Performance

Report

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| Name of service: | Performance report date: |
| Regis Maroochydore | 15 August 2022 |
| Commission ID: | Activity type: |
| 5320 | Site audit |
| Approved provider: | Activity date: |
| Regis Group Pty Ltd | 5 July 2022 to 7 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 Maroochydore (**the service**) has been considered by Dee Kemsley, 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, 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 provider’s response to the Assessment Team’s report received 9 August 2022,
* other information and intelligence held by the Commission in relation to this service.

# 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 | **Compliant** |

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 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 advised they were treated with dignity and respect, supported to maintain their identity and could make informed choices about their care and service provision to live the life they chose. Consumers said care was delivered in a safe manner with respect shown to consumers’ cultural background and diversity. Consumers were observed participating in activities in accordance with their stated religious, spiritual and cultural preferences, which aligned with consumers’ care planning documentation.

Consumers said they were supported to make decisions; consumers were consulted and could communicate how their care should be delivered and who should be involved. Staff advised, and care planning documentation demonstrated, consumers’ were supported to make and maintain relationships within and outside the service environment.

Staff were knowledgeable of risks associated with activities and lifestyle choices of each consumer, and explained risk mitigation strategies to support consumers to live their best life. Care plans confirmed risks were considered and managed through a consultative and multidisciplinary approach, using clinical and non-clinical information to inform the appropriate delivery of care.

Consumers and representatives considered information was provided in a clear, timely manner which enabled them to make decisions. Staff explained strategies they used to ensure information was clearly understood by consumers, such as providing a copy of daily menu in advance, displaying the activities calendar throughout the service; through noticeboard displays, memos, emails, and video calls with consumers and their relatives. Care planning documentation showed consumers with communication barriers were assisted to understand information and exercise decisions through the use of aids, such as cue cards, and interpreter services.

Staff described in practical terms how they respected consumers privacy, such as knocking on consumers’ doors and asking permission to enter. Consumers’ personal information was confidentially maintained through the services password protected electronic management system. Staff said they did not discuss consumers’ personal information in a public setting.

# 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

Consumers and representatives said consumers were involved in the ongoing assessment and planning of their care and services, to optimise their health and well-being. Each consumer care plan was individualised, identified risks, included assessments and evidenced management strategies to support the delivery of consumers’ care in a safe and effective manner.

Consumers’ feedback about their goals, preferences and interests aligned with consumers care planning documentation. Staff explained advance care and end of life planning was discussed with consumers and representatives upon entry to the service. Where a consumer or representative wished to discuss end of life planning at a later stage, staff would follow it up at more appropriate time including at care plan reviews or when there was a change in the consumer’s care needs. Care plans showed advanced care and end of life planning was recorded.

Consumers advised they were consulted and could clearly communicate with staff and other providers of care during the assessment and planning process. Care plans demonstrated a multidisciplinary team approach with other providers of care involved, such as medical officers, allied health specialists, specialist nurses, palliative care services, and dementia specialists.

Consumers and representatives confirmed staff explained the outcomes of care planning in a clear manner, and they had a copy of the consumer’s care plan if requested. Care plans evidenced regular review every three months, or sooner if there was a change to consumers’ condition or circumstance.

# 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 stated consumers received personal and clinical care which was safe and right for the consumers’ needs. Care planning documentation demonstrated care was tailored to consumers’ individual needs, and optimised their health and well-being. Staff confirmed they had access to care directives, guidance information and work instructions to deliver personal and clinical care in a safe and effective manner.

Staff advised and care plans demonstrated, identified clinical risks were effectively managed through ongoing evidence-based assessment, monitoring and review of planning; this included risks associated with restrictive practice, skin integrity, pain, and falls.

Staff said they were guided by consumers’ advance care and end of life directives, and the service’s policies and procedures to ensure care was delivered in a dignified and comfortable manner for consumers nearing end of life.

Care planning documentation demonstrated changes to consumers’ mental health, cognitive or physical function was recognised and addressed in a timely manner, through monitoring, assessment and referral to medical officers and other health professionals. Staff explained they identified and responded to changes in consumers’ condition through clinical handovers, clinical record management, and referrals for medical review or transfer to hospital.

Care documentation, inclusive of progress notes, evidenced information about consumers was recorded and shared within the service, and with others responsible for their care such as physiotherapists, dieticians, and speech therapists. Staff said they shared information about consumers through case conferences, progress notes, communication books, verbal handover, referrals, and other clinical notifications. Care plans confirmed consumer referrals to allied health professionals and medical specialists, were completed in a timely way, with recommended directives documented and appropriately implemented.

Staff were observed to follow infection control precautions, such as wearing appropriate personal protective equipment. Staff advised of the various methods they used to promote appropriate antibiotic prescribing, which included obtaining pathology test results to determine if antibiotics were required.

# 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 said they received safe and effective services and supports for daily living, which were important for their health and well-being and enabled them to do the things they wanted to do. Consumer said and staff demonstrated how, consumers received lifestyle support and services which met consumers’ needs, preferences and enhanced their quality of life. Lifestyle staff explained they tailored lifestyle activities for consumers’ varying needs and levels of mobility. Lifestyle and social programs described by consumers and staff included bingo, shopping trips, tours, exercise class, pamper days, pet therapy, ‘armchair travel’, and themed or culture celebration days such as Canadian Day.

Consumers advised they could enjoy time with family and friends within and outside the service, and had support to take care of their emotional well-being. Staff explained how they supported consumers to maintain relationships through using online communication, and organising special events for family and friends including birthday parties, barbeques, and cultural days.

Staff reported and site observations confirmed, information about consumers needs, goals and preferences was shared through various ways, such as, documented care plans, handovers, verbal feedback, and referrals.

Consumers spoke of referrals to other individuals and/or providers to supplement lifestyle offerings available at the service; this included psychologists and meditation services, hydrotherapy sessions and a therapy dog service.

Consumers were observed to be assisted by staff during meal times when required, said consumers reported they were happy with the quality and quantity of the food, and that the service accommodates for their individual preferences. Equipment at the service was observed to be safe, suitable, clean and well maintained.

# 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 and representatives said the service environment felt welcoming, was safe, comfortable, and easy to understand and navigate. The service was observed to reflect dementia enabling principles of design, and had wide corridors free from obstacles to optimise consumers interaction and function within the environment. Staff conducted surveys to ensure consumers felt safe and cared for in the service environment, and staff advised consumers also had the opportunity to provide feedback direct to staff and at consumer meetings.

The service environment was observed to be clean and consumers rooms were personalised with their own furniture, art, photographs and important possessions. Consumers were observed to have access to both indoor and outdoor areas of the service environment and consumers advised the service environment was clean and well maintained. Consumers and staff confirmed they knew how to report any equipment or maintenance faults and/or requests.

The service’s maintenance register, inclusive of preventative maintenance and faults, demonstrated maintenance was actioned in a timely manner. Maintenance documentation, including annual audits, evidenced the service safety checked equipment to ensure it was fit for purpose, and safe for use by consumers. Furniture and equipment was observed to be clean and in good condition. Consumers confirmed equipment and furniture was kept clean, well maintained and was suitable for their needs.

**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

Overall, consumers and representatives said they felt supported to provide feedback and make complaints, and were engaged in processes to ensure appropriate action was taken. Information about feedback and complaints, interpreter and advocacy services, was observed throughout the service environment and was translated in other languages to support the diverse needs of consumers.

Staff advised they used an electronic application and translator services to assist consumers with communication barriers to lodge feedback and complaints. Consumers confirmed they knew how to lodge a complaint with external advocacy and complaints resolution services.

Overall, consumers and representatives stated appropriate action was taken by the service when things went wrong. Management and staff demonstrated an awareness of the principles of open disclosure, when to apply it, and what actions were required to resolve matters. The service’s continuous improvement records evidenced feedback and complaints were reviewed using an open disclosure process. Outcomes noted on continuous improvement records demonstrated the service used feedback and complaints information to improve the quality of care and services for consumers.

**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 said they received care and services from staff who were knowledgeable, capable and caring, and most consumers felt confident the workforce was appropriately staffed. While some staff considered the workforce required further staffing, based on the balance of evidence including call bell reports, other staff feedback, management’s response regarding redeployment of staff to assist and cover any unplanned leave as needed; the service demonstrated that overall the workforce deployed enabled the delivery of care to support the consumers’ needs.

Consumers advised staff were kind and respectful of their identity and culture. Staff were observed to interact with consumers in a kind and caring manner.

Management explained new employees were paired with an experienced staff member to ensure they had the right practical competency to perform their role. Human resource documentation demonstrated staff had the right qualifications, education, registration, and skills to perform their role, which aligned with position descriptions. The majority of staff had completed the mandatory training required by the service to support the delivery of outcomes required by the Standards, and management reported on actions implemented to address any outstanding training.

Management stated newly employed staff were subject to a probation period of six months, and annual performance appraisals. Staff confirmed they had performance appraisals completed in line with the service’s policies.

**Standard 8**

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| Organisational governance | | 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. | 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

Consumers and representatives reported the service was well run, with consumers’ input used to improve care and service delivery. As substantiated by the service’s continuous improvement plan, some of the improvements initiated by consumer feedback included a WIFI upgrade project, food presentation enhancements and paid television services in the lounge area.

The governing body demonstrated accountability for overall strategy, governance and performance of the organisation, to ensure the delivery of safe and inclusive quality care and services, through various committees, forums, regular reporting and talking directly to consumers and their families.

Organisational documentation such as policies and reports evidenced, and consumer and staff advised, the service had effective organisation wide systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints.

The service demonstrated its risk management systems accounted for the management of high impact risks associated with consumers’ care, identified and responded to abuse and neglect, supported consumers to live their best life, and managed and prevented incidents. Management advised the incident management framework supported staff to identify and respond to abuse and neglect of consumers through targeted training, use of the Aged Care Quality and Safety Commission’s Serious Incident Response Scheme decision tool, and a six step reporting process. Staff provided practical examples of how they would identify and respond to serious incidents, which aligned with the service’s policies.

The service’s documented clinical governance framework included policies and systems relating to: antimicrobial stewardship, minimising the use of restraint, and open disclosure.

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