Performance

Report

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| Name of service: | Regis Playford |
| Service address: | 1 Wilton Street DAVOREN PARK SA 5113 |
| Commission ID: | 6852 |
| Approved provider: | Regis Aged Care Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 27 September 2022 to 29 September 2022 |
| Performance report date: | 16 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 Playford (**the service**) has been prepared by K.Spurrell, 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 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 28 October 2022
* other information and intelligence held by the Commission in relation to the 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 | |  |
| 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 considered they are treated with dignity and respect, can maintain their identity, make informed choices about their care, and live the life they choose. Consumers said their culture and diversity is valued, and their personal privacy is respected. Staff were observed treating consumers with respect and demonstrated an understanding of their care preferences. A culturally appropriate care statement was sighted by the Assessment Team which outlines the service’s commitment to providing consumers with an environment fostering empowerment, a sense of belonging, respect, and dignity for all consumers.

Consumers said their culture was respected, felt able to express their cultural identity and interests and are happy staff were supporting them to meet their cultural needs. Staff had in-depth knowledge of each consumer’s identify and articulated how they meet the individual needs of these consumers.

Lifestyle staff explained the process of admitting and reviewing consumers preferences and needs and the assessment tool used to identify backgrounds, working history, cultural preferences, hobbies and relationships with friends and family. Staff also explained the different approaches used to meet the needs of consumers on an individual basis.

Consumers and representatives feel they are involved in and supported to make decisions about their care. They stated they feel supported to make and maintain connections and relationships, including intimate relationships. The service welcomes visitors to spend mealtimes with consumers which was observed by the Assessment Team.

Consumers stated they feel supported by the service to take risks. A comprehensive Dignity of Risk Policy was reviewed by the Assessment team which outlines the services policy of supporting consumer’s choices and the risk assessment process. The clinical manager stated risk assessments are undertaken by clinical staff or registered nurses and involve consultation with allied health professionals, medical practitioners, the consumer or their representative.

The service demonstrated timely, current, and accurate information is provided to consumers. Consumers state they are involved in discussion and meetings and are encouraged to raise concerns or ask questions. Staff described how they review and distribute information to consumers and their families. Daily menus were observed by the Assessment Team in every dining room displayed in a way easy for the consumers to view; the daily mealtimes were also displayed for consumers.

Consumers and representatives stated the feel their privacy is respected by the service. Care and nursing staff demonstrated how consumer’s information is kept private as it is stored in the locked nurse’s station which requires pin code access; laptops are also kept in the nurse’s station and are password protected.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| 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 identify 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

The Service was found non-compliant in Standard 2 in relation to Requirement 2(3)(b) following a Site Audit in February 2021. Evidence in the Site Audit report dated 27 to 29 September supports that the Service has implemented improvements to address the non-compliance and is now compliant with this Requirement.

The service uses an electronic care planning documentation system, which encapsulates the consumers’ care and service plans. Consumers confirmed they are involved in assessment and care planning and said the care delivered meets their needs. Staff demonstrated they are aware of assessment and care planning processes, which identify risks to the consumer’s safety, health, and well-being. The organisation has developed policies, procedures, and guidelines in regard to assessment and planning to guide staff practice.

Staff demonstrated a shared understanding of consumers’ needs and said they can refer to the care plan on electronic system or ask the Registered Nurse if they require more information. Consumers and representatives described what is important to them and the consumer in terms of how their care is delivered. Consumers and representatives stated staff involve them in assessment and planning of their care through case conferences and care plan reviews. Consumers and representatives stated the service has discussed end of life planning with them.

Consumers and representatives confirmed they are involved in assessment and planning discussions, information is explained to them, regular case conferences occur, and they may access copies of care plans. Consumers and representatives are notified when circumstances change or when incidents occur such as falls, development of pressure injuries or medication incidents.

Registered and care staff demonstrated familiarity with reporting and recording incidents in the electronic system and reporting events as per the Serious Incident Response Scheme Management advised, clinical incidents are reviewed monthly at a service and organisational level to identify strategies to minimise risk of reoccurrence of incidents and to identify improvements which can be implemented to improve outcomes for consumers. The service is guided by policies and procedures for recording and reporting incidents and most of the care plans sampled had been updated when circumstances change such as a change in health or when incidents occur.

# 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 |
| 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

The Assessment Team recommended that the following Requirements was not met;

* The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

The Assessment Team found that most consumers nearing the end of life receive appropriate care tailored to their needs, goals, and preferences. All consumers and representatives interviewed confirmed staff had spoken to them about advance care planning and end of life care preferences. Care planning documents detailed advance care planning information, including choices and end of life preferences.

However, the Assessment Team spoke with the representatives of one named consumer who felt the consumer did not receive appropriate pressure area care and eye care during palliation. The Assessment Team spoke with representatives who stated they had received conflicting information from staff on the needs of the consumer to be repositioned regularly to manage pressure areas and further concerns of their observations in relation to whether regular eye care was provided. The Assessment Team spoke with staff who explained 2-hourly care was given to the consumer, which included repositioning if required, mouth and eye care, which aligned with the care plan directives.

The Approved Provider’s response of 28 October 2022 provided additional evidence to demonstrate how the service met the palliative needs of the consumer. Progress notes, care plans and charts demonstrated that the service delivered care as per the directives of the medical officer, regular eye care was provided during the regular visits and documented appropriately. The Approved Provider further explained that there was no medical directive to reposition the consumer every two hours, which was also supported by the care plan.

I have considered the evidence brought forward by the Assessment Team and the additional evidence provided by the Approved Provider and I am satisfied that the service has demonstrated that appropriate care is provided to consumers nearing the end of life. I find Requirement 3(3)(c) is compliant.

I am satisfied that the remaining six Requirements of Quality Standard 3 are compliant

Consumers and representatives were satisfied the care delivered is tailored to their needs and optimises their health and well-being. Registered and care staff, demonstrated they understand the individualised personal and clinical needs of consumers. The service has policies and procedures in place to support the delivery of care provided, such as wound management, restraint practices, falls prevention, skin integrity and pressure injury prevention

Care planning documentation described the key risks to consumers which included falls, behaviours, pain, and swallowing. Care planning documentation for consumers at risk of falls include directives for care staff such as manual handling instructions, falls prevention and monitoring equipment, and referrals to registered staff and/or physiotherapist for review. Behaviour management plans identified assessments and monitoring are completed, and referrals are made to specialist services

Care staff were able to explain the process for identifying and reporting changes and deterioration in a consumer’s condition and explained they are informed through handovers when a consumer has deteriorated and changes in care needs have been implemented. Staff stated they can also access information about recent changes to consumers’ care via care alerts on electronic care system. Care planning documentation and progress notes reflect the identification of, and response to, deterioration or changes in condition.

Staff were able to describe how information is shared when changes occur and how changes are documented at handover. Care and clinical staff, medical and allied health practitioners have access to the electronic care planning system to support care delivery. The service has clinical procedures in place and staff practice is guided by these procedures which support staff in assessment, care planning, clinical deterioration, and handover processes.

Consumers and representatives said referrals are timely, appropriate and occur when needed and that the consumer has access to relevant health professions, such as allied health providers and medical specialists. Staff described how information is shared when referrals are made to individuals, other organisations and providers of other care and services.

Consumers and representatives said they are confident in the organisation’s ability to manage an infectious outbreak, including an outbreak of COVID-19. The service has documented policies and procedures to support the minimisation of infection related risks through the implementation of infection prevention and control principles and the promotion of antimicrobial stewardship.

# Standard 4

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| Services and supports for daily living | |  |
| 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 services and supports for daily living meet their needs and preferences, and they are engaged in meaningful activities. Care planning documents identify consumers choices’ and support they need. Staff described how they involve consumers in planning activities.

Consumers described the services and support they receive for their emotional and spiritual well-being, including religious services. Staff demonstrated knowledge of consumer’s needs and what was important to them and were able to describe how they work with the consumers to maintain a good quality of life. The Assessment Team observed the social and lifestyle activities scheduled on the activities schedule are varied, including internal and external activities. Internal activities range from games, crafts, exercise, Bible study and singing. Consumers said they are supported to participate in activities of their choice within and outside the service, and to maintain social and personal connections. Staff described recreational programs, events, and projects to support consumers to engage with the community.

Information about consumers’ services, supports, needs and preferences is communicated between staff and with other relevant providers, through handovers and care documentation.

Referrals are made to other services and providers to optimise consumers’ well-being. Consumers said the service refers them to external providers to supplement their needs as required. An external dietetic service provides nutritional services to consumers on a scheduled and ad-hoc basis which is referral based. The Lifestyle coordinator explained how they connect with external community organisations to connect consumers to their community.

Consumers and their representatives said they were satisfied with the quality, quantity and variety of meals provided. Consumers’ dietary needs and preferences are listed in care documentation and shared effectively. Staff described how consumers are involved with menu planning through meetings, and how food safety requirements are met.

Consumers said they had access to suitable equipment and felt safe during use. Staff said they have access to necessary equipment, ensure it is safe and report maintenance requirements as necessary.

# Standard 5

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| Organisation’s service environment | |  |
| 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 felt comfortable and safe in the service and had a sense of belonging and independence. The service environment was observed to be welcoming, with sufficient light, signage, and handrails to support consumers’ mobility. All doors leading to the outside areas were unlocked, allowing consumers to walk around the service freely.

Consumers said their rooms are well cleaned and service areas were observed to be regularly cleaned in line with a schedule. Consumers were observed utilising the outside garden areas and common areas such as the shared lounge and gaming spaces. The service environment has signage throughout helping consumers and visitors find their way around the service.

Furniture, fittings and equipment appeared safe, clean, well maintained, and suitable for consumers. Staff described how they clean shared equipment and report maintenance needs through the service’s reactive and planned maintenance schedules.

# Standard 6

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| Feedback and complaints | |  |
| 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

Consumers and representatives understand how to give feedback or make complaints and felt comfortable to do so. Management advised there are different avenues consumers or representative can use to provide feedback such as speaking to staff or management directly, emails, feedback forms, consumer meetings, different consumer satisfaction surveys conducted by the service. Information regarding internal and external complaints and feedback processes is provided to the consumers through the consumer handbook, information, and brochures on notice boards.

Consumers and representatives were aware of advocacy and external complaint services available to them. Information about advocacy and language services is displayed at the service, and staff described how they assist consumers to access services if relevant.

Consumers and their representatives said the service takes appropriate action when complaints are made, and when an incident occurs. Staff have received training on open disclosure and demonstrated a shared understanding of the principles of open disclosure, including providing an apology to the impacted person/s, and implementing actions to prevent recurrence of the incident or complaint.

The service maintains a feedback log to record feedback and complaints and a review of the service’s plan for continuous improvement demonstrates complaints, feedback, suggestions, and incidents have been documented, along with planned improvement actions, dedicated timeframes, and evaluation notes.

# 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)(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

Most consumers said there were enough staff and all consumers considered they received quality care. Consumers and representatives said they were satisfied with the response of care staff to call bells and clinical and care staff were satisfied with the roster, advising there was enough time to provide care and services and enough staff allocated.

Consumers and representatives said staff engage with them in a respectful, kind, and caring manner. Management advised they monitor interactions through observations, and formal and informal feedback from consumers and representatives.

Position descriptions set out the expectations for all roles at the service and an annual performance development discussion is used to identify any skill shortages identified by supervisors or by the staff member themselves. Staff said they receive comprehensive training to improve their skills. The service has processes to monitor training completion and training records showed staff had completed mandatory training.

Staff performance is measured through annual performance appraisals. Performance is also evaluated through feedback from consumers, representatives, other staff and review of incidents or complaints. Staff demonstrated awareness of the service’s performance development processes, including performance appraisals which include discussions of their performance and areas where they would like to develop their skills and knowledge. The general manager stated all staff are provided with an opportunity to complete their own performance review which is then discussed one-on-one with their line manager. This includes reviewing their own practice and identifying opportunities for development and training.

# Standard 8

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| Organisational governance | |  |
| 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

The service provided examples of how consumers are engaged in the development and delivery of care and services, including through surveys, meetings, and care plan reviews. Consumers and representatives said they provide ongoing input in how consumer care and services are delivered and confirmed the service has sought their input in a variety of ways and confirmed they feel included in the discussions around care planning, and management.

The governing body promotes a culture of quality care and is accountable through engaging with the service and taking action to support improvements based on feedback. The Board satisfies itself the Quality Standards are being met through monthly reports including a governance and quality component, feedback and risk monitoring.

The service has effective governance systems in place relating to information management, financial and workforce governance and regulatory compliance. Continuous improvement occurs and includes information derived from feedback and complaints.

The service provided the organisation’s documented risk management framework, including policies describing how high impact or high prevalence risks associated with the care of consumers is managed, the abuse and neglect of consumers is identified and responded to, consumers are supported to live the best life they can, and incidents are managed and prevented. Staff confirmed they had received education on these topics and were able to provide examples of their relevance to their work.

Staff demonstrated sound knowledge of various risk minimisation strategies, including those to prevent falls, infections, manage challenging behaviours and minimise the use of restrictive practices.

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-1)