Performance

Report

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| Name of service: | Regis Kuluin |
| Service address: | 354 Main Road Kuluin QLD 4558 |
| Commission ID: | 5745 |
| Approved provider: | Regis Group Pty Ltd |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 15 December 2022 |
| Performance report date: | 22 December 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 prepared by K. 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 - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 8 Organisational governance | 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 8

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| Organisational governance | |  |
| 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 |

Findings

The service was found to be non-compliant in Standard 8 Requirement 3(3)(c) following a site audit conducted on 6-8 July 2022. Deficits identified included the management relating to staff clearances and staff qualifications in accordance with workforce governance systems and processes to ensure consistency with regulatory requirements. Several processes and improvements were implemented to address the deficits identified at the site audit, these included:

* A central portal captured staff national police check clearances and staff professional registrations to ensure monitoring and control for meeting regulatory requirements.
* Utilisation of the organisation’s Human Resource system provided ‘real in time’ reports that identified expiration dates of staff national police check clearances and staff professional registrations.
* Weekly reports were provided by the organisation’s Human Resource division to management and the operations team that specifically related to the monitoring of staff national police check clearances and staff professional registrations expiration dates.
* System monitoring notification alerted staff three months in advance in writing via email, relating to pending expiration of national police clearances and professional registrations.
* An additional system monitoring alert was sent to staff 30 days prior to the expiration date.
* Staff received additional ‘nudge alerts’ prompting the action of pending expiration of national police clearances and professional registrations.
* Human resource system alerts informed management of staff who had not adhered to the organisation’s request for documentation relating to expiration of national police check clearances and professional registrations.
* Management informed staff who had not adhered to expiration of documentation that they had been stood down and removed from the roster until adherence had been met.
* Processes were developed by the organisation to assist staff applying for national police check clearances and professional registration.
* Contingency plans were implemented to ensure changes to management do not adversely affect workforce governance monitoring and control of workforce governance regulatory checks.
* The plan for Continuous Improvement identified corrective action dated 8 July 2022 included a review of workforce governance, reports, processes and monitoring frequency.
* The plan also identified workforce governance was monitored and evaluated from July 2022 and closed October 2022, with improved effectiveness.
* The service had a Workers screening check, police check and statutory declaration policy in place.
* There were procedures for processing National Disability Insurance Scheme worker screening checks policy.

Based on the above information it is my decision the service has rectified processes to ensure it meets regulatory compliance processed in relation to police clearances and staff registrations. Therefore, this Requirement is now met.

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)