

**Performance Report**

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| Name: | Regis Port Coogee |
| Commission ID: | 7469 |
| Address: | 72 Pantheon Avenue, PORT COOGEE, Western Australia, 6163 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 12 November 2024 to 13 November 2024 |
| Performance report date: | 16 December 2024 |
| Service included in this assessment: | Provider: 3522 Regis Aged Care Pty Ltd Service: 26123 Regis Port Coogee |

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 Port Coogee (**the service**) has been prepared by J Wilson, 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, older people/representatives and others.
* the provider’s response to the assessment team’s report received 11 December 2024.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not Compliant |
| **Standard 8 Organisational governance** | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

**Standard 3, Requirement (3)(a)**

* Ensure psychotropic medications used as part of restrictive practices are only used as a last resort, and alternative strategies are trialled prior to medication administration to ensure they are least restrictive.
* Ensure strategies to manage consumers’ changed behaviours are individually tailored, with strategies implemented monitored and evaluated for effectiveness.
* Ensure pain is monitored and assessed to effectively manage identified pain, including in the use of behaviour support.

# 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.
 | Not 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)(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

This Standard is non-compliant as one of the assessed requirements is non-compliant.

**Requirement (3)(a)**

Requirement (3)(a) was found non-compliant following a site audit undertaken in January 2024 as consumers did not receive clinical care in line with documented medical directives, particularly in relation to blood glucose monitoring, weight management, and monitoring of blood pressure. The assessment team’s report provided evidence of actions taken to address deficiencies identified, including providing education to staff and improving clinical leadership by ensuring clinical team leaders are available after hours.

At the assessment contact undertaken in November 2024, the assessment team recommended requirement (3)(a) not met as they were not satisfied best practices strategies were utilised in relation to restrictive practices. The assessment team’s report included the following evidence relevant to my finding:

Three consumers were administered as required psychotropic medication with no alternative strategies trialled prior to administration.

* One named consumer was administered as required psychotropic medication and analgesia on 7 occasions on night shift over a 3 week period due to agitation, unable to follow directions, unsettled and walking without their walker. The representative expressed concern regarding the administration of psychotropic medications and drowsiness being experienced by the consumer.
* Care documentation did not indicate risk to the consumer or others or demonstrate psychotropic medications were administered as a last resort.
* While progress notes included a description of the changed behaviour, this information was not captured in behaviour charting to allow effective monitoring of the consumer’s changed behaviours and implemented strategies. Nor did care documentation include an assessment of pain.
* Behaviour support strategies documented in progress notes were generic, and did not include individualised strategies documented in the consumer’s behaviour support plan.
* Management advised it may be impractical to utilise non-pharmacological strategies on night shift as they may disrupt other consumers. Following feedback, the consumer was commenced on behaviour and pain charting.
* Care documentation for a second consumer showed as required psychotropic medication had been administered on 5 occasions on night shift over a 2 month period.
* Behaviour charting completed recorded the identified changed behaviours as agitations, being unable to sit, moving back and forth to the bathroom and moving chairs. The non-pharmacological strategies documented were generic in nature.
* The consumer was administered as required analgesia with the psychotropic medication twice as the consumer was experiencing pain following a fall. Care documentation did not include an assessment of pain.
* A third consumer was administered as required psychotropic medications on 24 occasions over a 2-month period, with medications consistently being administered overnight.
* Progress notes showed alternative strategies trialled prior to the use of psychotropic medications were generic in nature.
* Care documentation did not show assessments of sleep or behaviour were undertaken to as ensure alternative strategies were identified and trialled.
* Incident reports show an unwitnessed fall recorded for the consumer, with neurological observations commenced. However, neurological observations were not continued overnight, and as required psychotropic medications were administered for agitation.
* The consumer had been referred to dementia support Australia and was awaiting review.
* Following feedback, the consumer was commenced on pain, behaviour and sleep charting for assessment and review.
* Management provided the following feedback in relation to the deficits in care documentation:
* Improvement actions dated January 2024 were commenced to ensure behaviour support plans were tailored to consumers, with individual strategies implemented.
* Education commenced during the assessment contact in relation to documentation and as required medication administration.

The provider did not agree with the assessment team’s recommendation and provided the following information relevant to my finding:

* For the first named consumer, the provider acknowledged the administration of analgesia with psychotropic medication and asserted the administration did not lead to adverse events for the consumer.
* The provider’s response included additional commentary, such as progress note excerpts, and family consultation dated August 2024.
* The provider asserted, and provided documentation, to show a education plan in relation to a new behaviour support processes called Take 5 has been implemented.
* For the second named consumer the provider asserted the current strategies, though generic in nature, are effective at various times of the day. Additionally, the provider asserted the use of psychotropic medications have not caused any adverse events to the consumer.
* The providers response included additional commentary, such as a pain chart from the 4 November 2024 to 10 November 2024.
* For the third named consumer, the provider acknowledged the gaps in clinical documentation, however, disagreed clinical staff had not identified increased use of chemical restraint.
* The providers response included additional commentary, such as progress note excerpts, and neurological charting.
* A plan for continuous improvement outlined the proposed education plan to be undertaken in response to the assessment team’s report.

I acknowledge the providers response; however, I find the service does not ensure clinical care provided is tailored to the consumer’s needs to optimise their health and wellbeing, in particular in relation to behaviour support and the use of psychotropic medications and restrictive practices.

In coming to my finding, I have considered the additional information in the provider’s response which demonstrated progress notes for named consumers did not include the use of tailored alternative strategies prior to medication administration. Additionally, progress notes are identified to be the same across several administrations, and while I recognise the provider’s assertion this was contributed to one staff member and no adverse events occurred, the documentation does not show behaviour support practices have been tailored to each consumer to optimise their health and well-being.

I have also considered the evidence provided for the first named consumer, in which the consumer was administered analgesia and psychotropic medication at the same time. I acknowledge the providers assertion the consumer experiences chronic pain; however, care documentation and progress notes did not demonstrate an assessment of pain had been undertaken and pain relief trialled prior to the administration of psychotropic medications.

For the third named consumer, the provider indicated on the 19 July 2024, the medical officer had advised to administer as required psychotropic medication at night if agitated. However, even though the medical officer had advised staff to use this medication, the provider has a responsibility under the current legislation to ensure non-pharmacological alternatives are trialled prior to administration, with the least restrictive method used. Care documentation provided did not demonstrate this occurs. In addition, I have noted whilst the medication is being used to manage the consumer’s changed behaviour, the response indicates staff are using the medication to manage the consumers’ sleep which was not consistent with the medication order and other assessment documentation.

Based on the information above, I find requirement (3)(a) in Standard 3 Personal and clinical care non-compliant.

**Requirement (3)(b)**

Requirement (3)(b) was found non-compliant following a site audit undertaken in January 2024 as medications were not consistently administered in line with medication directives, nor were oversight mechanisms identifying and reporting medication incidents or errors. The assessment team’s report provided evidence of actions taken to address deficiencies identified, including providing education to staff in relation to medication management and incident reporting, reviewing policies and procedures and improving clinical leadership by ensuring clinical team leaders are available after hours.

At the assessment contact undertaken in November 2024, the assessment team recommended requirement (3)(b) met.

Staff were knowledgeable about the needs of consumers and demonstrated knowledge about the risks to consumers and the individual strategies in place, consistent with care documentation. The electronic care documentation system included alerts to inform staff about risks to consumers, with risks and individualised strategies documented. Strategies for consumers, such as hip protectors, were in place, and consistent with staff interviews. While one representative expressed dissatisfaction with management of skin integrity underneath a protective helmet, management were responsive in addressing these concerns with the representatives. The high impact and high prevalence risks associated with care of consumers are discussed and documented in clinical meeting minutes and quality indicator report.

Based on the assessment team’s report, I find requirement (3)(b) in Standard 3 Personal and clinical care compliant.

**Requirement (3)(d)**

Requirement (3)(d) was found non-compliant following a site audit undertaken in January 2024 as deterioration in a consumer’s condition was not recognised and effectively responded to. The assessment team’s report provided evidence of actions taken to address deficiencies identified, including providing education to staff in relation to acute deterioration, reviewing the skill mix of rostered staff and improving clinical leadership by ensuring clinical team leaders are available after hours.

At the assessment contact undertaken in November 2024, the assessment team recommended requirement (3)(d) met.

Representatives expressed satisfaction with current monitoring processes and felt confident staff would identify and respond to deterioration effectively. Staff described monitoring processes in place to identify and escalate changes or deterioration in a consumer’s condition. Care documentation demonstrated monitoring of consumers is undertaken in line with directives, with changes and deterioration in a consumer’s health and condition identified and escalated.

Based on the assessment team’s report, I find requirement (3)(d) in Standard 3 Personal and clinical care compliant.

# 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 |
| 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 |

**Findings**

Requirements (3)(c) and (3)(d) were found non-compliant following a site audit undertaken in January 2024 as the information management systems and incident management systems in place were not effective. The assessment team’s report provided evidence of actions taken to address deficiencies identified, including the addition of an onsite pharmacist, review of policies and procedures in relation to medication management, implementation of an electronic medication management system, and the provision of education to staff in relation to medication management and incident reporting.

At the assessment contact undertaken in November 2024, the assessment team recommended requirements (3)(c) and (3)(d) met.

The service has effective organisational governance systems in place to ensure information is managed appropriately to enable staff to deliver care and services in a way that meets consumers’ needs and preferences. Systems and processes are in place to ensure, continuous improvement is consumer focused, the service is able to purchase equipment for care and service delivery when required, and the workforce is monitored at an organisational level to ensure right numbers, skills, and training. Systems are in place to monitor and comply with regulation and legislation changes and updates.

Risk management systems and processes are in place to manage the high impact and high prevalence risks to consumers, identify and responds to abuse and neglect, manage and prevent incidents and support consumers to live their best lives. Clinical data, such as high impact and high prevalence risks and incidents, are analysed, trended and reported on monthly, with meeting minutes demonstrating this information is tabled and discussed. Incidents are recorded and investigated through the incident management system with strategies implemented to mitigate further incidents occurring. Staff demonstrated knowledge of their roles and responsibilities in relation to incident management and recognising and responding to abuse and neglect. Documentation confirmed consumers are supported to take risks to live their best life, and staff describe their role in the implementation of mitigation strategies to minimise risks.

Based on the assessment team’s report, I find requirements (3)(c) and (3)(d) in Standard 8 Organisational governance 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)