Performance

Report

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| Name: | Regis Kuluin |
| Commission ID: | 5745 |
| Address: | 354 Main Road, Kuluin, Queensland, 4558 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 9 October 2024 |
| Performance report date: | 29 October 2024 |
| Service included in this assessment: | Provider: 136 Regis Group Pty Ltd  Service: 5877 Regis Kuluin |

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 Kuluin (**the service**) has been prepared by Kimberley Reed, 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 to the Assessment Team’s report received 25 October 2024
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all Requirements were assessed |
| **Standard 5** Organisation’s service environment | **Not applicable as not all Requirements were assessed** |
| **Standard 7** Human resources | **Not applicable as not all Requirements were 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)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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 |

Findings

Requirement 3(3)(b)

Consumers and representatives were satisfied with the personal and clinical care consumers received, specifically in relation to consumers with changed behaviours, and other high risk and high prevalence risks including pressure area care and prevention and use of restraints.

Staff utilised the electronic care management system to find consumer information and record information relevant to that care, specifically in relation to changed behaviours and needs. Care and registered staff shared contemporaneous consumer information at shift handover meetings and management completed daily walkarounds and reviewed progress notes and other consumer documentation to monitor changes and risks. Monthly clinical and all-staff meetings facilitated discussions about high-risk and complex consumers, and training through toolbox talks provided staff with information about prevalent consumer needs, as well as environmental impacts such as heatwaves.

The service had policies, procedures and work instructions to support staff to identify, assess and respond to high impact and high prevalence risks associated with consumer care, as well as risks arising from heatwaves and dehydration due to heat exposure. Documentation including incidents, audits and clinical indicators demonstrated analysis and meeting minutes evidenced discussion with staff and strategies for improvement.

The service recognised the risk of dehydration and acute clinical deterioration of consumer safety and wellbeing due to the impact of exposure to hot weather and heatwaves. Blind spots were identified in the outdoor areas of the two secured support units, which hampered staff’s ability to monitor consumers when outdoors. The service implemented regular monitoring of these blind spots by staff to ensure consumer safety. Staff meeting minutes evidenced ongoing focus on risks to consumers to heatwave conditions and heat exposure in summer, with toolbox training on hydration during heatwaves, consumer free movement, and signs of dehydration and acute clinical deterioration. Consumers were observed to have free access to fluids and posters were observed detailing measures to deal with heatwave conditions including the use of sunscreen, hats and fluids.

Consumers with wounds were satisfied with wound management processes, and representatives were kept informed of wound healing progress. Consumers’ care records evidenced skin assessments, wound assessments and wound care plans in place. Consumers with wounds were observed to have preventative measures in place to decrease the risk of wounds deteriorating or recurring. Collection and analysis of data relating to skin integrity, and incident documentation evidenced monthly and year-to-date monitoring of pressure injuries and wounds.

Clinical data records confirmed, a reduction in falls had occurred over the past three months and identified consumers who experienced multiple falls. One consumer was noted to have a history of falls which occurred at night when they were awake and unable to sleep. Increased observations of the consumer were implemented and access to warm drinks and snacks was facilitated. Care documentation evidenced preventive strategies including allied health review, sensor mat, regular comfort and visual safety checks, hip protectors, and non-slip socks.

Consumers subjected to restrictive practices had authorisation forms that were current and approved by the medical officer and a consumer representative. Chemical restrictive practices were subjected to review every three months, and behaviour support plans evidenced that non-pharmacological interventions were utilised initially and evaluated before medications were administered. Registered staff identified triggers for changed behaviours in consumers and both non and pharmacological interventions, explaining chemical restraints were used as a last resort. Consumer representatives were aware of the restrictive practices in place and understood the need for their use.

Pain assessments were undertaken when consumers exhibited changed behaviours, to consider if pain was a factor in triggering changed behaviours. For one consumer, a change to the administration methods of their pain relief resulted in decrease in behaviours. Staff were observed to be interacting with consumers with changed behaviours in a kind, gentle and patient manner.

Requirement 3(3)(d)

Consumers confirmed they were confident staff understood their needs and would identify changes to their condition and respond accordingly. Care documentation reflected staff recognised, reported, and responded to changes in consumers’ condition in a timely manner. Registered staff stated actions taken when a consumer deteriorated include assessment of the consumer, discussion with the consumer and representative, referral to the medical officer or other allied health professionals, and transfer to hospital where necessary. Care staff appropriately escalated consumers of concern to registered staff.

Registered staff referred to the organisation’s ‘Acute deterioration guideline flip chart’ which was available in each nurses’ station. This chart supported their decision making process and next logical steps to escalate including informing the clinical team leader about changes in consumers. The processes recognising and responding to deterioration were in accordance with the organisation's ‘Clinical Assessment and Care Policy’. The policy outlined a comprehensive and systematic approach to identifying and responding to changes in clinical needs. Registered staff also recorded progress notes outlining actions they had taken and any follow up required. Consumers’ health status changes were recorded on handover sheets and remain there until all actions were resolved. Handover processes include the discussion of consumers who experienced changes to their mental, physical, or cognitive wellbeing.

Recent on-site training was provided to registered staff relating to deterioration which was delivered by the Specialist Palliative Care in Aged Care team from the local hospital, education included observations, symptom management, and palliative care strategies. The service is supported by medical officer coverage.

I am satisfied consumers with high impact risks or consumers who have experienced a change in their condition are appropriately managed, therefore it is my decision these Requirements are compliant.

# Standard 5

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| Organisation’s service environment | |  |
| 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 |

Findings

Consumers and representatives were satisfied with the service environment and said it was safe, clean and well maintained. Consumers confirmed their rooms were always clean and cleaning services were thorough. Consumers could raise maintenance requests with staff, and their requests were addressed in a timely manner. Consumers confirmed they could freely access other areas, including outdoor areas when they wanted to. Consumers said movement throughout the service was only restricted if there was an infectious outbreak. Staff described how they ensured consumers remained safe, the service clean and well maintained, and how they assisted consumers to move freely about the service.

Cleaning staff stated their daily schedule involved cleaning of communal areas and corridors, followed by cleaning of consumers’ rooms. Staff described the cleaning processes in place to prevent and control infections. Staff were familiar with how to lodge a maintenance request should a consumer report an issue, or they identify one themselves.

The service utilised maintenance logbooks placed in each wing for staff to lodge maintenance requests to address hazards, faulty equipment and urgent maintenance requests. Logbooks were reviewed daily and work prioritised and undertaken by the maintenance team or referred to external contractors where required. Maintenance staff regularly checked the grounds of the service, specifically the secure support unit areas for safety and conducting any modifications that were recommended by the management team. The service recently undertook renovations in the support unit outdoor courtyards, installing an additional door to allow consumers from both areas greater access to move freely outside and pruning of large trees and repositioning external fences to improved visibility of consumers for staff.

I am satisfied the service environment is suitable for the consumers, and therefore it is my decision this Requirement is compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |

Findings

Consumers and representatives were confident in the workforce's ability to provide quality care due to the training staff received. Staff confirmed training provided them with the necessary skills and knowledge to perform their roles effectively. A training process was in place that included orientation, allocated time to complete mandatory education units, and an onboarding buddy program that could be adjusted if requested by staff. Training records evidenced staff had completed their allocated mandatory training and regularly attended refresher training sessions when the need arose.

Staff and management stated, and meeting minutes evidenced ongoing improvements have occurred as staff received additional or refresher training and education based on consumer and representative feedback, significant changes to environmental conditions and adjustments to every day care processes. Those training modules included personal hygiene and oral care, escalating deterioration, monitoring and headcounts and seasonal refresher training in regard to heatwave and hydration of consumers. Management stated as the seasonal weather conditions changed, they will recommence the heatwave and hydration spot quiz and evaluate if a full training plan will be required prior to the summer.

The orientation and onboarding process involved online mandatory training, role-specific training, and supernumerary shifts. The service also offered ongoing professional development, regular supervision, and performance appraisals. Staff were subject to spot check quizzes regarding everyday care knowledge. New staff received comprehensive training and time to complete mandatory education. Staff confirmed management supported their development by assigning them suitable mentors when appropriate. The service’s training records identified 97% staff had completed the orientation program and mandatory education units. The reviewed mandatory education included essential topics including food handling, infection control, manual handling, fire safety, and workplace bullying and harassment.

I am satisfied the workforce was recruited, trained, equipped and supported and therefore it is my decision this Requirement is compliant.

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