Performance

Report

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| Name of service: | Regis Marleston |
| Service address: | 18 Cudmore Terrace MARLESTON SA 5033 |
| Commission ID: | 6864 |
| Approved provider: | Regis Aged Care Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 29 September 2022 |
| Performance report date: | 2 November 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 Marleston (**the service**) has been prepared by A Kasyan, 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.

# 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.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | **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)(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

The Assessment Team did not assess all Requirements in Standard 3, therefore, a compliance finding at Standard-level is not applicable.

Consumers and representatives confirmed they were satisfied with the care and services consumers receive and had confidence in the abilities of staff to identify deterioration or changes in consumers’ mental health, cognitive function, capacity or condition.

Clinical staff identified high impact/high prevalence risks, such as falls, behaviours that require support and weight loss and described specific strategies to minimise these risks. There are processes in place to monitor high impact/high prevalence risks, including daily progress note review; daily review of a consumer risk register at clinical catchups and weekly, at operations meetings; monthly clinical scorecard reports to identify trends and root causes; and a weight tracker tool accessible to external allied health consultants. Staff described strategies in place to manage individual consumer risks.

Consumer assessment, care planning and review documentation demonstrated the ongoing daily monitoring of consumers’ health status, with deterioration or changes reported to clinical staff for further assessment and evaluation in line with the service’s policies and procedures. Staff confirmed recent training relating to the identification of deterioration and health changes.

Based on the evidence summarised above, I find Requirements 3(3)(b) and 3(3)(d) are Compliant.

# Standard 7

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| Human resources | |  |
| 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 |

Findings

The Assessment Team did not assess all Requirements in Standard 7, therefore, a compliance finding at Standard-level is not applicable.

Consumers and representatives provided feedback staff were competent and had the knowledge to assist in their care needs.

Onboarding and performance management to ensure the workforce is skilled, qualified and competent to complete their role. Staff interviewed confirmed their qualifications and skills knowledge is checked annually and performance appraisals are conducted. Mandatory training and relevant clinical care education is provided to staff and completed in line with the service requirements.

Staff confirmed they are sufficiently trained to provide care to consumers to meet their changing needs, providing examples specifically relating to falls management, clinical deterioration and nutrition and hydration.

Competency and staff knowledge is monitored through a range of mechanisms including audits and feedback mechanism.

Based on the evidence summarised above, I find Requirement 7(3)(c) is Compliant.

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)