Performance

Report

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| Name: | Regis Greenbank |
| Commission ID: | 5218 |
| Address: | 271 Middle Road, GREENBANK, Queensland, 4124 |
| Activity type: | Site Audit |
| Activity date: | 29 April 2024 to 2 May 2024 |
| Performance report date: | 6 June 2024 |
| Service included in this assessment: | Provider: 2915 Retirement Care Australia (Logan) Pty Limited  Service: 3575 Regis Greenbank |

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 Greenbank (**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 on 27 May 2024 acknowledging receipt of the Site Audit report and stating they would not be making 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 consumers being treated with dignity and respect, explaining how staff understand and support their identity, background, and culture. Staff explained actions taken to demonstrate how consumers were treated with dignity and respect, such as seeking consent, supporting choices, and taking time to understand life histories, backgrounds, and needs. Care planning documentation reflected the diversity, backgrounds, and personal preferences of consumers.

Staff outlined how they provided culturally safe care, considering consumer traditions and preferences. Consumers and representatives provided feedback on how the service recognises and respects cultural backgrounds. Policies and training informed staff practice on the delivery of culturally safe care and services.

Care planning documentation recorded consumer choices on care delivery, who is involved in care, and supports for maintaining relationships. Staff described processes to support informed decision making by consumers. Consumers and representatives explained how relationships were supported and decisions respected.

Consumers outlined how they were supported to take risks and were involved with development and application of mitigating strategies. Staff demonstrated awareness of risks of choice for consumers, explaining consultation with consumers and representatives to assess and explain the risks and develop supportive strategies for safety. Care planning documentation reflected use of informed consent practices in dignity of risk assessments.

Consumers and representatives said they received sufficient verbal and/or written information to make informed choices. Staff described different methods for sharing information with consumers, and explained how they adapted communication to meet needs and preferences in line with care planning documentation. Displayed information was available and newsletters distributed to inform consumers of happenings and enable choice.

Consumers reported their privacy was respected. Staff explained actions to respect consumer privacy, and outlined how they secured personal information, and these actions were observed in practice during the Site Audit. A privacy policy outlines how the service collects and uses consumer information, and staff receive annual mandatory training on consumer privacy and confidentiality.

# 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.

Staff explained how assessments were used to identify risks and develop care strategies documented in care and service plans. Care and service plans evidenced assessment and planning processes were used to consider risks to consumer health and well-being and outlined mitigating strategies. An initial checklist was used to ensure key assessments were undertaken in a timely manner for new consumers.

Care planning documentation outlined current needs and preferences reflective of consumer feedback and included advance care directives and end of life requests. Staff described how they approached conversations about end-of-life needs and wishes, and demonstrated awareness of consumer needs, goals, and preferences. Representatives said assessment and planning considered consumer needs and preferences, and advance care planning discussed and recorded on entry.

Consumers and representatives described involvement in assessment and planning processes and decision making. Staff explained the partnership approach to assessment and planning, involving consumers and others they wished to involve in care. Care planning documentation reflected input from a range of providers, including Allied health staff and Medical officers.

Consumers and representatives said they received regular communication relating to consumer care and services, including explanations if needed, and were offered a copy of the care and services plan. Staff described formal and informal communication processes to share outcomes of assessment and planning, including case conferences. Care planning documentation included summary care and service plans available for staff and to provide to consumers and representatives.

Staff explained ongoing assessment and planning processes included regular review every 3 months, with interim monitoring to evaluate need for changes. Care planning documentation demonstrated review was undertaken in line with scheduled timeframes and following change, deterioration, or incident. Consumers and representatives verified care and services were regularly reviewed and updated when consumer needs changed.

# 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 described how consumers received tailored, safe, and effective care. Staff were knowledgeable of the delivery of best practice care principles, informed by organisational policies and procedures. Care planning documentation included assessment and planning with personalised strategies, monitoring, charting, and ongoing evaluation to demonstrate delivery of tailored care to optimise consumer health and well-being.

Staff demonstrated awareness of high impact and high prevalence risks for consumers, and management strategies. Care planning documentation outlined risks for consumers and management strategies and monitoring processes.

Staff detailed how they recognised and responded to changing needs of consumers nearing end-of-life, focusing on optimising comfort, managing pain and symptoms, and meeting spiritual and emotional needs. Care planning documentation for a consumer nearing end-of-life showed identification of deterioration, transition to palliative care through consultation with representatives, and monitoring and management of symptoms with adjustment of medications as required. A representative for a consumer receiving palliative care verified communication and provision of care focused on comfort and dignity.

Consumers and representatives said the service was responsive to change of consumer condition. Staff described how they monitored for change and recognised and managed deterioration of health. Policies and procedures detailed types of deterioration and expected staff actions when identified, and consumer progress notes verified this was adhered to.

Staff explained practices for sharing information about consumer condition, needs, and preferences, including through verbal handover, meetings, and documentation. Information is shared with other providers through message boards, progress notes, and verbal updates. Consumers reported communication of information between staff was effective, and they did not need to repeat information.

Consumers and representatives confirmed access to a range of providers, and referrals were timely and met consumer needs. Staff explained referral processes for a range of health providers. Care planning documentation reflected timely response to referrals.

Staff demonstrated awareness of precautions to prevent and control infections, and practices to ensure appropriate antibiotic use. Consumers and representatives were aware of actions to minimise infection related risks, and reported observing staff regularly washing their hands and ensuring they wore personal protective equipment. Staff practice was supported through policies, procedures, and outbreak management planning, and the Infection prevention and control lead. Infection screening practices were in place for all staff, visitors, and contractors.

# 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.

Staff explained assessment processes to understand consumer preferences and needs, and developed services and supports to enable consumer participation. Care planning documentation captured services, supports, and strategies to meet consumer’s needs, goals, and preferences, with information aligning with consumer and representative feedback.

Consumers and representatives described how staff recognised and supported low mood in consumers, and available spiritual supports, such as church services and visits from pastoral care volunteers. Staff explained how they considered consumer cultural and emotional needs to tailor strategies to support psychological well-being. Supporting activities on the schedule included religious services, volunteer visits, and one-on-one discussions.

Consumers and representatives gave examples of how they were supported to participate in the wider community and maintain relationships of importance. Staff explained actions to maintain communication between consumers and families and friends, including through outbreaks, and consumer interests were used to develop independent and group activities. Consumers were observed participating in activities of interest and entertaining visitors.

Staff explained how information about consumers was shared throughout different areas, including hospitality staff and support services, and information was documented within the electronic care management system. Consumer feedback reflected staff were knowledgeable about needs and preferences, including any changes made. Documentation, including care planning documentation and printed dietary information, evidenced changes made and communicated to relevant staff.

Care planning documentation evidenced appropriate and timely referrals to services and supports. Staff explained referrals made for consumers, such as to community and volunteer groups, counselling services, and support services, along with processes to identify needs and benefits. Representatives described how timely and appropriate referrals for consumers for supports had improved the consumer experience and well-being.

Consumers and representatives provided positive feedback of the quality and quantity of provided meals, with appreciation expressed for meals tailored to consumer taste, culture, and preferences. Staff explained the menu was developed from consumer feedback, with choices accommodated at mealtimes and alternate options available. The dining experience was observed to be organised with menus displayed and sufficient support for consumers.

Staff described processes to ensure the cleanliness and maintenance to ensure equipment was safe for consumer use, with processes to support purchase of additional equipment if required. Consumers reported personal equipment was cleaned regularly and maintained as needed. Equipment was observed to be clean and suitable for use.

# 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 and representatives described the service environment as welcoming and easy to understand. Staff explained features of the service to optimise consumer independence, interaction, and belonging, such as encouraging personalisation of consumer rooms. The environment had sufficient lighting, signage, and waypoints for direction finding and handrails to support consumer movement.

Consumers and representatives reported the environment to be safe, clean, and well-maintained, and they were supported to move freely through internal and outdoor areas. Staff explained processes to ensure the environment was kept clean, tidy, and well maintained, including infection control cleaning requirements during outbreaks. Maintenance requests were lodged within logbooks in each wing, with records demonstrating prompt response to address issues.

Staff explained how they ensured furniture, fittings, and equipment were clean and safe for use. Consumers and representatives verified shared equipment was clean and suitable, and one representative gave positive feedback on the upgrade being made to furniture and fittings within the memory support unit. Documentation and observations evidenced cleaning and maintenance processes 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

This Quality Standard is compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers and representatives said they felt confident to provide feedback or make complaints and understood available avenues to share information. Staff described how they encouraged and supported consumers and representatives to raise concerns, in line with policies and procedures. Feedback forms and locked letterboxes were readily available, and consumer meeting minutes evidenced feedback as a standing agenda item.

Consumers and representatives were aware of available advocates and language services, along with external complaint services, even though they had not felt contact necessary. Staff described available services, and how they informed consumers and representatives including using notices and pamphlets. The advocacy policy outlined requirement to inform consumers of external support services, and notices and pamphlets were displayed and provided during the entry process.

Staff demonstrated understanding of the open disclosure process whilst outlining how they would respond to a complaint. Documentation demonstrated complaints were recorded, an open disclosure process followed, and timely resolution in line with policies and procedures. Consumers and representatives said the service appropriately and promptly responded to and resolved raised issues.

Consumers and representatives provided examples of how feedback and complaints improved care and services. Management explained how they reviewed and identified trends in feedback to develop improvements. Documentation evidenced improvement items were identified and captured in the Continuous improvement plan, with ongoing communication with consumers on progress and outcomes.

# 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.

Overall, consumers and representatives believed staffing sufficient to meet consumer needs in a timely manner. Whilst some consumers and representatives reported there were not enough staff, although most did not identify this had negative impact on care. In response to feedback, management created improvement activities including reviewing rostering and care minutes, reviewing response times for call bells, consulting with consumers and rostering an additional staff member at night. Management described planning processes to ensure the workforce was sufficient to meet the needs of consumers and meet legislative requirements, and explained ongoing recruitment actions.

Most consumers and representatives described staff as kind, caring, respectful and gentle. Management demonstrated remedial actions were taken in response to consumer feedback of staff being rough due to hurrying during care, including education for all staff whilst investigations were undertaken. Documentation, such as policies and staff handbook information, outlined the organisation’s commitment to treating consumers with dignity and respect.

Management explained how they ensure staff competency through training programs. Staff confirmed their documented position description outlined required competencies, and onboarding processes included support until feeling comfortable to work independently. Position descriptions included key competencies and qualifications for each role, and the organisation monitors compliance with professional registration requirements, police checks and mandatory vaccinations.

Consumers described staff as well trained and knowledgeable. Staff said they received sufficient training to deliver the outcomes required within the Quality Standards, including education on restrictive practices and incident management, and are supported through policies and procedures. Management outlined how they monitored for training needs of staff, including through feedback.

Staff described formal performance appraisal processes and outcomes. Management explained formal assessment processes and continuous informal monitoring and review of performance. Documentation reflected staff had undertaken annual performance reviews, with recorded consideration of competency, opportunities for improvement, and personal development goals for staff relevant to their roles.

# 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 their ongoing engagement in the service, and management explained how they regularly consulted on service changes, as well as development, delivery, and evaluation of care and services. Management explained the organisation’s implementation of consumer engagement committees, including a consumer advisory body to inform the governing body of the consumer experience. Documentation, including meeting minutes, demonstrated the mechanisms to engage consumers and representatives, and how this influenced service improvement.

Management outlined the structure and role of the governing body and supporting systems to ensure provision of safe and quality care, including verbal and written reporting processes. Documentation evidenced the governing body was kept informed and held accountable for service outcomes, including through audits, continuous improvement planning, feedback and complaints, risk assessment and monitoring, and incident reporting.

The organisation had effective processes and mechanisms for governance, with staff explaining frameworks in place to support effective provision of care and services. Oversight by the governing body was evidenced within documentation, such as meeting minutes. Financial governance was demonstrated through budgeting processes, including seeking Board approval for expenditure to meet consumer needs. Organisational monitoring of regulatory and legislative requirements was undertaken, with standard operating procedures supporting change management including change of policies and work instructions and informing staff.

Risk management systems and practices were supported by policies, procedures, and monitoring processes, including reporting and analysis. Staff could identify risks and management processes, and requirements for incident reporting. Management explained how incidents were investigated, evaluated, and monitored for trends. Policies and procedures informed staff practice on risk management, we well as identifying and escalating elder abuse and neglect. Consumers were supported to live their best lives through enabling independence and decision making, including relating to activities with risks, with assessment to understand and mitigate potential of harm and inform staff.

Staff demonstrated how the delivery of care and services was informed through the policies, procedures, and training within the clinical governance framework. Management outlined monitoring and oversight of antimicrobial stewardship through reporting processes and within Medication advisory committee meetings. Restrictive practice use was monitored, including through the psychotropic register reviews, and staff demonstrated awareness of obligations and practices to reduce use.

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)