Performance

Report

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| Name: | Regis Home Hill |
| Commission ID: | 5281 |
| Address: | 127 -141 Tenth Avenue, HOME HILL, Queensland, 4806 |
| Activity type: | Site Audit |
| Activity date: | 5 March 2024 to 7 March 2024 |
| Performance report date: | 2 April 2024 |
| Service included in this assessment: | Provider: 3522 Regis Aged Care Pty Ltd  Service: 3638 Regis Home Hill |

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 Home Hill (**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; 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 the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

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

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers and representatives confirmed consumers were treated with dignity and respect, and staff valued their identity and diversity. Care documentation reflected the diversity, background and personal preferences of consumers. Staff spoke of consumers in a respectful manner, and described the practical measures to ensure respectful care was provided, including asking for consent before providing care and acknowledging their choices.

Consumers and representatives described how their culture was respected and supported by staff. Staff confirmed they were aware of consumers’ individual cultures and identified consumers’ unique needs. Care documentation captured information regarding consumers’ cultural needs and preferences.

Consumers confirmed their choices to maintain relationships of significance were supported. Staff advised they encouraged consumers to be independent and make as many choices as they can for themselves. Consumers were observed to receive visits from friends and family members and spend time with each other within communal areas.

Consumers advised they were supported to take risks, including exiting to the community independently, and confirmed they were involved in the risk assessment process. Care documentation evidenced risk assessments were conducted in consultation with consumers and representatives, and risk mitigation strategies were in place. Staff were familiar with the risks taken by consumers, and they supports they can provide to minimise potential harm to consumers.

Consumers confirmed they were kept informed about meal choices and activities through printed information and verbal reminders. The monthly activities schedule and newsletters were observed to be displayed in consumers’ rooms. Staff advised they would adapt their communication style to meet consumers’ cognitive and sensory needs.

Consumers felt their personal privacy was respected, and staff knocked on their doors prior to entry. Staff advised confidential information was kept secure, and they did not discuss private information in front of other consumers. Nurses’ station were observed to be locked and the electronic care management system was password protected.

# 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

Care documentation confirmed assessment tools were used to identify key risks and to meet the needs of each consumer. Staff described the initial and ongoing assessment and care planning process, including how a pre-entry conference was held with consumers and their representatives to understand their needs.

Representatives confirmed their involvement in the discussion of the consumer’s needs, goals and preferences. Staff advised consumers end of life wishes were recorded upon entry and described how they approached advance care planning discussions. Care documentation evidenced consumers’ end of life goals and preferences.

Consumers and representatives confirmed assessment and planning processes were completed in consultation with them. Management advised consumers, representatives, medical officers and allied health therapists were involved in the ongoing assessment of consumers’ care. Care documentation evidenced regular input from a range of external providers in the development and review of consumer’s care plans.

Consumers and representatives advised the outcomes of assessment and planning were communicated to them, and they were offered a copy of the care plan. Management advised consumers and representatives were kept informed of assessment outcomes through phone calls, emails and in person conversations.

Care documentation evidenced care plans were reviewed 3 monthly and when the consumer’s circumstances changed. Representatives confirmed the consumer’s care plan was reviewed following a fall. Staff demonstrated an understanding of the ongoing assessment process, and advised care plans were reviewed every 3 months, or as required.

# 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

Consumers and representatives confirmed consumers received safe personal and clinical care which optimised their well-being. Management advised consumers, their representatives and medical officers were consulted when implementing restrictive practices to ensure best practice care. Staff demonstrated knowledge of consumer’s personal and clinical care needs, including strategies to minimise pain and infections.

Care documentation evidenced risks to consumers, including falls, were considered and effectively managed. Staff demonstrated an awareness of consumers’ high impact or high prevalence risks, and outlined the supports they provided consumers to minimise these risks. Representatives confirmed they were involved in discussions regarding risk mitigation strategies.

Staff described how they provided care for consumers who were palliating, and advised they would consult the consumer’s family and medical officer to discuss the consumer’s care needs. Palliative care policies and procedures were in place to ensure the consumer’s end of life goals were respected, their comfort maintained and their quality of life maximised.

Care documentation evidenced deterioration or changes in consumers’ health was recognised and responded to in a timely manner. Representatives confirmed staff were responsive to changes in the consumer’s care needs, and they would be informed of any changes to the consumer’s health. Staff outlined how deteriorations to the consumer’s well-being were recognised and managed in partnership with medical officers and allied health therapists.

Consumers and representatives confirmed consumers’ information was communicated with staff and external providers of care. Staff handover was observed, and staff discussed changes and updates for consumers, including incidents, upcoming appointments and medication changes. Staff advised information was routinely shared throughout the organisation through daily staff handovers and staff meetings.

Care documentation evidenced timely referrals were made to medical officers following the identification of changes in the consumer’s well-being. Staff outlined the referral process and described their roles and responsibilities to create referrals. Representatives confirmed consumers were referred to external providers of care to ensure the consumer’s needs were met.

Consumers were confident in the ability of staff to minimise infection related risks, and confirmed they observed staff to practice hand hygiene and wear appropriate personal protective equipment. Staff described antimicrobial stewardship, including the requirement to obtain pathology results prior to the administration of antibiotics.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers provided positive feedback regarding the supports provided to them to engage in activities of interest. Staff advised a lifestyle assessment was conducted upon the consumer’s entry to understand their needs and preferences. Staff were observed to encourage and invite consumers to participate in a range of lifestyle activities.

Consumers confirmed staff provided them with emotional and psychological supports, and regularly checked up on them when they were feeling low. Staff described how they provided emotional support to consumers by engaging consumers in conversations and monitoring changes in behaviour and escalating any concerns when required.

Consumers felt supported to participate in the community and maintain social and personal relationships. Care documentation identified the relationships of significance to consumers, and the strategies in place to maintain these relationships. Staff described how consumers were supported to participate in the community by organising activities including music performances, film screenings and bus outings.

Consumers and representatives confirmed information regarding the consumer’s needs and preferences was effectively communicated amongst staff. Staff advised consumers’ information was communicated through staff meetings and handover, and changes were documented within the electronic care management system. Care documentation evidenced consumers’ needs and preferences were documented and accessible to staff.

Care documentation evidenced the collaboration with external organisations and individuals to meet the needs of consumers. Staff described the various community and volunteer groups they engaged with to enhance the daily services and activities offered to consumers.

Consumers expressed positive feedback regarding the meals they received, however a consumer felt there was a lack of quality and variety of meals offered during the lunch and dinner service. The meal service was observed to be timely and organised, and consumers were eating the meals independently or with assistance from staff when required. Staff advised they were kept updated of changes to consumers’ dietary needs and preferences through the review of daily dietary forms.

Staff advised they had received training to ensure the safe use of mobility aids and transfer equipment. Consumers confirmed their personal mobility equipment was kept clean and well maintained. A range of mobility, leisure and lifestyle equipment was observed to be clean, suitable and well maintained.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers felt the service environment was welcoming and easy to understand. Staff advised they encouraged consumers to personalise their rooms with pictures, furniture and memorabilia to optimise their sense of belonging and independence. The service environment had handrails and directional signage to assist consumers and visitors to navigate the service.

Consumers said the service environment was clean, well maintained and they were able to freely access the outdoor areas, however a consumer advised an automatic door to the garden was not operating effectively and the gardens were not maintained. Staff described how maintenance requests were logged and managed.

The call bell system was observed to be in operational order, and furniture and fittings were clean and well maintained. Staff outlined their roles and responsibilities to ensure equipment was clean and well maintained. Consumers confirmed equipment was clean, well maintained and suitable for their needs.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives felt comfortable and supported to provide feedback and make complaints, however a consumer did not feel comfortable to raise their complaints. Feedback and complaint forms and locked boxes were observed to be readily accessible. Staff described the verbal and written avenues available to consumers and representatives to make complaints.

Consumers were aware of external advocacy and language services to assist them to raise complaints. Pamphlets and posters promoting access to advocacy services, including the Commission, was available in multiple languages. Management advised consumers and representatives were made aware of external advocacy services through the consumer handbook and information displayed which promoted access to these services.

Representatives confirmed open disclosure was practiced in response to their complaints, and appropriate action was taken to resolve their complaint. Staff demonstrated an understanding of open disclosure principles, including being open and transparent, and providing an apology in response to incidents and complaints.

Consumers confirmed changes were made to meal services as a result of their feedback, however a consumer advised their feedback regarding garden maintenance had not been actioned. Continuous improvement documentation evidenced changes were made as a result of consumer feedback. Policies and procedures outlined the organisational commitment to continuous improvement in response to feedback and complaints.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers and representatives confirmed there were enough staff to meet the consumers’ needs, and call bells were responded to in a timely manner, however 2 consumers and representatives felt the service was short staffed at times. Staff advised there were sufficient staffing levels to ensure the needs of consumers were met. Management advised a master roster was developed on a fortnightly basis in consideration with feedback from consumers, representatives and staff.

Consumers felt staff interacted with them in a kind, caring and gentle manner. Staff spoke of consumers in a respectful manner, and were of consumers’ identity and preferences. Policies and procedures were in place to guide staff practice and behaviour when interacting with consumers.

Consumers and representatives confirmed staff were competent and skilled to perform their roles. Management described they ensured staff were competent and capable through the orientation process, buddy shifts and regular training. Position descriptions detailed the necessary knowledge, experience and qualifications required for each role.

Management advised staff received training in relation to restrictive practices, open disclosure and incident management. Staff demonstrated an understanding of their mandatory training, and described their responsibilities in the incident escalation pathway. Training records evidenced a 97% completion rate for mandatory training, with the remainder attributed with staff on extended leave.

Staff confirmed they were supported by management during performance reviews and provided with opportunities for improvement. Management advised staff received an annual performance appraisal, and their performance was further monitored through observations and feedback from consumers. Appraisal records evidenced 87% of staff had completed their annual reviews, and management described their plans to ensure outstanding reviews were completed.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Consumers and representatives were confident the service was well run, and felt consumers were partnered in the evaluation of their care. Management described a variety of mechanisms in place to ensure consumers and representatives were engagement, development and delivery of care and services, including consumer meetings, feedback processes and care plan reviews. Consumer meeting minutes evidenced consumers were encouraged and supported in the development of their care and services.

Management advised they were involved in various meetings with the governing body whereby information and minutes were discussed to ensure the governing body maintained effective oversight and accountability. Management described changes led by the governing body and implemented across the organisation to ensure safe and effective care for consumers.

Staff confirmed they had access to the information required to perform their roles through the electronic care management system and online portal. Management advised continuous improvement opportunities were identified through internal audits, clinical indicator analysis, surveys, feedback and observations. Management described the process to request additional expenditure from the governing body, and outlined the governing body’s recent approval of a new wound management improvement program.

A range of policies were in place to guide the management of high impact or high prevalence risks, including the identification and response to reportable incidents. Staff demonstrated an understanding of the key risks to consumers, including falls weight loss and skin integrity, and the strategies in place to minimise these risks. Incident reporting data evidenced incidents were managed in accordance with Serious Incident Response Scheme reporting requirements.

Policies and procedures were in place to guide staff practice in relation to antimicrobial stewardship, restraining minimisation and open disclosure. Staff demonstrated an understanding of these policies and described how they were practically applied. Management advised infections were regularly monitored through incident reports and discussed during meetings.

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)