Performance

Report

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| Name of service: | Performance report date: |
| Regis Kuluin | 25 August 2022 |
| Commission ID: | Activity type: |
| 5745 | Site audit |
| Approved provider: | Activity date: |
| Regis Group Pty Ltd | 6 July 2022 to 8 July 2022 |

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 considered by James Howard, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 conducted from 6 July 2022 to 8 July 2022; 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.
* The Approved Provider’s response to the site audit report, received on 22 July 2022.
* Other information and intelligence concerning the service, held by the Commission.

# 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 | **Non-compliant** |

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* **Standard 8** – Ensure expiry dates and renewals of staff clearances are monitored effectively, to ensure the service complies with regulatory and legislative guidelines.

# Standard 1

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| Consumer dignity and choice | | Compliant |
| 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 their representatives said staff treated consumers with dignity and respect and were aware of their heritage. Staff showed an understanding of consumers’ backgrounds and preferences and described how their understanding guided how they catered to consumers’ specific care needs.

Staff were observed treating consumers with respect and greeting them by their preferred names. Care planning documents detailed consumers’ individualised cultural, spiritual and activity preferences. Consumers were supported to exercise choice and independence and encouraged to maintain relationships with people inside and outside the service.

Staff encouraged consumers to be independent and respected their choices. Consumers said information provided to them was accurate and timely and permitted them to make choices. Care planning documents showed staff completed risk assessments for consumers. Staff also said they held discussions with consumers and their representatives about supporting consumers to take risks.

Consumers said staff discussed individual risks with them and respected their choices to engage in activities involving risk. Staff described strategies they used to support consumers’ choices and these were documented in care plans.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

Overall, consumers and their representatives considered they were partners in the ongoing assessment and planning of consumers’ care and services and were involved with assessment and care planning on entry to the service and then during periodic reviews. Staff described how they used assessment and planning processes to inform safe care delivery. Care plans detailed consumers’ preferences, including advance care planning and end-of-life preferences, and included identified risks.

Care planning documents contained information from consumers, representatives and other organisations and services and included advice from health professionals. Consumers and representatives said staff explained and kept them informed of changes regarding care. Consumers and their representatives had access to care planning documentation.

Care planning documents showed regular reviews occurred at least every three months and following any changes to the circumstances or conditions of consumers. Representatives said they were informed of changes. The service reviewed clinical indicators and monitored trends to identify areas of risk and strategies for improvement.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 considered that consumers received personal and clinical care that was safe, tailored to their needs and right for them. Staff described consumers’ individual care requirements and used this knowledge to deliver personal and clinical care in line with best practice guidelines and aligned with consumers’ needs.

Staff demonstrated an understanding of risks involved with consumers’ conditions and used strategies to maximise their well-being and comfort. Consumers said they were confident about the way the service assessed, communicated, and managed their risks and felt their dignity was upheld when they participated in risk-taking activities.

Staff described the specific strategies the service had in place to manage risks to consumers’ health and comfort. Care plans showed consumers received effective care for skin integrity, pain, and behaviour management.

The service demonstrated the needs, goals and preferences of consumers nearing their end of life were recognised and addressed, their comfort maximised, and their dignity preserved. Staff described consumers’ palliative care needs and practical ways in which they maximised comfort near a consumer’s end of life.

Consumers and representatives confirmed staff responded to changes in consumers’ conditions in a timely manner. Care staff stated they escalated changes in consumers’ behaviour or condition to registered staff in a timely manner.

The service demonstrated it used effective records management processes. Consumer care planning documents showed input from various allied health professionals when needed. Consumers and their representatives said they were satisfied with the care they received from referral services.

The organisation had policies and guidelines for key areas of care, which included restrictive practices, skin integrity and pain management. The service employed monitoring processes which ensured consumers were provided with safe and effective care and included clinical management meetings and review of clinical indicators. All staff were provided with infection control training, which included hand hygiene, donning and doffing of personal protective equipment, cough etiquette, cleaning processes and the minimisation of infection related risks for consumers.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 and their representatives said staff supported consumers to participate in activities that were of interest to them, and the service supported consumers to be as independent as possible. Care planning documents detailed consumers’ preferences. Staff described how the service organised activities that matched consumers’ interests. Consumers were observed participating in individual and group activities.

Staff described how they supported consumers to maintain their spiritual and psychological well-being by spending time interacting with them, or referring them to other services and activities, including religious events.

Consumers and their representatives said consumers were supported to maintain relationships and to participate in the community. Staff said they supported consumers to receive visitors and keep in contact with family and friends. The service hosted activities such as bingo, concerts and facilitated outings for consumers.

Care documents showed information was shared within and outside the service, as appropriate, which enabled a shared understanding of consumers’ needs and preferences. Care plans showed referrals were made to other services and organisations to support consumers to engage in activities and enhance their well-being. Consumers advised they were satisfied with the quantity, quality and variety of meals available. Care plans included details about consumers’ dietary choices.

Hospitality staff described how they knew of consumers’ food preferences and how they evaluated the suitability of the menu. Hospitality staff explained the menu was reviewed by a dietitian, was rotated every 4 weeks and also changed seasonally. The chef explained when a new menu was introduced, consumers were given voting cards to indicate which dishes they would like to change. The kitchen environment was clean and well maintained and equipment was safe, suitable and well maintained.

Consumers and staff said suitable equipment was available to meet consumers’ needs and the Assessment Team observed staff cleaning equipment before and after use. Staff described the reactive and preventative maintenance processes which ensured equipment was well-maintained and fit for purpose.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 stated they felt at home, safe and comfortable in the service. Consumers’ rooms were observed to be individualised, decorated and contained personal items. The service had multiple shared areas throughout the facility for consumers and representatives to utilise, including shaded outdoor areas and a café. The Assessment Team observed the areas were well-maintained and easily accessed by consumers.

Staff described the maintenance and cleaning schedules undertaken at the service. A review of documentation reflected regular and appropriate cleaning and maintenance of the service environment. Storage and laundry rooms were locked to ensure consumer safety and operational areas, such as the laundry room, were observed to be clean and tidy, with equipment and materials stored appropriately.

Furniture, fittings and equipment within the service were safe, clean and well maintained. The service had processes in place which ensured preventative and reactive maintenance was conducted regularly. The planned maintenance schedule included servicing of equipment, such as essential services, maintenance services, and catering equipment on both a regular and ad hoc basis.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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 said they felt encouraged, safe and supported to provide feedback and make complaints, either anonymously or with the assistance of staff. Staff advised consumers were encouraged to provide feedback and they knew the service’s escalation process for managing complaints from consumers and representatives. Management reviewed the complaints register and responded promptly.

Consumers and their representatives said they were aware of options about how to lodge complaints through, for example, through the Aged Care Quality and Safety Commission (the Commission), various advocacy services, with the help of staff, family members or friends, via e-mail, at consumer meetings, or using the feedback boxes located throughout the service. The service’s welcome pack included information on how to provide feedback and lodge complaints. Representatives said they felt comfortable raising feedback directly with service management. Staff described how they would contact advocacy and language services if they identified consumers who wanted or discuss issues or make a complaint via advocates or interpreters.

Review of the complaints register showed feedback and complaints from consumers and representatives were documented and appropriate follow-up actions were taken promptly following complaints or incidents.

**Standard 7**

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| Human resources | | Compliant |
| 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 were satisfied with the number of staff available at the service and considered staff behaved in a professional, kind and respectful manner. Consumers said staff were caring and gentle and found the time to “check up” on them to see how they were doing.

A review of staff documentation showed staff had appropriate qualifications, knowledge, and experience to perform the duties of their roles. Staff said they undertook mandatory training and received training on topics such as fire safety and emergencies, food safety, hand hygiene, manual handling, the Quality Standards, infection control, incident management and reporting and continuous improvement. A review of staff files showed a small percentage of care staff were overdue to complete mandatory training. The Assessment Team raised this issue with management, which explained it had identified the need for improvement in training completion and this was included in the service’s Continuous Improvement Plan.

The service demonstrated that there was a process in place to monitor and review staff performance regularly, where goals are set by staff and action is taken in response to staff performance. Whilst the Assessment Team identified a number of performance appraisals were overdue for review, the service had identified the need for improvement and was addressing it in its Continuous Improvement Plan, which detailed an action plan to address this issue.

**Standard 8**

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| Organisational governance | | Non-compliant |
| 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. | Non-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

I find this Quality Standard as non-compliant as I am satisfied the service is non-compliant with one of the five specific Requirements, Requirement 8(3)(c).

*Requirement 8(3)(c):*

The Assessment Team considered the organisation satisfied most areas of this Requirement, such as having effective, organisation-wide governance systems that provided guidance on information management, continuous improvement, financial governance, workforce governance and feedback and complaints management.

However, during the site audit, the Assessment Team noted 2 staff members did not have an up-to-date police certificate or valid NDIS worker clearances. Management acknowledged that whilst a police check and NDIS clearance tracking system existed at the organisational level, there was an oversight in terms of regular monitoring and follow-ups required at the service level. Significantly, the service was not aware of this deficit until the Assessment Team brought it to management’s attention.

During the site audit, management suspended the 2 staff members without current clearances. It also created a corrective plan of action, which included the following:

* The regional manager will check on all current staff for due dates and appropriate follow-ups before the end of the day on 8 July 2022.
* The regional manager will review the process with service's general manager to identify the failure points in the system by the end of the day on 8 July 2022.
* Expiry dates will be monitored weekly by the service’ general manager and staff will be advised of this.
* Expiry dates will be monitored monthly by the regional manager, who will work with the service’s general manager to take action on upcoming expiry dates.

Following the conclusion of the site audit, the Approved Provider submitted a response to the site audit report. The response reiterated the above actions, noted that both staff renewed their clearances and were able to resume work, and noted a review of all staff at the service showed all other staff had up-to-date checks and clearances. The response explained the service developed and implemented a Continuous Improvement Plan which included actions to address and tighten governance and monitoring procedures, to ensure the situation did not occur again.

While I acknowledge the service has now taken action to address the deficiencies identified in the site audit report I consider that, at the time of the site audit, the service was not compliant with the required regulatory and legislative guidelines, due to deficits within the service’s monitoring process.

Therefore, given the above information, I decided the service was non-compliant with Requirement 8(3)(c) at the time of the site audit.

*The other Requirements:*

I am satisfied the Service was compliant with the other Requirements in Standard 8 at the time of the site audit.

The service demonstrated consumers were engaged in the development, delivery and evaluation of care and services and were supported in that engagement through a variety of channels, including a monthly consumer meeting and monthly consumer surveys. Consumers gave positive feedback about being involved in planning their own clinical care and in-service improvements.

The service had organisation-wide governance systems and policies in place which supported the effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management. Staff were educated about the policies and provided examples of the relevance to their work. Opportunities for continuous improvement were identified through audits, complaints, monthly consumer meetings and monthly consumer surveys.

The organisation implemented effective risk and incident management systems and used appropriate practices to identify, report, prevent and manage incidents and high-impact or high-prevalence risks.

The service had a clinical governance framework that referenced antimicrobial stewardship, minimising the use of restraint and an open disclosure policy. Staff demonstrated an understanding of the underlying principles of open disclosure and knew that it meant communicating mistakes and apologising.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)