

**Performance Report**

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| Name: | Regis Inala Lodge |
| Commission ID: | 3424 |
| Address: | 220 Middleborough Road, BLACKBURN SOUTH, Victoria, 3130 |
| Activity type: | Site Audit |
| Activity date: | 19 November 2024 to 22 November 2024 |
| Performance report date: | 23 December 2024 |
| Service included in this assessment: | Provider: 3522 Regis Aged Care Pty Ltd Service: 2177 Regis Inala Lodge |

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 Inala Lodge (**the service**) has been prepared by Monica Waniczek, 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 staff, older people/representatives and others.

# 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 confirmed they feel supported and safe to be themselves and maintain their cultural identities. There was evidence staff are respectful of consumers culturally and linguistically diverse backgrounds, and interpreters or staff with shared language skills assist with assessments when needed. Care plans were reflective of person-centred planning and care. The service has a suite of policies and training available to guide staff in supporting consumer diversity, and staff were observed by the Assessment Team to interact with consumers in a respectful manner.

The Assessment Team report reflected care and services are culturally safe. Staff receive cultural training and support consumers with significant cultural celebrations. Activities are planned in accordance with consumers’ cultural backgrounds and preferred activities. Consumer and representative meetings are offered in both English and Chinese with minutes printed in both languages.

Consumers confirmed they are supported to make informed choices regarding their care, including meal selection, personal care preferences and which activities they engage in. There was evidence consumers choose who to involve in decisions regarding their care. Staff support consumers to maintain important relationships by facilitating the involvement of representatives and involving them in activities at the service. A consumer example demonstrated active staff support for a consumer living with dementia to maintain a close relationship in the face of declining cognition.

Assessments are undertaken to identify the risks involved in activities consumers wish to pursue. These risks are reviewed every 3 months to facilitate discussion with consumers and are aimed at supporting them to make informed decisions. There was evidence consumers are supported to engage in activities involving risk if they choose to do so, such as accessing the external community independently or choosing a diet not in keeping with speech pathologist recommendations.

Consumers and representatives indicated they receive regular communication from the service through attending consumer and representative meetings, meeting minutes, menus, and activity planners. Information is also provided by staff at the time of care reviews and when changes occur for consumers. Feedback indicated information is conveyed in ways consumers can understand, noting a number of staff speak languages other than English and interpreters are engaged when needed. Written information is displayed and available in a range of languages.

There was evidence consumer privacy is respected, and the confidentiality of information is protected. Staff knock and seek permission before entering consumer rooms, and keep doors closed and window dressings drawn when providing personal care. Rooms containing consumer documentation were observed to be locked.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 1.

# 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

Consumers were satisfied with initial and ongoing assessment processes. Documentation demonstrated assessments are comprehensive and identify risks including those relating to weight loss, skin integrity, falls and other complex care needs. Validated risk screening tools aid in the identification of risk and external providers, such as wound specialists and dieticians, assist with assessment and care planning where appropriate.

Consumers and representatives indicated, and care documentation confirmed, consumer needs, goals and preferences are discussed on admission. Most consumers interviewed indicated they had had discussions regarding advance care planning and had been provided with written information. The service has guidance material for palliative and end of life care which guides staff in discussing advance care planning.

Consumers indicated they are participants in the assessment and care planning process, and discussions include who they wish to have involved in their care. Information from medical specialists and allied health professionals is incorporated into care planning to ensure a holistic approach to care and service delivery. Care documentation demonstrated consultation occurs between consumers, representatives and staff, with input from other providers.

Consumers and representatives confirmed the service provides a copy of consumer care plans following an assessment and described regular communication regarding care.

Care and services are reviewed 3-monthly, following incidents, and when consumer circumstances change. Examples of incidents or changes included falls and unplanned weight loss. Reviews can include the involvement of allied health professionals such as physiotherapists following falls. Representative feedback indicated the effectiveness of interventions is monitored and reviewed.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 2.

# 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 receive clinical and personal care reflective of their preferences. Best practice principles are followed in relation to the management of skin integrity, pain, and complex care needs.

The Assessment Team noted restrictive practice is generally implemented although the Assessment Team noted that there was an occasion where the requisite trial of non-pharmacological strategies to manage changed behaviours had not occurred. In response to feedback management committed to reminding nursing staff of their responsibilities to trial other strategies prior to medication administration. Clinical documentation demonstrated care is monitored and reviewed for effectiveness.

There was evidence of effective management of high-prevalence high-impact risks, such as those related to falls, pressure injuries, unexplained weight loss and complex care. The service has staff guidelines and protocols which includes incident reporting, investigation and communication with approved representatives. Falls management involves the use of a falls risk assessment tool, prevention strategies, and referrals and consultations as needed. Wound management documentation includes photographs and measurements. Weight charts show monitoring and referral to a dietician as needed. Documentation regarding the management of catheter use reflected safe and effective care is provided.

The service has an end-of-life pathway aimed at maximising consumer comfort. The Assessment Team’s review of care documentation confirmed end-of-life care is managed to maximise consumer comfort and dignity in accordance with consumer wishes. Support is obtained from an external palliative care team as required and representative feedback regarding palliative care provided at the service was positive.

Consumers and representatives expressed satisfaction regarding staff response to deterioration or a change in consumers’ health and care documentation evidenced timely responses. The service has a clinical care and assessment policy to guide staff in recognising and responding to deterioration.

Consumer information is shared via progress notes, care planning documentation, meetings, reports, and printed handover sheets. The service’s electronic documentation system has prompts for tasks to be completed, issues alerts for important information and contains emails from allied health professionals and specialists. There was evidence of communication between the service, representatives, medical officers and allied health professionals.

Consumers were satisfied with their ability to access external providers of care and services. Care documentation demonstrated referrals are timely and there was evidence of appropriate referrals to hospital, medical officers, and allied health professionals.

There are policies and procedures in place in relation to infection prevention, outbreak management, and minimising the use of antibiotics. Staff understand and were observed complying with the service’s infection control measures including personal protective equipment (PPE) use and hand hygiene. Clinical staff help to prevent inappropriate antibiotic use by liaising with medical officers and obtaining pathology results prior to prescribing antibiotics.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 3.

# 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

The service supports consumer choice and independence, encouraging participation in daily activities to enhance quality of life. Consumers are consulted in the design of activities and consumer goals and capabilities are considered. Consumer feedback demonstrated consumers can choose what to involve themselves in at the service and how to spend their time.

Consumers confirmed support is provided for their psychological, emotional, and spiritual health. Care staff identify when consumers may need additional support and provide this. The service has a ‘café’ program led by an external social worker aimed at providing additional psychological support to consumers and their families.

Consumers are supported to pursue their individual interests, such as artwork or gardening. Individual stations in the service’s memory support unit facilitate connection with memories of past professions and pastimes. Positive feedback was provided regarding the service’s activities program and consumer ability to participate in activities outside the service. Day outings are provided, supporting consumers to participate in the external community. Lifestyle staff encourage interactions between consumers and consumers described friendships they have developed at the service.

Information regarding consumer needs and preferences is communicated through handover, email updates and alerts on the care document system. When changes occur, documentation is updated and shared with the appropriate staff. Representatives were satisfied with the level of communication from the service regarding consumer care and support needs.

The service refers consumers to appropriate internal and external services and programs. These include the service’s café well-being program, interpreters, and psychological services.

Consumers were satisfied with the quality, variety and quantity of the meals provided at the service. Consumer preferences are considered and reflected in the design of the seasonal menu, which is developed in consultation with a dietitian. Alternative meal options are available, and staff understand consumer dietary and hydration needs and preferences.

The Assessment Team report reflects consumers were satisfied with the equipment provided by the service, confirming it is suitable for their needs and well maintained. Shared equipment is sanitised between each use, and consumers’ personal equipment is routinely maintained. The Assessment Team observed some equipment to not be clean; in response to this feedback management reviewed the maintenance schedule and issued a staff memorandum reminding staff of cleaning routines. Maintenance logs reflected current preventative and routine maintenance for all equipment at the service.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 4.

# 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 and representatives indicated the service environment is welcoming. Staff and management described how they support consumers to personalise the environment, and how spaces are utilised to optimise consumer independence and engagement in activities they enjoy.

Consumers move freely throughout the service, inside and outside with doors to outside courtyards open. Staff clean equipment before returning it to the storage room.

Consumers and representatives confirmed they have access to equipment that meets their needs. The service has both a preventative and reactive maintenance process at the service. Maintenance issues and hazards are reported to staff and documented in maintenance folders which are located at each nurse’s station. The maintenance team check these daily and action in a timely manner.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 5.

# 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 staff confirmed they are encouraged and supported to provide feedback and make complaints. Staff described the feedback and complaints process. Documentation, including the consumer handbook and meeting minutes, showed the service encourages feedback. Feedback forms and secure boxes are located throughout the service.

Consumers and staff confirmed the service promotes and provides interpreter services for culturally and linguistically diverse consumers, as well as information about advocacy services. This was further evidenced by documentation, including the consumer handbook and pamphlets in several languages at the reception area.

Consumers were satisfied with the service’s responsiveness to complaints and feedback. The service has a complaints management process which includes the use of open disclosure. Staff and management described the open disclosure process and documentation confirmed timely and appropriate responses, including acknowledgement of the complaint and an apology.

Consumers and representatives are satisfied the service listens to and considers feedback and complaints to improve the delivery of quality of care and services. The service’s complaints management process includes an audit and review of all feedback and complaints to identify trends and inform continuous improvement. Complaints documentation reflected that appropriate actions are implemented to resolve complaints and demonstrated improvement to the quality of care and services.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 6.

# 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 staff were satisfied that the number of staff at the service allows for the delivery of safe consumer care and services. The service demonstrated a stable workforce of sufficient number and skill, planned and managed to deliver safe and quality care and services to consumers. Vacant shifts are filled by existing staff as the service does not engage agency staff.

Consumers described staff as kind and caring, and confirmed they know what is important to individual consumers. Documentation is individualised and includes information regarding each consumer interests, culture, identity, and diversity needs and preferences.

Consumers indicated staff have the knowledge and skills to perform their roles. Staff and documentation confirmed staff receive a position description which outlines their role, responsibilities, accountabilities, and mandatory education, compliance and competency assessment requirements. The service supports staff through ongoing coaching, feedback and buddy shifts. Mandatory training completion rates were 95%.

Staff and management confirmed the service has formal and informal processes for performance monitoring and review. The induction program includes day-to-day performance monitoring, and a formal documented performance appraisal, which includes the identification of education and support requirements. Performance reviews are conducted at 6-week intervals during the first 6 months of employment, with annual appraisals thereafter.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 7.

# 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**

Management explained that the service supports consumers to participate in the development, delivery and evaluation of care and services. Consumers are encouraged to provide feedback at all consumer meetings, through submission of a feedback form or verbally with staff. The service does not currently have representation on the organisation’s consumer advisory body however management advised consumer nominations are regularly encouraged at consumer meetings.

The service has a Board, sub-board and numerous committees, to facilitate oversight and adherence to accountability at governance, legislative and management levels. The Board has policies and processes in place to satisfy itself that systems for appropriate care and services operate, to promote a positive culture of safe, inclusive care and quality services, that includes monitoring through the review of quality indicators, feedback and complaints, and incident data and trends.

Staff confirmed information is available to them to provide effective care, through the use of electronic systems, including care planning documentation, policies and procedures, human resources and training material.

Opportunities for continuous improvement are identified through consumer, representative and staff feedback, complaints, incidents and trend data. The PCI reflected improvement actions taken and management prepares a monthly report demonstrating consumer care expenses. The service’s human resource’s function captures information related to staff recruitment, induction, education and training. Position descriptions contain clear definitions of roles, responsibilities and accountabilities. Regulatory compliance and legal oversight are managed at a national level through subscription to a service providing consultation on legal compliance. Changes to policy and/or procedures are communicated to staff at a service level through staff huddles and handovers, meetings, meeting minutes and through relevant training. There was evidence feedback and complaints data is used to identify trends that is included in the service’s PCI.

There are effective risk management systems are practices, supported by a clinical governance framework, policies and procedures, and a reporting process. The service assesses and manages consumer risk, provides staff with required training, and maintains an effective incident reporting management system.

The service has a clinical governance framework which outlines antimicrobial stewardship, restrictive practices and open disclosure. Staff demonstrated an understanding of restrictive practices and open disclosure and were aware of the associated policies and procedures.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 8.

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)