Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Regis Gatton |
| Service address: | 22 Dawson Drive GATTON QLD 4343 |
| Commission ID: | 5352 |
| Approved provider: | Regis Group Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 21 August 2023 to 23 August 2023 |
| Performance report date: | 14 September 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 Gatton (**the service**) has been prepared by J. Howard, 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 conducted from 21 August 2023 to 23 August 2023. 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.
* Other information and intelligence held by the Commission in relation to this service.

# Assessment summary

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

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | | Compliant |
| 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 said they were treated with dignity and respect. Staff were knowledgeable of individual consumer needs and were observed interacting with consumers in accordance with the consumer’s stated preferences, such as preferred name. Policies set out the service’s commitment to inclusivity and dignified care.

Consumers provided positive feedback regarding respect shown for their cultures, beliefs and values. Staff described how the service facilitated monthly religious services and hosted cultural celebrations of interest or relevance to consumers. Care documentation recorded consumers’ spiritual and cultural needs.

Consumers said they were supported to make decisions about their care, including choosing those involved, and to maintain important relationships. Staff described supporting consumers and representatives to make decisions about consumers’ care needs and preferences, which were evidenced in care documentation.

Consumers said they were supported to take risks to live the life they choose. Staff supported consumers who wished to undertake activities which presented potential risks. Care documentation evidenced risk assessments, consultation with the consumer, mitigation measures and ‘dignity of risk’ agreements.

Consumers and representatives confirmed information was regularly provided by the service which enabled them to make informed choices. Staff confirmed information was regularly communicated to consumers and representatives through emails, newsletters and on posters. Observations confirmed information was displayed regarding advocacy services and complaint processes.

Consumers said staff respected their privacy by closing curtains and doors prior to care delivery and knocking on bedroom doors prior to entry, which aligned with observations. Staff described securing consumer information in the password protected electronic care management system and inside locked nurses’ stations and discussing information privately.

# Standard 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | | Compliant |
| 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 and representatives said they were involved in care assessment and planning. Care documentation evidenced assessments for mobility, skin care, nutrition and lifestyle. Staff described care and services consistent with consumer care plans and were guided by policies, procedures and clinical management.

Consumers and representatives confirmed staff discussed consumers’ needs and preferences, including end of life care. Staff described evaluating consumers’ end of life wishes and ensuring they understood palliative care processes. Documentation reflected discussion and development of advance care plans upon entry, if agreed to by the consumer.

Consumers confirmed they were involved in care assessment, planning and review processes, as well as representatives and allied health professionals. Care documentation evidenced involvement by individuals chosen by the consumer and staff were guided by policies and procedures regarding clinical assessment.

Consumers said staff regularly communicated assessment and planning outcomes in a way they could understand, and they were offered copies of care plans. Staff described referring to care plans to confirm information accuracy and discussing care plans during handovers. Policies guided staff in effectively communicating care outcomes with consumers and representatives.

Consumers and representatives said the service was communicative regarding review and amendment of consumers’ care and services if consumers’ circumstances changed. Staff were knowledgeable of the need to review care and services in response to incidents or changes which was reflected in care documentation, along with routine review every 3 months.

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | | Compliant |
| 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

Consumers provided positive feedback regarding the tailored personal and clinical care they received. Staff were knowledgeable of consumers’ needs and were trained and supported to deliver best practice care. Care documentation evidenced consumers were receiving care that was tailored, safe and effective. Staff were guided by policies, procedures and tools for restrictive practice, pain and wound management.

Consumers provided positive feedback regarding assessment and management of high-impact and high-prevalence risks. Staff were knowledgeable of consumers’ risks such as falls, weight management and hearing impairment. Care documentation showed risks were identified and monitored, and intervention strategies and ‘Dignity of Risk’ agreements were created. Staff were supported by a framework of standardised assessments, charting and planning tools.

The service recognised the needs, goals and preferences of consumers nearing the ends of their lives and staff were knowledgeable of palliative processes, including keeping representatives informed, reassuring the consumer, and delivering frequent comfort care and pain management. Care documentation for a recently deceased consumer showed their needs and preferences had been met with support from a palliative care team and allied health professionals.

Consumers said staff responded promptly to changes in their conditions and staff described recognising consumer deterioration and escalation processes. Care documentation evidenced prompt recognition of changes to consumers’ mental or physical health and appropriate responses including referral to allied health professionals.

Consumers provided positive feedback regarding communication between staff resulting in consistent care delivery. Staff described sharing consumers’ care information with relevant staff through handovers, meetings and the electronic care management system. Records showed relevant staff could access consumer information and generate reports to monitor consumers’ condition.

Consumers and representatives said referrals to relevant health professionals were timely and appropriate. Staff said referrals were made in line with best practice procedures to various specialists from an established network of providers. Care documentation reflected timely and appropriate referrals to physiotherapists, medical officers and dieticians.

Consumers confirmed the service was clean and infections were effectively managed. Staff were knowledgeable of infection control practices, antimicrobial stewardship, appropriate antibiotic use and underwent relevant training. Records showed appropriate infection management and observations confirmed use of personal protective equipment and viral screening upon entry.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | | Compliant |
| 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 said services and supports for daily living met their needs and preferences. Staff confirmed they developed activities in partnership with consumers to ensure suitability and reviewed activities based on consumer feedback. An activity calendar scheduled daily activities, including exercise programs, games and cultural celebrations.

Consumers said the service supported their spiritual, emotional and psychological well-being and staff were attentive to any behavioural changes. Staff said they could recognise changes in consumer behaviour and offer support. The service facilitated religious services and individualised visits from religious representatives. Care documentation evidenced consumers’ spiritual and emotional needs and the service’s responsive support strategies.

Consumers said they were supported to undertake activities within the service and community and to maintain relationships. Consumers were observed interacting with family and gardening. Care documentation evidenced consumers’ community connections, interests and people of importance to them.

Consumers and representatives said staff and other care givers effectively communicated consumers’ needs and preferences. Staff described sharing consumer information through the electronic care management system and handovers. Staff confirmed information was accessible to others involved in consumer care and documentation evidenced consumers’ needs and preferences were shared with relevant staff and providers.

Consumers confirmed referrals to other individuals and organisations were timely and appropriate. Staff described confirming consumers’ community ties at entry and supporting these relationships, including to religious services and libraries. Care documentation reflected timely and appropriate referrals and information about other services.

Consumers provided positive feedback regarding the variety, quality and quantity of meals. Staff were knowledgeable of consumers’ dietary needs and were observed assisting consumers during meal service. The menu rotated every 4 weeks and offered 2 choices at each mealtime and records reflected consumers’ dietary needs, allergies and preferences.

Consumers confirmed equipment was safe, suitable, clean and well-maintained, and knew processes to raise maintenance issues. Staff said shared equipment was cleaned after each use and regularly checked to ensure safety. Observations and records evidenced up to date preventative and responsive maintenance.

# Standard 5

|  |  |  |
| --- | --- | --- |
| Organisation’s service environment | | Compliant |
| 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

The service environment included mobility infrastructure, courtyards, gardens, a hairdressing salon and lounge areas. Staff described supporting consumers to personalise their rooms and were guided by policies to ensure a safe and suitable environment. The consumer handbook encouraged consumers to personalise their rooms to make them feel comfortable.

Consumers and representatives provided positive feedback regarding the cleanliness and condition of the service environment and their ability to move freely between areas. Staff described the scheduled and responsive maintenance and cleaning programs and records reflected up to date activity. Consumers were observed moving freely across various areas of the service which was clean and well-maintained.

Consumers said furniture, fittings and equipment were well-maintained, safe and suited to their needs. Consumers were assessed prior to issue of equipment and reviewed every 3 months. Staff confirmed equipment was further reviewed every 6 months and was in ample supply. Observations confirmed furniture was clean and maintained and electrical equipment had been serviced as required.

# Standard 6

|  |  |  |
| --- | --- | --- |
| Feedback and complaints | | Compliant |
| 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 and representatives said they were encouraged to provide feedback or make a complaint and were aware of the processes. Staff confirmed consumers could provide feedback or make complaints through feedback forms or direct discussion with staff. Consumer meeting minutes evidenced consumers could provide suggestions and feedback.

Consumers were aware of how to access advocacy and translation services if they wished to make a complaint. Staff were knowledgeable of advocacy and language services which were promoted in the consumer handbook and on posters displayed throughout the service.

Consumers said prompt action was taken in response to their feedback or complaint, including receiving an apology. Staff confirmed promptly investigating and resolving complaints, including using principles of open disclosure. A register of feedback and complaints evidenced timely acknowledgement, investigation and resolution.

Consumers confirmed improvements were made in response to their feedback or complaints. Management gave an example of heating meal plates prior to service in response to poor consumer feedback and consumer satisfaction with the outcome. The service’s continuous improvement plan showed consumers were consulted about the service and was reviewed to identify improvement opportunities.

# Standard 7

|  |  |  |
| --- | --- | --- |
| Human resources | | Compliant |
| 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 provided positive feedback regarding staffing numbers and the care provided to them. Staff said they were sufficiently resourced, and service gaps resulting from unplanned leave were filled with service staff. Documentation evidenced consistent staff coverage and call bell data reflected a high proportion of response times were within the service’s benchmarked range. Management confirmed plans were in place to respond to upcoming regulatory requirements relating to care minutes.

Consumers said staff were kind, respectful and caring when providing care. Staff were knowledgeable of consumers’ needs and interactions were observed to be respectful, including knocking on doors prior to entry and addressing consumers by their preferred names. Staff were guided by an inclusivity policy and relevant training.

Management confirmed staff competence was established as part of recruitment processes and records confirmed required competencies, professional registrations, security vetting and immunisations. From commencement of employment, staff participated in training for restrictive practices, manual handling and elder abuse, among other topics. Records confirmed staff credentials were current.

Consumers said staff were appropriately trained to perform their roles. Staff confirmed they participated in annual mandatory training for a range of topics including, but not limited to, restrictive practices, manual handling and infection control, and receiving reminders to complete any outstanding training. Records reflected strong staff engagement in both mandatory and elective training.

Staff confirmed participating in annual performance appraisals and management further evaluated staff performance through meetings, observations and consumer feedback. Performance appraisals measured staff competency and attitude and presented development opportunities. Records showed all staff had completed their annual performance appraisals.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | | Compliant |
| 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 said they were engaged in the development, delivery and evaluation of care and services. Management confirmed consumer inclusion through consumer committees, meetings, feedback, complaints, surveys and case conferences. Meeting minutes confirmed consumer inclusion and participation.

Consumers said the service provided safe, inclusive and quality care. Management advised the service frequently exchanged information with the governing body through reports and meetings under the service’s clinical governance framework. The governing board monitored and reviewed data regarding consumer experience and clinical indicators to inform quality care and services.

The service demonstrated it had appropriate systems and processes in place to support information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. The organisation’s systems and processes complied with relevant legislation and the continuous improvement plan was monitored to ensure appropriate action in response to feedback and complaints.

The service used a systematic approach to manage high-impact and high-prevalence risks to identify, report, escalate and review risks and incidents to improve care delivery. Staff were knowledgeable of risk identification, reporting and mitigation processes. The service’s risk management framework provided direction on managing risks, identification and response to elder abuse and supporting consumers to live their best life.

A clinical governance framework, policies and procedures ensured staff understood the processes to enable delivery of safe, quality care. Staff were knowledgeable of antimicrobial stewardship, using restrictive practices as a last resort, and the principles of open disclosure, and had completed relevant training.

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)