Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Regis Kirwan |
| Commission ID: | 5108 |
| Address: | 1 Emerald Street, KIRWAN, Queensland, 4817 |
| Activity type: | Site Audit |
| Activity date: | 14 May 2024 to 16 May 2024 |
| Performance report date: | 13 June 2024 |
| Service included in this assessment: | Provider: 3522 Regis Aged Care Pty Ltd  Service: 3465 Regis Kirwan |

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 Kirwan (**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
* other information and intelligence held by the Commission relating 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

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been found Compliant, as:

Consumers confirmed staff treated them with dignity and provided the care they needed in a way which respected their needs and preferences. Staff understood consumers’ individuality, diverse identities, and preferences including who they liked to spend time with each day. Care documentation evidenced consumers’ cultural needs and the supports in place to ensure those needs were met.

Consumers confirmed staff were aware of their backgrounds and provided care consistent with their cultural preferences. Staff gave practical examples of ensuring consumers received meals which met their cultural needs and preferences, as one way culturally safe care was provided. Care documentation evidenced consumers’ cultural preferences, life history, spiritual needs and days of cultural significance to them.

Consumers confirmed they were supported to be their own decision maker and had choice in how their care was delivered, how they maintained relationships and which activities they wanted to attend. Staff explained consumers and representatives were supported in their decision making through case conferences and consumer meetings. Care documentation evidenced consumers and representatives participated in making decisions about consumers’ care and services, including how consumers wanted to maintain their independence.

Consumers gave practical examples of how they were supported to take risks and live life as they chose, such as making hot beverages in their rooms. Staff had knowledge of risks consumers took, such as leaving the service independently and eating meals which may not align with clinical recommendations. Care documentation evidenced consumers were supported to take risks with strategies in place to manage the risks taken.

Consumers confirmed they received timely information which enabled them to make informed choices via the menu, activities schedule, a monthly newsletter and minutes of consumer meetings. Staff described means of communication with consumers, such as using cue cards for those with communication challenges. Meeting minutes evidenced consumers and representatives were provided with information which allowed them to make choices about consumers’ care and services.

Consumers gave practical examples of how their privacy was respected, such as staff ensured doors were closed when providing care. Staff explained consumers’ privacy was respected by seeking consent prior to entering their rooms and they had knowledge of individuals’ privacy needs. The electronic care management system (ECMS) which held consumers’ information was observed to be secure, whilst staff held sensitive discussions in private areas.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers gave practical examples of risks identified during the assessment and planning of their care, such as of falls and pressure injury. Staff used clinical assessment tools to assess risks to consumers, such as mobility, cognition and complex medication management, which informed care plan development. Care documentation evidenced strategies had been planned in response to identified risks, to ensure consumers received safe and effective care.

Consumers and representatives confirmed they had discussed consumers’ care needs, goals and preferences, which included advance care and end of life planning, where they wished. Staff confirmed discussing end of life wishes with consumers during entry and scheduled care plan reviews. Care documentation included consumers’ daily care needs, goals and preferences, as well as advance care directives.

Consumers and representatives confirmed they and health professionals, such as physiotherapists, participated in the assessment, planning and review of consumers’ care and services. Staff confirmed consumers, representatives and input from medical specialists was sought in the assessment and planning of consumers’ care. Care documentation evidenced the assessment and planning of consumers’ care was coordinated with other organisations and providers of care, such as allied health professionals.

Consumers and representatives said staff discussed the outcomes of the assessment and planning of consumers’ care with them they had a copy of the consumer’s care plan. The outcomes of assessment and planning were documented in the ECMS and staff explained consumers and representatives could request a copy of the consumer’s care plan at any time. Care documentation evidenced timely sharing of the outcomes of assessment and planning with consumers and their representatives.

Consumers and representatives confirmed consumers’ care and services were reviewed regularly and in response to incidents, such as falls, following which their changed needs were reassessed. Staff explained consumers’ needs were reviewed regularly and in response to incidents and changed circumstances, which may also result in a reassessment of their needs and preferences. Care documentation evidenced consumers’ needs were reviewed quarterly and reassessment occurred when their health status or circumstances changed, such as to their mobility.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers and representatives gave positive feedback about the personal and clinical care consumers received, which they said addressed their needs. Staff were knowledgeable about consumers’ individual personal and clinical care needs and explained how risks specific to each consumer influenced care delivery. Care documentation evidenced consumers received safe, individualised care in line with their assessed needs and preferences.

Consumers and representatives gave positive feedback about how the service managed risks associated with consumers’ care and services, particularly where consumers were at risk of falls. Staff understood the high-impact and high-prevalence risks for consumers and explained how these were managed, such as engaging a physiotherapist to support consumers at risk of falls. Care documentation evidenced risks to consumers, such as pressure injuries, were identified and responsive management strategies were in place.

Care documentation, for a consumer nearing end of life, evidenced they were kept comfortable through provision of regular comfort cares, pain management interventions and spiritual care, as per the consumer’s wishes. Staff understood how to care for consumers nearing end of life to ensure their comfort and to meet their needs and preferences. Policies and procedures guided staff in the provision of end of life care.

Consumers and representatives confirmed staff recognised changes in consumers’ conditions and responses were timely. Staff explained consumers were monitored for changes in their energy levels, speech patterns, cognition, appetite and changed behaviours, with any changes escalated to clinical staff for review, who may refer consumers to their general practitioner. Care documentation evidenced deterioration in consumers’ conditions were identified and responded to quickly.

Consumers and representatives gave positive feedback about how information was shared relating to consumers’ conditions, particularly when consumers’ needs changed. Staff explained changes in consumers’ care and services were discussed as needed throughout the day, during shift handovers and they accessed information in the ECMS. Care documentation evidenced sufficient information about consumers’ conditions which could be shared with those involved in their care.

Consumers and representatives confirmed consumers had access to other health care providers and referrals were timely. Staff explained how referrals were made and followed up to ensure a timely response and consumers’ needs were met. Care documentation evidenced consumers were promptly referred to medical and other health professionals, such as geriatricians and wound specialists.

Consumers gave positive feedback about how infection-related risks were prevented and managed, and said staff washed their hands, wore masks and gloves when needed and used clean equipment when attending to their needs. Staff described how they minimised the use of antibiotics for consumers and explained infection control measures they used in their work practices. Policies and procedures guided staff in antimicrobial stewardship and infection control management.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers gave positive feedback about the services for daily living and confirmed they were supported to pursue activities of interest, such as attending group activities or pursuing solo pastimes, which optimised their wellbeing. Staff explained consumers participated in a lifestyle assessment which captured their life history, identified their needs and preferences and informed their individualised care plan. Consumers were observed participating in a range of activities which met their differing mobility, cognitive and sensory needs.

Consumers gave practical examples of how staff supported their emotional, psychological and spiritual needs, such as spending time with them and ensuring they were ready to attend planned religious services. Staff advised they supported consumers by spending one on one time with them when their mood was low and arranging video calls so they could maintain important relationships. Care documentation evidenced consumers’ emotional, psychological and spiritual needs were captured, and the supports needed to meet those needs.

Consumers gave practical examples of how they were supported to participate in the service and wider communities, such as leaving the service independently to attend sporting clubs and spend time with friends. Staff explained they supported consumers to maintain significant relationships by facilitating in-person visits, telephone and video calls. Consumers were observed socialising with each other and visitors or leaving the service to spend time with their families.

Consumers and representatives said information about consumers’ daily living needs were effectively communicated, particularly as staff understood their preferences and ensured they were able to attend activities of importance to them. Staff explained changes in consumers’ care and services were communicated during shift handovers and they accessed care documentation in the ECMS. Care documentation evidenced sufficient information to support effective sharing with those who had responsibility for consumers’ care and services.

Consumers and representatives confirmed when additional support was needed, consumers were referred to other organisations and service providers. Staff explained volunteers were engaged to spend meaningful one-on-one time with consumers, whilst staff from community organisations such as the local library, visited the service regularly. Care documentation evidenced timely referrals were made to other organisations and individuals to meet consumers’ needs.

Consumers gave positive feedback about meals, which were varied, aligned with their preferences and dietary requirements and were developed based on feedback provided at food focus meetings. Staff explained the menu was seasonal and developed at an organisational level and adjusted to meet consumers’ needs and preferences, with options available for all meals. Meal service was observed and consumers appeared to enjoy the dining experience, as they had conversations with staff and other consumers.

Consumers said they had access to safe, clean equipment which was well maintained and suitable for their use, and staff regularly checked their personal equipment to ensure its safety. Staff said they cleaned shared equipment between each use, with maintenance staff advised when an item was defective or faulty. Lifestyle equipment was observed to be clean, well maintained and suitable for consumers’ use.

# 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

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been found Compliant, as:

Consumers said the service had a welcoming atmosphere and they felt at home, particularly as rooms were personalised with their own belongings. Staff explained the service environment supported consumers’ independence, interaction and function through wayfinding signage, access to outdoor gardens and seating areas, and to communal areas where they could relax on their own or with others. The service was observed as welcoming and easy to understand, with design principles to facilitate consumers’ ease of mobility and an onsite café which supported their interaction with others.

Consumers said they had free movement between indoors and outdoors, gave positive feedback about cleanliness of the service and said they were confident raising maintenance issues. Staff described the cleaning and maintenance schedules, which evidenced tasks were completed as required. All doors to outdoor areas were observed to be unlocked, which allowed consumers to access these areas independently, or with staff assistance.

Consumers confirmed they felt safe when staff used equipment during care delivery. Staff explained, and maintenance documentation confirmed, cleaning was conducted routinely, and maintenance attended to promptly. Fire extinguishers and laundry equipment were observed to have current safety checks.

# 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

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been found Compliant, as:

Consumers and representatives said they were comfortable to provide feedback and raise concerns and gave practical examples of avenues available to them, such as speaking with staff and attending meetings. Staff explained consumers and representatives were also encouraged to make complaints and provide feedback during a range of meetings, or by telephone, email and completing a feedback form. Minutes from the resident and relative meeting evidenced consumers provided feedback on catering and lifestyle activities, whilst feedback forms were observed to be easily accessible.

Consumers and representatives understood how to access external complaints and advocacy groups, and said the information was provided to them during the entry process and also available in the consumer handbook and newsletters. Staff described the advocacy and language services available to consumers and explained those who required interpreter services or communication tools were identified during the entry process. Information throughout the service promoted access to the Commission, advocacy services and language services.

Consumers gave practical examples of staff taking additional care when assisting them to mobilise, as appropriate action taken in response to complaints of some consumer’s wheelchairs hitting door jambs when moving through doorways. Staff described the complaints management process and confirmed consumers received an apology when complaints were made. Meeting minutes evidenced consumers’ feedback was used to improve the quality of a food item being served.

Consumers confirmed their feedback and complaints were used to improve the quality of their care and services. Staff gave practical examples of how feedback and complaints were used to improve consumers’ services, such as introducing a self-serve hot beverage machine and providing baked items for consumers and their visitors to enjoy in the onsite café. The plan for continuous improvement evidenced consumers’ feedback and complaints were used to improve their care and services.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers gave positive feedback about staffing levels and said their needs were promptly met. Management explained the roster was developed to ensure a registered nurse was always available, with staff allocated according to the needs and preferences of consumers, and recruitment for care and clinical staff was ongoing. Rostering documentation evidenced consistent staffing levels across all shifts.

Most consumers said staff were kind, caring and respectful when providing care, however one consumer said staff had not taken sufficient care when mobilising them in their wheelchair, confirming staff had apologised. Staff interactions with consumers were observed to be kind, caring and respectful language was used when assistance was provided. The Charter of Aged Care Rights was promoted on noticeboards throughout the service.

Consumers and representatives confirmed staff were capable and experienced in meeting consumers’ care needs. Management explained staff competency was determined through the recruitment process, buddy shifts, an onboarding process and ongoing supervision and training. Personnel records evidenced staff had position descriptions and held qualifications and clinical registrations relevant to their roles.

Consumers gave positive feedback about staff training and said they were equipped to perform their roles. Management explained, and staff confirmed, mandatory training was completed in the Serious Incident Response Scheme (SIRS), restrictive practices, incident management, infection control and the Quality Standards, with additional training arranged to incorporate consumers’ feedback and support staff to meet their needs. Training records evidenced high rates of completion for mandatory training topics.

Management advised staff performance was assessed and monitored through annual performance reviews, with informal appraisals through observations and discussions with consumers. Staff confirmed they participated in performance reviews and were supported to update their skills and knowledge until competency was achieved, in response to identified areas for improvement. Personnel records evidenced most staff performance reviews had been completed, with outstanding reviews attributed to staff on leave.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers confirmed they were supported to evaluate their care and services through consumer meetings and speaking directly with staff. Management explained consumers further contributed to service evaluation through the feedback process, surveys and senior staff had an open-door policy, which encouraged consumers to initiate conversations with them at any time. Meeting minutes evidenced consumers and representatives were engaged in evaluating aspects of care and services, such as the outcomes of a food survey, which led to the introduction of new menu items.

The organisation’s board of directors (the board) was accountable for service delivery and satisfied itself the Quality Standards were being met through regular meetings with management, where service performance was reviewed. The board received monthly reports on clinical indicators, complaints trends, SIRS reports and emerging issues. Meeting minutes evidenced the board received monthly reporting against the Quality Standards, with information used to implement changes to consumers’ care and services.

The organisation had effective governance systems which supported information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. Management explained the governance systems, which were underpinned by policies, processes and systems to support compliance with the Quality Standards.

The organisation had effective risk management systems and practices related to managing high-impact or high-prevalence risks to consumers, identifying and responding to abuse and neglect, supporting consumers to live life as they choose and managing and preventing incidents. Staff explained how risks such as falls and pressure injuries were identified and managed, and documentation evidenced SIRS incidents were reported within required timeframes. Staff were guided by policies and processes in identifying and managing risks to consumers, whilst supporting them to live life as they choose.

The clinical governance framework promoted antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something goes wrong. Management and staff understood antimicrobial stewardship, restrictive practices and open disclosure and described how these were applied in care delivery. Staff were guided by a quality and clinical governance framework and supported by policies which promoted the provision of safe, individualised care which was appropriate to meet consumers’ needs.

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)