Performance

Report

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| Name: | Regis Nedlands |
| Commission ID: | 7149 |
| Address: | 116 Monash Avenue, NEDLANDS, Western Australia, 6009 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 16 January 2024 to 17 January 2024 |
| Performance report date: | 29 February 2024 |
| Service included in this assessment: | Provider: 3522 Regis Aged Care Pty Ltd  Service: 4677 Regis Nedlands |

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 Nedlands (**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.

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 (performance assessment) – 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 to the assessment team’s report received 12 February 2024.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not Applicable |
| **Standard 6** Feedback and complaints | **Not Applicable** |
| **Standard 7** Human resources | **Not Applicable** |
| **Standard 8** Organisational governance | **Not Applicable** |

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 service was found non-compliant in this requirement following a site audit undertaken from 30 May 2023 to 1 June 2023, when the service was unable to demonstrate that each consumer received safe and effective personal care, specifically related to showering, skin, hair and nail care.

The service has since implemented improvements to address the deficiencies, including providing staff education on personal and clinical care, wound care for registered staff and increasing clinical leadership, support and monitoring. However, the assessment found each consumer was not provided safe and effective care in relation to skin care integrity and timely identification of pressure injuries.

The assessment team identified four consumers for whom pressure injuries were identified when they reached stage 2 or suspected deep tissue pressure injuries indicating systematic issues around timely and effective implementation of pressure relieving strategies tailored to the consumers’ needs and preferences. Documentation showed the representative of one of the four named consumers who no longer resided at the service expressed dissatisfaction with the care received.

The provider responded on 12 February 2024 and disagreed with the assessment team findings and recommendation of not met. The provider states they have robust systems in place and staff are aware of their roles and responsibilities for pressure injury identification and management.

The response included additional and clarifying information showing one of the four consumers sustained a pressure injury while in hospital and it was identified on the consumer’s return to the service with measures implemented in a timely manner to enable wound healing.

The second named consumer sustained pressure injuries when they were stage 1 not 2 as stated in the assessment team’s report. The consumer occasionally denies application of pressure relieving devices and staff use reapproaching method which is successful.

The reason why the third named consumer developed a pressure injury on their foot that was only identified when reached stage 2 was its anatomical location and the structure of the consumer’s foot which contributed to a quick development of the pressure injury.

The fourth named consumer developed stage 2 bilateral heels pressure injuries 5 days into their admission and pressure relieving interventions were implemented following its identification. The consumer’s skin condition was compromised due to the treatment they underwent prior to entering the service. The consumer’s skin care plan was completed on admission and when the consumer was reviewed by the Allied Health team on the same day, there have been no additional recommendations on pressure area management because the consumer was mobile.

I have reviewed information and evidence in the assessment team’s report and the provider’s response which included abstracts of progress notes, wound care plans, records of consultation with consumer/representative and records demonstrating involvement of multidisciplinary team in development and implementation of pressure injury management strategies.

I have also considered positive feedback from consumers and representatives interviewed during the assessment contact who said consumers receive care that is right for them. Registered staff followed and provided wound care as per the consumer’s wound care management plan, and wounds sampled by the assessment team were healing.

Whilst two named consumers acquired pressure injuries at the service and were identified by staff when they were stage 2, these 2 incidents were 6 months apart. The provider in its response demonstrated how they addressed individual consumer’s risk factors contributing to quick development of pressure injuries and implementation of pressure relieving strategies which are best practice and tailored to consumer’s preferences and needs.

For the reasons detailed above, I find the provider has established systems and processes to ensure effective management of pressure injuries tailored to consumer’s needs and optimising health and well-being and therefore and I find requirement (3)(a) compliant.

# Standard 6

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| Feedback and complaints | |  |
| 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

The service was found non-compliant with requirements (3)(c) and (3)(d) following a site audit undertaken from 30 May 2023 to 1 June 2023. The service did not demonstrate appropriate actions were taken in response to complaints, open disclosure was used when dealing with feedback and complaints and that feedback and complaints were reviewed and used to improve the quality of care and services.

The service has since implemented and imbedded effective improvements. The assessment team recommended both requirements (3)(c) and (3)(d) met.

Evidence gathered through interviews and documentation review showed a systematic approach to receiving, documenting, investigating, and addressing complaints and that complaints are responded to timely and appropriately. Interviews and documentation demonstrated staff and management practice open disclosure through acknowledgment, apology, explanation, and support when things go wrong.

Feedback gathered through surveys, resident and family meetings and food focus groups is collated, documented, analysed, and used to drive quality improvement initiatives. Documentation confirmed staff training on open disclosure and other areas of care and services delivery identified as an area for improvement in response to complaints received from consumers and representatives.

Not all requirements in this Standard were assessed, as such the overall Standard rating is Not applicable.

# Standard 7

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| Human resources | |  |
| 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)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce. | Compliant |

Findings

The service was found non-compliant with requirements (3)(a), (3)(b) and (3)(e) following a site audit undertaken from 30 May 2023 to 1 June 2023. The service was unable to demonstrate the workforce was planned to ensure the number and mix of staff enabled the delivery and management of safe and quality services, the workforce interactions with each consumer were kind caring and respectful and regular assessment and monitoring of each staff member’s practice or performance was undertaken.

The service has since implemented and imbedded effective improvements. The assessment team recommended requirements (3)(a), (3)(b) and (3)(e) met.

The service demonstrated a systematic approach to workforce planning, ensuring that the number and mix of staff members deployed were adequate to deliver and manage safe and effective care and services. Documentation showed staffing levels were assessed based on consumer needs and acuity. Consumers said they are mostly satisfied with the number and mix of staff available at the service.

The assessment team observed staff interacting with consumers in a kind, caring and respectful way. Consumers reported feeing valued and listened to during interactions with staff. However, two consumers said some staff do not always seem to listen to them. Staff interviewed were able to describe what they would do if they observed a colleague being disrespectful to consumers, actions included speaking directly to the staff member and escalating to the team leader.

The service demonstrated a structured approach to evaluating the performance of each staff member. Documentation confirmed regular assessments are conducted and staff performance is evaluated on an ongoing basis. Staff could describe individual meetings have occurred with a senior staff member where current performance and future development needs are discussed. Management stated and documentation showed, complaints, incidents and feedback from staff and consumers are reviewed to identify issues that relate to staff performance and trigger improvement actions.

Not all requirements in this Standard were assessed, as such the overall Standard rating is Not applicable.

# 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 non-compliant with this requirement following a site audit undertaken from 30 May 2023 to 1 June 2023. The service did not demonstrate effective systems were in place in relation to feedback and complaints and workforce governance.

The service has since implemented and imbedded effective improvements. The assessment team recommended requirement (3)(c) met.

The organisation has a governance framework, which includes an embedded meeting structure, monitoring and reporting systems, assigned delegations and accountabilities and policies and procedures. The service demonstrated effective use of these governance systems to manage information, drive continuous improvement, monitor financial and workforce governance, adhere to regulatory compliance, and manage feedback and complaints.

The service demonstrated effective workforce planning, allocation of clear responsibilities for key staff, regular reviews of staff performance, and completion of training for all staff. Feedback processes and systems have been strengthened. The service acts upon complaints in a timely manner, utilises open disclosure and checks to ensure the complainant is satisfied with the outcome.

Not all requirements in this Standard were assessed, as such the overall Standard rating is Not applicable.

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)