Performance

Report

**1800 951 822**

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| Name: | Regis Inala Lodge |
| Commission ID: | 3424 |
| Address: | 220 Middleborough Road, BLACKBURN SOUTH, Victoria, 3130 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 26 October 2023 |
| Performance report date: | 12 December 2023 |
| 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 N Eastwood, 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 (performance assessment) – site report 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 acknowledging receipt of the assessment team’s report received 13 November 2023.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 4** Services and supports for daily living | **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)(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 |

Findings

Consumers confirmed they receive assistance with personal care they require which aligns with their preferences. Care documentation for consumers reflected individualised strategies to manage skin care, wound and pain management in line with best practice guidelines.

Skin and wound care was demonstrated to be managed in line with best practice. The Assessment Team noted consumers receiving ongoing pressure injury treatment being appropriately managed with adequate prevention of further pressure injuries. Wounds were reviewed weekly by a registered nurse with detailed documentation and referrals to a wound specialist when a wound is complex or not healing.

Clinical staff demonstrated processes to monitor and manage consumer pain with pain charting commenced following a fall, changed behaviour, break in skin integrity or when reported by a consumer. The service demonstrated care delivered to consumers in relation to restrictive practices is minimised and safe. However, documentation of Behaviour Support Plans (BSP) was inconsistent where chemical restraint is utilised. Following feedback from the Assessment Team most of the identified issues were corrected immediately.

The service identified consumers who reside in the Memory Support Unit (MSU) as being subject to environmental restraint which is routinely reviewed annually or as changes occur.

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

# 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 |

Findings

The Assessment Team observed consumers engaged in a variety of activities, supported by lifestyle and care staff participating in individual and group activities. Care planning documentation reviewed was current and recorded consumer preferences and consumer participation in activities, including one-on-one time, was recorded in progress notes.

Activity calendars for each wing are completed 2 monthly with consumers able to participate in activities in any part of the service. The activities calendars are created with contribution from consumers about the activities they enjoy, a report from the electronic management system which lists the most popular activities is presented at the monthly residents and representatives meeting.

The Assessment Team reviewed care planning documents for a sample of consumers and noted they were up to date and completed with consumer’s preferences, needs and goals as well as their participation level in daily activities.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with requirement 4(3)(a).

# 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

Consumers and representatives with staffing at the service. Management described how they ensure adequate staffing to provide safe and quality care by having a roster that is designated according to the classification of staff members and is designed to cover the care needs of consumers.

When there is unplanned leave, vacancies are advertised to permanent and casual staff. To ensure the well-being of consumers and staff the service has implemented strategies such as a pool of casual staff, arrangements for shifts to be extended, as well as access to staff from ‘sister sites’ of the organisation. The master roster and shift allocation sheets for the 2 fortnights preceding the assessment indicated adequate levels of staffing in the service across all shifts.

Staff confirmed they had recently participated in a range of toolbox training and were satisfied with the training they received.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with requirement 7(3)(a).

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