Performance

Report

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| Name of service: | Regis Greenbank |
| Service address: | 271 Middle Road GREENBANK QLD 4124 |
| Commission ID: | 5218 |
| Approved provider: | Retirement Care Australia (Logan) Pty Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 23 May 2023 to 24 May 2023 |
| Performance report date: | 19 June 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Regis Greenbank (**the service**) has been prepared by K. Reed, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* other intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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 |

Findings

Requirement 3(3)(b) Effective management of high impact or high prevalence risks associated with the care of each consumer.

Consumers and representatives were satisfied the service effectively managed high-impact and high-prevalence risks. The service demonstrated assessment and management of consumers clinical care needs including unplanned weight loss, falls, and pain. Staff demonstrated knowledge and skills in managing the personal and clinical care of consumers.

Example of the service managing high impact, high prevalence risk included a consumer with chronic pain who was provided pharmacological and non-pharmacological strategies to manage their pain. For another consumer who sustained an unwitnessed fall, neurological observations and pain charting were commenced, a review by the Physiotherapist occurred and falls prevention strategies were implemented. For a third consumer who was noted to have minimal oral intake, review occurred by the medical officer and Nurse practitioner, food and fluid charting commenced, and ongoing monitoring of the consumer’s intake was documented.

**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.**

The service demonstrated clinical deterioration or change in a consumer’s mental health, cognitive or physical function was recognised and responded to in a timely manner. Care documentation showed staff identified clinical deterioration and initiated appropriate processes to support consumers. Consumers who experience clinical deterioration were observed to be supported by staff to gain access to appropriate care and services.

For one named consumer who was experiencing coughing with blood, they were reviewed by a registered nurse, discussion held with their representative, and following an initial decline to go to hospital was transferred to hospital. Prior to the hospital transfer, the consumer’s pain was monitored, and pain relief provided.

For a second consumer who displayed symptoms consistent with end of life, progress notes demonstrate they were provided with palliative medication and medication to treat their active symptoms. The consumer was observed to be provided with comfort cares.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |

Findings

Most consumers and representatives considered the service to be clean and well-maintained and consumers could freely move between indoor and outdoor spaces. Management and staff had a shared understanding of the process for reporting hazards and stated requests for maintenance and cleaning were actioned in a timely manner. A review of the service’s preventative maintenance schedule indicated equipment was serviced regularly, and the maintenance request books demonstrated that requests for maintenance were actioned quickly.

Cleaning staff had a cleaning schedule, which instructed staff to ensure bathrooms, basins, and floors are wiped over and waste bins are emptied daily in all consumers’ rooms. Consumers’ rooms were deep cleaned once a month, which included dusting and removing clutter. Staff had a priority schedule of consumers who require their rooms to be deep cleaned each day. Consumers were added to the list if they were identified by staff or representatives as requiring additional cleaning. Cleaning and hazard audits were conducted monthly.

Some deficits were identified in the smoking area at the service, following feedback management rectified the deficits.

# 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 |

Findings

Most consumers and representatives said there was enough staff to provide quality care and services. Management and administration staff described the process for filling unplanned leave and ensuring the roster meets consumers’ needs. Clinical and care staff said they were able to complete their allocated workloads within the required timeframes. Staff were observed responding to call bells and attending to consumers in a timely manner.

Administration staff described the process for filling unplanned leave, which included extending shifts or offering shifts to permanent staff or agency staff. Staff confirmed they are offered additional shifts, and that agency staff were engaged, when required.

Management said, and the administration staff confirmed, that the service’s roster was reviewed regularly to ensure there was a mix of staff to provide quality care and services. Management was reviewing the roster to ensure the roster aligned with care minutes requirements and the registered nurse responsibility guide.

Staff said there was enough staff to provide care and services in accordance with consumers’ needs and preferences and that staff generally had sufficient time to undertake their allocated tasks and responsibilities.

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