Performance

Report

**1800 951 822**

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| Name of service: | Regis Macleod |
| Service address: | 118 Somers Avenue MACLEOD VIC 3085 |
| Commission ID: | 4077 |
| Approved provider: | Regis Aged Care Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 30 August 2023 |
| Performance report date: | 2 October 2023 |

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 Macleod (**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 - Site; the Assessment Contact - 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 the assessment team’s report received 18 September 2023.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **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 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

The Assessment Team noted that representatives were satisfied with the care and support provided to consumers with changing behaviours. Staff described individual consumer care associated with environmental restrictive practice consistent with current behaviour support care plans. The service’s environmental restrictive practices register for use of the exit keypad code demonstrates relevant consumers have an environmental restrictive practice assessment, behaviour support plan, authorisation, and consent. This was further supported by information gathered from representatives and clinical specialists to support their understanding of the interventions in place to reflect strategies for managing consumer changed behaviour and safety.

A review of care documentation confirmed staff were applying intervention strategies and monitoring, as well as reviewing consumer needs, goals, and preferences. The service had policies and procedures to guide and support staff in the identification and use of environmental restrictive practices which was reflective of best practice.

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 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 previously found non-compliant with this requirement following a Site Audit performed between 12 April 2023 and 14 April 2023 (the Site Audit). At the time of the Site Audit the service did not demonstrate how they met regulatory compliance requirements as they did not identify consumers subject to environmental restrictive practices.

The service has implemented several effective strategies to address this non-compliance including education, an audit of environmental restraint documentation, agenda item addition for discussion at resident and relative’s meetings.

The Assessment Team reviewed training records and meeting minutes which reflected ongoing discussion and education around environmental restraint. An audit carried out to review the Plan for Continuous Improvement (PCI) actions demonstrated completion of actions related to consent for identified consumers. There was evidence of policy and procedure review, visual prompts to assist staff with managing environmental restrictive practices and communication by newsletter containing restrictive practice and dignity of risk information. Management described how they receive alerts regarding changes to legislation or regulatory requirements and communicate to staff by email, toolbox meetings and training. Staff explained their knowledge of restrictive practice processes and the education received.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with requirement 8(3)(c).

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)