Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Regis Holland Park |
| Commission ID: | 5864 |
| Address: | 21 Birdwood Road, Holland Park West, Queensland, 4121 |
| Activity type: | Site Audit |
| Activity date: | 16 April 2024 to 18 April 2024 |
| Performance report date: | 15 May 2024 |
| Service included in this assessment: | Provider: 3405 CPSM Pty Ltd  Service: 3802 Regis Holland Park |

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 Holland Park (**the service**) has been prepared by Denise 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 was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 7 May 2024
* other information and intelligence held by the Commission in relation to the performance of the 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 | |  |
| 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 and representatives said consumers were treated with dignity and respect, with their identity, culture and diversity valued. Staff spoke about consumers in a respectful manner and described respect as asking for consent, acknowledging consumer choices and taking time to understand their background and life history. Care documentation reflected consumers’ background and interests.

Consumers and representatives said their preferences were recognised and care was provided consistent with their cultural traditions and requirements. Staff described how consumers’ cultural needs influence the delivery of day-to-day care, so it is safe for each consumer. Policies and procedures promote inclusivity and diversity.

Consumers and representatives said they were supported to make decisions about their own care, including who and when others should be involved in decision making. Care documentation identified consumers’ individual choices around how care is delivered, who is involved in their care and what supports were required to assist them in maintaining relationships. Policies and procedures supported consumers choice and independence.

Consumers and representatives described how the service supports them to take risks. Staff demonstrated an awareness of the risks taken by consumers and outlined consumers are supported to understand potential risks in consultation with them and their representatives. Care documentation reflected strategies had been planned to promote consumer safety while engaging in risk-based activities.

Consumers and representatives described they were enabled to make choices as they were kept informed through printed information and verbal reminders. Staff interviewed described different ways information was provided to consumers, including it being tailored for cognitive and sensory impairments. Staff were observed supporting consumer to make choices by verbally advising them of meal and activity options.

Consumers confirmed their privacy was respected Staff described practical measures taken to respect consumer privacy, including knocking on doors prior to entering consumers rooms and discussing consumers personal information in private areas. Staff confirmed they received training on maintaining consumer privacy and confidentiality.

# Standard 2

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

Staff described the assessment process used, when a consumer enters the service, to inform the development of initial and comprehensive care plans. Management confirmed a checklist is used to ensure all assessments are completed as scheduled. Care documentation evidenced where risks, such as falls and pressure injuries, had been identified, strategies had been planned to promote the consumers safety and wellbeing.

Consumers and representatives said they had discussed their plans for advance care and end of life (EOL). Care documentation evidenced consumer’s current needs and preferences were captured, including for manual handling, EOL and contained copies of advance care directives. Staff demonstrated knowledge of consumer’s care needs.

Consumers and representatives described how they were involved in the assessment and planning of care, and said they were able to provide input to ensure that their needs were being met. Staff and visiting allied health professionals outlined how assessment and planning is conducted in partnership with consumers and their nominated representatives. Care documentation evidenced regular care plan consultations and included input from a range of medical and health professionals.

Consumers and representatives said they were kept informed of changes based on assessment outcomes and confirmed they are offered a copy of the consumer’s care plan. Staff demonstrated knowledge of their role in ensuring consumers and their representatives knew assessment results and what care consumers required. Care plans were readily accessible with the electronic care management system.

Consumers and representatives confirmed they were reassessed, and their care needs reviewed, when changes in their condition occurred. Care documentation evidenced care plans were reviewed 3 monthly, evaluated annually during case conferences and a monthly schedule ensure the consumer was monitored monthly.

# Standard 3

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

Consumers and representatives said consumers received safe and effective personal and clinical care that met their needs. Staff demonstrated knowledge on the delivery of best practice principles in relation to the management of restrictive practices, skin integrity and pain, however, education in relation to best practice wound management was provided in response to visual wound monitoring processes. Care documentation evidence care tailored to the individual needs and preferences of consumers was being provided.

Staff described falls as the most prevalent risk to consumers and demonstrated knowledge of the care strategies required of them, to prevent or minimise the impact of consumer’s falls. Consumers and representatives confirmed falls prevention strategies were being consistently used by staff and falls prevention equipment was observed to be in use, where recommended. Care documentation evidenced post falls monitoring and review processes occurred, as required.

Care documentation, for a consumer who had recently passed away, evidence they were kept comfortable through the provision of regular comfort cares and pain medication. Staff understood how to recognise and address the needs of consumers nearing EOL. Policies and procedures guided staff practice in palliative and EOL care.

Care documentation evidenced when a change in consumers condition occurred, staff responded quickly, and the consumer was reviewed in a timely manner. Consumers and representatives said staff were prompt to recognise deterioration. Policies and procedures, guided staff practice on the signs and symptoms which may indicate deterioration and their required response when these signs were detected.

Consumers and representatives said the consumer's preferences and care needs were communicated effectively between staff and with external providers involved in their care. Staff confirmed consumer’s needs, conditions, and preferences were documented within the ECMS and changes were discussed at handover or communicated via whiteboards. Care documentation contained sufficient information to evidence effective communication between those who provide care to the consumer.

Consumers and representatives said they were referred to allied health professionals and specialists as appropriate and in a timely manner. Staff demonstrated knowledge of referral processes to ensure the consumer was reviewed promptly. Care documentation evidenced consumers were referred, as and when required.

Consumers and representatives said staff were always observed to be using the appropriate personal protective equipment (PPE) and practiced hand hygiene. Staff demonstrated knowledge of precautions to prevent and control infection risks and the steps they could take to minimise the need for antibiotics. Policies and procedures guided staff in practices to promote antimicrobial stewardship and an outbreak management plan outlined actions required as a result of an infectious outbreak.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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 and representatives said consumers were supported to engage in activities of daily living which met their needs, goals, and preferences. Staff explained consumers lifestyle requirements were assessed on entry to identify consumers preferences, likes, dislikes, interests, and social, emotional, cultural, and spiritual needs. Consumers were observed participating in a range of daily living activities aligned to their preferences and interests.

Consumers and representatives said consumers were supported when they are felt low, including by receiving emotional and psychological support from visiting volunteers. Care documentation included the supports required to promote consumers emotional and spiritual wellbeing. Activities calendar evidenced weekly spiritual services are held and staff are allocated time to spend one on one time with consumers.

Consumers and representatives confirmed consumers were supported to participate in the internal and external community, to do things of interest and to keep in touch with people of importance. Staff described how they supported consumers to receive visits from family and friends as well as to go shopping and have external social outings. Consumers were observed leaving to go into the community, receiving visits from family or friends, they had access to virtual communication devices and were participating in a range of leisure activities organised by staff.

Consumers and representatives confirmed consumers information was effectively shared, as those who provided service or supports, knew their needs and preferences. Care and catering documentation were consistent, with consumers dietary needs including allergies and texture modification communicated between staff. Hospitality and care staff described handover is used and dietary profiles were updated to ensure changes to consumer’s needs were shared.

Consumers and representatives gave practical examples of consumers being referred to library and psychological services, to support their activities of daily living and wellbeing. Care documentation evidenced referrals to other organisations were undertaken quickly when a need was identified. Staff described how they engage and refer consumers to other organisations to enhance the delivery of lifestyle services and supports.

Most consumers and representatives gave positive feedback on the quality and quantity of food being provided; however, concerns were raised regarding the temperature of some meals and the cooking of meat, with this to be discussed at the next consumer meeting. Staff demonstrated knowledge of consumers’ dietary needs and preferences, confirmed the menu rotates on a 6-monthly basis and consumer have input into variety of dishes served. Meal service was observed to be undertaken in a timely manner and staff were available to assist consumers, if required.

Consumers reported their mobility needs were kept clean and were regularly inspected by staff. Staff described how the equipment is kept safe, clean and well maintained. Equipment was observed to be clean, suitable for consumers use and in good condition.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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 and representatives said the service environment was welcoming and easy it was easy to navigate with signage and handrails that supported consumers independent mobility. Staff confirmed consumers were encouraged to personalise their rooms with their own furniture, photographs and other items important. Communal lounge areas and external courtyards and were furnished to foster consumer interactions.

Most consumers and representatives said their rooms and communal areas were kept clean and were well maintained, however, concerns were raised regarding the cleanliness of a bathroom and the presence of pests, documentation confirmed additional cleaning and pest control had been scheduled. Staff demonstrated knowledge of cleaning schedules and processes to report reactive maintenance requests, with documentation evidenced repairs were attended to promptly. Communal areas and consumer rooms were observed to be clean and consumers were observed moving between internal and external areas as they wished.

Staff demonstrated knowledge of their roles and responsibilities for cleaning and maintaining, furniture, fittings and equipment used by consumers. Manual handling and equipment used, during personal hygiene activities was observed to be safe, clean and in good working order. Maintenance documentation evidenced equipment and fittings were routinely inspected.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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 and representatives said they felt comfortable giving feedback or making complaints and described the different ways in which they could raise their concerns. Staff described the various mechanisms, including meetings, directly to staff and feedback forms which supported consumers to raise concerns or make suggestions. Feedback forms and lodgement boxes were observed to be readily accessible.

Consumers and representatives said they were aware of and had access to advocates, language services and external methods for raising and resolving complaints. Staff knew how to engage advocacy and language services if consumers wanted to access these services. Posters and pamphlets displayed promoted consumer awareness of the Commission and advocacy services.

Consumers and representatives said the service responds to and resolves their complaints or concerns when they are raised and confirmed open disclosure was practices. Staff demonstrated knowledge of the principles of open disclosure, including apologising and keeping they complainant informed throughout the resolution process. Complaints documentation evidenced complaints were resolved in a timely manner and open disclosure was used.

Consumers and representatives said their feedback and complaints were used to improve the quality of care and services. Staff gave practical examples of improvements made to meal services in response to consumer feedback. Continuous improvement documentation evidenced feedback from various sources was collated and used to identify were improvement to the quality of care or services, could be made.

# Standard 7

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

Most consumers and representatives felt the service had sufficient staff to meet the consumers care and service needs, however concerns were raised regarding the availability of staff to mobilise consumers from the dining room at the end of meals. Rostering documentation evidenced 6 shifts were unfilled, with management confirming a new rostering system being implemented will ensure sufficient staff are allocated and available. Staff were observed to respond to consumers calls for assistance promptly and were not rushing when delivering care.

Consumers and representatives said staff were kind, caring, and always gentle when providing care and services. Staff demonstrated familiarity with consumer’s individual needs and identity and referred to consumers by their preferred name. Staff interactions with consumers were observed to be positive, caring, and respectful.

Consumers and representatives said staff were competent and performed their roles effectively. Management advised staff competency was monitored through assessment, and new staff were orientated, inducted and assigned a buddy, until deemed competent. Personnel records confirmed currency of qualifications and suitability to work in aged care was monitored.

Consumers and representatives said they felt staff were equipped with the knowledge to deliver the care and services they required. Staff said they were required to complete mandatory and supplementary training in relation to the Quality Standards. Education records staff had completed training in restrictive practices, open disclosure, and the Serious Incident Reporting Scheme.

Management described the performance of the workforce was monitored through annual formal performance appraisal process, continuous informal monitoring and review, and ad-hoc performance management when the need arises. Staff confirmed their performance is assessed and reviewed through formal and informal mechanisms. Personnel records evidenced performance appraisals had been completed as scheduled and disciplinary actions had been taken when poor performance was identified.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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 said they were able to provide feedback in the operations of the service and management provided practical examples of how this occurs. Staff described a variety of mechanisms in place to ensure consumers and their representatives could have input into how care and services were provided to consumers. Meeting minutes evidenced consumers and representatives were encouraged to participate in the development and improvement of care and services, through service-based meetings and an organisational wide consumer advisory body.

Management advised the service had recently transferred ownership, with the 6-month transition phase still in progress. Management described the organisational and governance structure, of the new provider and advised additional onsite management presence had supported the continuation of quality care and services to be delivered to consumers. Management confirmed regular monitoring from the governing body through compliance reporting, internal and external audits, and consumer feedback. Monthly reports prepared for Board review enabled benchmarking of the service’s performance and consideration of risk to consumers and were used to inform improvements to quality and safety of care or services.

Staff described processes and mechanisms in place evidencing effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, feedback and complaints and regulatory compliance. However, a recent audit had identified a failure to comply with food safety requirements with temperature records not being maintained as required. Continuous improvement and financial governance processes were implemented to remedy the adverse finding and ensure compliance with food safety regulations.

An effective risk management system was supported by a suite of policies and procedures which guided staff in their roles and responsibilities in responding to incidents or risks. Staff demonstrated knowledge of how to identify, report and manage high-impact or high-prevalence risks associated with the care of consumers, how to respond to abuse or neglect and how to support consumers to live the best life they can. Incident management documentation confirmed staff were reporting incidents and investigation to prevent reoccurrence was occurring.

A clinical governance framework had been implemented, supported by policies and procedures to promote antimicrobial stewardship, minimising the use of restraint, and practice of open disclosure. Staff gave practical examples of how these policies and procedures were applied in the delivery of care and services, evidencing monitoring of antibiotic usage and apologising when things went wrong, however, inconsistent information was provided on the number of consumers subject to environmental restrictive practices. Management confirmed as part of the transition, all clinical policies were being reviewed and staff training had been scheduled.

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)