated with dignity and respect by staff, with their identity and culture valued. Staff interactions with consumers were observed to be respectful. Staff practice was guided by a documented policy on diversity which included references to legislation and guidelines.

Consumers from culturally diverse backgrounds said their culture was respected and they could express their identity and interests. Staff described cultural, religious, and personal preferences for consumers and what mattered most to them. Consumer files demonstrated the service had personalised information related to consumers’ religious, spiritual, cultural needs, and personal preferences.

Consumers felt they were supported to exercise choice and independence regarding how their care and services were delivered and to maintain connections and relationships. Staff described ways in which each consumer was supported to maintain relationships of choice. Consumer’s care plans identified individualised consumer choices for care, services and supports for maintaining independence.

Consumers said the service enabled them to take risks and encouraged them to live their best life. Staff were aware of consumers who wanted to take risks and demonstrated how they supported them. Care planning documentation described areas in which consumers were supported to take risks. Policies and procedures guided staff on supporting risk taking.

Consumers described how they were provided with information to assist them in making choices about their care and lifestyle. Staff described various ways they provided information to consumers and established different strategies required for communicating with consumers. Activity planners were displayed in all houses and common areas.

Consumers said their privacy was respected. Staff applied practices to ensure consumer privacy was respected, including knocking on consumers’ doors and waiting for a response before entering. Policies and procedures regarding privacy and the protection of personal information guided staff practice.

# 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

Consumers said their assessment and care planning was adequate, considered risks, and informed the delivery of safe and effective care. Staff detailed the assessment and planning processes undertaken for new and continuing consumers and how they considered risks. Policies and procedures, including validated assessment tools, guided staff practice in the completion of assessments, care plans, and the assessment of risk.

Staff described how assessment and planning identified and addressed the consumer’s current needs, goals, and preferences, including advance care and end-of-life planning, if the consumer wished. Consumers said the service considered their needs, goals, and preferences and they had participated in conversations about advance care and end-of-life planning. Policies and procedures guided staff practice concerning assessment and planning.

Consumers felt involved and partners in the assessment, planning, and review of their care and services and confirmed other organisations or providers were included. Staff detailed processes demonstrating a partnership approach with assessment and planning processes. Care planning documentation evidenced other organisations and individuals were involved in the assessment and planning process for consumers when required.

The consumer handbook informed consumers and representatives, a care and service plan, was readily available and offered during care consultations. Consumers and representatives said the outcomes of assessment and planning were effectively communicated and were aware they could request a copy of the consumer’s care plan. Care documentation evidenced, inconsistencies in providing or offering a copy of the care plan during scheduled care reviews, with staff being provided with additional training.

Processes were in place for regular review of care and services for effectiveness, when circumstances changed or when incidents impacted the needs, goals, or preferences of the consumer. Staff detailed the processes for how often care plans were reviewed and provided examples of where care plans had been reviewed following an incident or change in care needs. Care and services were reviewed post falls and included reassessment of falls risk.

# 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

Representatives provided positive feedback on the care and services provided to consumers at the service. Staff demonstrated an understanding of the individualised personal and clinical needs of consumers. Care planning documentation for consumers reflected individualised care safe and tailored to their needs. Policies and procedures were in place to support the delivery of care provided such as wound management, restrictive practices, skin integrity and pressure injury prevention.

Consumers confirmed high impact or high prevalence risks for consumers were effectively managed. Care planning documentation reviewed identified effective strategies to manage key risks and were recorded in assessment tools. Policies and procedures guided staff practice in relation to high-impact or high-prevalence risk management.

Care documentation for consumers nearing end of life evidenced the needs, goals, and preferences of consumers were recognised and addressed with their comfort maximised and their dignity preserved. Staff explained processes in relation to the assessment of consumers nearing end of life and detailed procedural requirements for those requiring this assessment. Advance care planning and palliative care policies and procedures were in place and included the involvement of specialist interventions and support.

Representatives of consumers who had experienced deterioration said the service identified the deterioration and responded to it promptly. Policies and procedures were in place to guide staff practice in relation to the management of consumer health status deterioration. Staff described steps undertaken when consumer deterioration was identified such as referring to the registered nurse, medical officer, and representatives.

Consumers and representatives offered positive feedback about the communication of changes to consumers’ condition. Staff described how changes in consumer's care and services were communicated through verbal handover, meetings, care system alerts, and accessing care plans. Care documentation evidenced adequate and accurate information to support effective and safe sharing of the consumer’s care.

Consumers and representatives said consumers were referred to others in a timely manner, when required. Staff provided examples of specialist referrals, for complex health care, behaviours, nutrition and restrictive practices, undertaken to support consumers. Care documentation demonstrated timely and appropriate referrals to individuals and other organisations.

Consumers and representatives felt the service managed the potential impact of COVID-19 and potential risks of transmission within the service to the best of their ability. The service had documented policies and procedures to support the minimisation of infection-related risks through the implementation of infection prevention and control principles and the promotion of antimicrobial stewardship. Staff described ways in which they reduced the use of antibiotics through non-pharmacological strategies such as increasing fluid intake and maintaining personal hygiene.

# 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

Consumers stated they received safe and effective services which maintained their independence, well-being, and quality of life. Staff demonstrated knowledge of consumers’ needs and preferred activities. Care planning documentation captured the consumers’ choices, lifestyle likes and dislikes, social affiliations, and spiritual/religious needs, and provided information about the support consumers required to do the things they want to do.

Consumers described the support and services available to them to promote their emotional, spiritual, and psychological well-being. Care documentation reviewed outlined consumers’ emotional and spiritual needs with strategies in place to promote and support these needs being met. Policies and procedures were available to guide staff practice in supporting consumers' emotional, spiritual, and psychological well-being.

Consumers said they were supported to participate in their community within and outside the service environment as they choose. Staff described the supports in place for individual consumers which enabled them to participate in the wider community and maintain personal relationships. Consumers were observed engaging in a range of individual and hosted group activities.

Consumers said services and supports were consistent with their needs and preferences. Staff advised consumer care needs and conditions were shared internally at handover and preferences were obtained by speaking with the consumers. Care documentation reviewed outlined conditions, the needs of consumers and their preferences.

Consumers said the service had referred them to external providers to support their needs. Staff described how consumers were referred to other providers of care and services and gave examples of referrals to dieticians and volunteers. Care documentation showed the service collaborated with external providers.

Consumers said the meals provided were varied and of suitable quality and quantity. Processes were observed where consumers could choose their meal preferences each day and the different levels of textured diets and allergies were identified and documented. Staff described how they met individual consumer dietary needs and preferences and how any changes were communicated.

Consumers said they felt safe using the equipment provided and it was suitable for their needs, clean, and well-maintained. Staff demonstrated an awareness of how to report any maintenance issues and, how anything reported was attended to promptly. Reviewed maintenance documentation demonstrated preventative and corrective maintenance was completed.

# 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

Consumers considered they belong, felt welcomed and comfortable at the service. Staff described how they supported consumers to personalise their rooms with furniture, artwork, and bedding to promote a sense of belonging and independence. Signage was observed to direct consumers and visitors to different areas of the service.

Consumers said they could move freely both indoors and outdoors. The service had an on-site maintenance team who ensured the environment was safe and well-maintained. Staff described the processes and systems in place for identifying and recording hazards, maintenance issues, and cleaning, and advised those requests were completed promptly.

Consumers said the furniture, fittings, and equipment were safe, clean, well-maintained, and suitable for them. Staff demonstrated awareness of the preventative maintenance schedule and how to report any maintenance issues. Maintenance documentation confirmed regular maintenance of the service environment and equipment is undertaken.

# 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

Consumers advised they were aware of the feedback and complaints mechanisms available and felt comfortable providing feedback or making a complaint as necessary. Staff described the feedback and complaint mechanisms and how they supported consumers and representatives to make complaints. Information about providing feedback, feedback forms and lodgement boxes were observed throughout the service.

Consumers demonstrated knowledge of various methods for raising and resolving complaints. Staff described how they provided information to consumers and representatives about advocacy and external complaints services, such as through the entry process. Documented policies on consumer feedback and use of interpreter services included information about advocacy supports and external complaints mechanisms to be provided to consumers.

Consumers said appropriate action was taken by the service in response to feedback and complaints. Staff detailed processes taken in response to complaints received at the service. Documented policies on consumer feedback and open disclosure guided staff practice concerning actions following a complaint being raised and the use of an open disclosure process.

Consumers said the feedback and complaints provided at consumer meetings and through other mechanisms were used to improve the quality of care and services. Management detailed processes by which the feedback provided was used to improve services and gave examples, including improving the consumer's dining experience. Documented policies were in place for using feedback and complaints information to identify areas for continuous improvement.

# 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

Consumers and representatives confirmed the consumer’s current needs were being met. Staff was observed to be available when consumers needed them. Staff said agency staff were used to fill shifts if needed. Rostering documentation showed some unfilled shifts, however, options such as redeploying staff were used to ensure consumer care needs were met.

Consumers and representatives said staff were kind, caring, and gentle when delivering care and services. Interactions observed appeared kind, caring, and respectful of each consumer’s identity, culture, and diversity. Staff described colleagues as kind, caring and said the behaviours expected of staff were documented in the code of conduct and in the employee pocket guide.

Consumers and representatives felt confident staff were sufficiently skilled to meet their care needs. Management detailed processes for ensuring the workforce was competent and had the qualifications and knowledge to effectively perform their roles with staff confirming annual mandatory competencies were completed. Position descriptions described the key qualifications and knowledge requirements of each role.

Consumers said the staff knew what they were doing. Staff described the orientation process and training requirements, both mandatory and those specific to their role. Documents reviewed demonstrated staff training ensured they had the knowledge to deliver the outcomes required by these standards. Documents reviewed demonstrated high completion rates of required training completed by staff.

The service confirmed staff performance reviews were undertaken periodically throughout the six-month probation after employment, then performance appraisals were completed annually on the individual staff anniversary dates. Staff said they undertook performance appraisals and staff files evidenced probation period performance reviews and annual appraisals being completed with staff. Appraisal dates were tracked through the rostering platform system and monitored by the service.

# 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

Consumers felt they were involved in the development and delivery of care provided. Management detailed the process by which consumers were engaged to partner in the development, delivery, and evaluation of the care and services provided. The organisation used customer experience surveys, feedback mechanisms, and resident meetings to engage consumers.

Consumers and representatives felt the organisation promoted a culture of safe, inclusive, and quality care and was accountable for its delivery. The governing body’s promotion of a culture of safe, inclusive, and quality care and services was evident in committee reports and consumer engagement information. Regular reports were submitted by the service to the governing body through committees and included information about clinical and quality indicators, critical incidents, SIRS reports, feedback and complaints, and continuous improvement.

Documentation showed effective organisation-wide governance systems relating to areas including but not limited to, continuous improvement, workforce governance, and feedback and complaints. Consumers and representatives stated they felt the service encouraged feedback and complaints and used the information for continuous improvement. Staff described key principles of the organisation-wide governance systems such as feedback and complaints, and regulatory compliance. Policies and procedures detailed processes around each governance system to guide staff practice.

Risk management systems were implemented to monitor and assess high-impact or high-prevalence risks associated with the care of consumers. Risks were reported, escalated, and reviewed by management at the service level and the organisation’s executive management including the Board. Feedback was communicated through service and organisation meetings leading to improvements to care and services for consumers. Staff explained the processes of risk management, including key areas of risk identified and mitigated, and the use of the incident management system.

A documented clinical governance framework was implemented at the service and management and staff applied the principles of the framework when providing clinical care. Staff described processes included in the clinical governance framework, such as minimising restrictive practices, implementing antimicrobial stewardship strategies, and providing open disclosure to consumers and representatives when things went wrong. Documentation reviewed, such as committee meeting minutes, discussed the key areas and strategies for implementing this framework.

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)