Performance

Report

**1800 951 822**

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| Name of service: | Regis Port Coogee |
| Service address: | 72 Pantheon Avenue PORT COOGEE WA 6163 |
| Commission ID: | 7469 |
| Approved provider: | Regis Aged Care Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 1 August 2023 to 2 August 2023 |
| Performance report date: | 6 September 2023 |

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 M Glenn, 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 and representatives;
* the provider’s response to the assessment team’s report received on 23 August 2023 acknowledging the recommendations made by the assessment team; and
* the performance report dated 30 September 2022 for a Site Audit undertaken from   
  2 August 2022 to 4 August 2022.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **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)(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 |

Findings

Requirements (3)(a) and (3)(c) were found non-compliant following a Site Audit undertaken from 2 August 2022 to 4 August 2022 where it was found consumers were not treated with dignity and respect, and not supported to make decisions about their care or have family involved in decisions about how care should be delivered. The assessment team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Increased oversight and monitoring of staff to ensure staff work practices align with organisational values.
* Consultation conducted with consumers and representatives to ensure satisfaction with changes and improvements.
* Review of care and service plans to ensure they reflect the current care needs of consumers.
* Ongoing education to promote consumers’ choice and decision making.

At the Assessment Contact undertaken from 1 August 2023 to 2 August 2023, staff were observed interacting respectfully with consumers, responding appropriately to requests for assistance and consumer decision making, independence, and interactions with others are encouraged. Regular care plan reviews provide consumers and representatives the opportunity to discuss care and services provided, with care plans altered in line with evolving consumer needs and preferences. Consumers and representatives confirmed consumers are treated with dignity and respect, are supported to exercise choice and independence, and make decisions about their care and services.

For the reasons detailed above, I find requirements (3)(a) and (3)(c) in Standard 1 Consumer dignity and choice compliant.

# 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)(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

Requirements (3)(a), (3)(c), (3)(d) and (3)(e) were found non-compliant following a Site Audit undertaken from 2 August 2022 to 4 August 2022 where it was found care and services were not reviewed regularly for effectiveness, behaviour support plans did not include clear strategies to support management of behaviours, and consumers and representatives were not involved in ongoing planning of care and services. The assessment team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* A review to ensure consumers have appropriate assessments completed to inform and develop strategies in care plans.
* Implementation of staff huddles and toolbox sessions to provide education regarding assessment and planning, and identification of risk to consumers.
* Care plan review training provided to all registered and enrolled nurses.

At the Assessment Contact undertaken from 1 August 2023 to 2 August 2023, documentation showed ongoing partnership with consumers and others the consumer wishes to involve in the assessment and planning of care needs. Staff described the assessment process and reported care plans are easily accessed and contain enough information to enable them to deliver effective and safe care to consumers. Consumers are satisfied with the care and information they receive and confirmed they can access care plans when requested.

Care and services are reviewed regularly and when health changes are identified or incidents impact on consumers’ care needs. Clinical staff were aware of policies and procedures relating to care plans, and referral to other services, such as specialist clinics, occupational therapists and physiotherapists are undertaken for assessment and clinical support as required. Consumers and representatives said the service communicates with them and they are informed about any incidents or changes to consumers’ health as they occur.

For the reasons detailed above, I find requirements (3)(a), (3)(c), (3)(d) and (3)(e) in Standard 2 Ongoing assessment and planning with consumers compliant.

# 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 |

Findings

Requirements (3)(a) and (3)(b) were found non-compliant following a Site Audit undertaken from 2 August 2022 to 4 August 2022 where it was found the service did not demonstrate consumers receive safe and effective care, or high impact or high prevalence risks were managed effectively. The assessment team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* A review to ensure consumers have appropriate assessments completed to inform and develop strategies in care plans.
* Implementation of staff huddles and toolbox sessions to provide education regarding assessment and planning and identification of risk to consumers.
* Education was provided and included dementia care, nutrition, hydration and falls prevention and management.
* Monitoring and evaluation of safe and effective clinical care through monthly forums.

At the Assessment Contact undertaken from 1 August 2023 to 2 August 2023, assessments were found to be completed on admission and on an ongoing basis to assist with the development of a care plans that are tailored to consumers’ needs. Staff demonstrated an understanding of best practice clinical care, how to access policies and procedures for guidance to wound care, behaviour management and pain management, and how to monitor and effectively manage consumers who have high impact or high prevalence risks. Consumers’ care plans showed strategies and interventions are in place to minimise risk and ensure consumers remain safe. Consumers feel they receive the care they need and feel safe.

For the reasons detailed above, I find requirements (3)(a) and (3)(b) in Standard 3 Personal care and clinical care compliant.

# Standard 4

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| Services and supports for daily living | |  |
| 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 |

Findings

Requirements (3)(b), (3)(c) and (3)(d) were found non-compliant following a Site Audit undertaken from 2 August 2022 to 4 August 2022 where it was found consumers were not provided emotional and psychological services to support their well-being, engage in activities of interest to them, and their condition, needs and preferences were not effectively communicated. The assessment team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* A review of consumers’ needs and preferences was conducted to ensure care and service plans were personalised and reflected current preferences.
* Activity guides for programs were reviewed to ensure consumers requiring further support were identified.
* Handover and communication processes were reviewed to ensure consumer information was shared appropriately.

At the Assessment Contact undertaken from 1 August 2023 to 2 August 2023, staff described ways they provide emotional and spiritual support to consumers which included one-to-one interactions and conversations. Observations of staff interactions with consumers were kind, caring and thoughtful, and documentation confirmed consumers requiring additional supports were identified. Consumers and representatives said they were confident consumers’ emotional and spiritual well-being is a priority for staff.

Observations showed consumers participating in group activities, meeting in communal areas with other consumers and visitors, participating in individual activities of interest to them, and leaving the service to shop or go for walks. Documentation included an activities program developed in consultation with consumers which was consistent with consumers’ personal interests and reflected supports provided to assist consumers to participate in their community, maintain relationships and do things of interest to them.

Documentation in consumers’ files is clear and regularly reviewed, and staff said care plans are easy to read and are updated daily. Observations showed information about consumers’ condition, needs and preferences is communicated through the handover process each shift.

For the reasons detailed above, I find requirements (3)(b), (3)(c) and (3)(d) in Standard 4 Services and supports for daily living compliant.

# Standard 5

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| Organisation’s service environment | |  |
| 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 |

Findings

Requirement (3)(b) was found non-compliant following a Site Audit undertaken from 2 August 2022 to 4 August 2022 where it was found the service was not clean, well maintained and comfortable. The assessment team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Reestablishment of consistent cleaning schedules across all areas of the service and staff education provided to ensure consistency in cleaning practices.
* Increased monitoring of cleaning undertaken each day with random audits conducted to ensure compliance with cleaning schedules.

At the Assessment Contact undertaken from 1 August 2023 to 2 August 2023, observations showed consumers moving freely within internal and external areas of service. Staff described processes to address maintenance and cleaning issues, and regular maintenance and cleaning processes ensure the environment remains clean, safe and well maintained. Consumers and representatives said the service is clean, well maintained and comfortable, and consumers feel safe living here.

For the reasons detailed above, I find requirements (3)(b) in Standard 5 Organisation’s service environment 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

Requirement (3)(c) and (3)(d) was found non-compliant following a Site Audit undertaken from 2 August 2022 to 4 August 2022 where it was found service did not take appropriate action in response to complaints or use open disclosure when things went wrong. The assessment team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Open disclosure education provided to all staff to ensure consistent practices following complaints and incidents.
* Implementation of a new feedback data base which can analyse, trend and track actions taken in response to complaints.
* Feedback discussed at regular forums to identify and implement improvements to care and services.

At the Assessment Contact undertaken from 1 August 2023 to 2 August 2023, policies and procedures were found to be available to guide staff to ensure feedback and complaints are identified, captured, actioned, and reviewed. Documentation showed improvements implemented based on feedback and complaints received from consumers and representatives. Consumers and representatives said the service is prompt to make contact when things go wrong, handle complaints appropriately, and have noticed changes to care and services based on feedback they have provided.

For the reasons detailed above, I find requirements (3)(c) and (3)(d) in Standard 6 Feedback and complaints compliant.

# 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

All requirements in Standard 7 Human resources were found non-compliant following a Site Audit undertaken from 2 August 2022 to 4 August 2022 where it was found the number of and mix of staff was insufficient, impacting on consumer dignity and physical and emotional well-being. Staff did not demonstrate competence in the delivery of safe and effective care to consumers and were not supported with regular training. Management did not undertake staff appraisals as outlined in the organisation's procedure and did not satisfactorily monitor staff performance. The assessment team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Implemented changes to the roster to ensure correct staff allocations to meet consumers’ care needs.
* Implemented a comprehensive training plan to meet staff and consumers’ needs.
* Reviewed onboarding processes and strengthened trainee and buddy shifts to ensure new staff are supported.
* Increased oversight and monitoring of clinical and care staff to ensure staff work practices align with organisational values.
* Performance management processes reviewed to ensure staff performance is effectively monitored in line with policies and procedures.

At the Assessment Contact undertaken from 1 August 2023 to 2 August 2023, observations of care and services demonstrated staff provide care promptly and in an unrushed calm manner. Two representatives felt there could be more staff in the memory support unit during meal services to provide meal assistance. This information was provided to management who said they have recently implemented dining room champion positions to improve consumers’ overall dining experience. Overall, consumers and representatives were generally happy with staffing levels and the mix of staff.

Staff felt they were supported by management and have sufficient training and tools to undertake their roles effectively. Staff receive mandatory awareness training on culture and diversity, and observations showed staff are kind, caring and respectful when interacting with consumers. Consumers and representatives spoke positively of staff and consumers were complimentary of management and maintenance staff.

Policies and process are in place to ensure staff are appropriately trained and equipped to undertake their roles. Regular assessment and review of staff performance is undertaken on each member of the workforce annually and monitored through complaint data, auditing processes and observation of practices. Consumers and representatives are satisfied with the skills and knowledge of staff and indicated they were confident in the staff's ability to provide care and services as needed.

For the reasons detailed above, I find all requirements in Standard 7 Human resources compliant.

# 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

All requirements in Standard 8 Organisational governance was found non-compliant following a Site Audit undertaken from 2 August 2022 to 4 August 2022 where it was found the service did not engage consumers in the development and delivery of care and services nor promote a culture of safe, inclusive care and services. The organisation did not have effective governance wide systems in place for open disclosure, continuous improvement, minimising restrictive practice and managing risks. The assessment team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Incorporating feedback into daily operations meetings.
* Staff education and training in feedback systems, customer service, open disclosure, restrictive practices and behaviour support plans.
* Improved processes for high risk complaints, such as multidisciplinary meetings and care plan consultations.
* Review and monitoring of continuous improvement practices and systems to ensure all complaints are received and analysed to identify trends and deficits.
* Restrictive practices management systems, authorisations and consents reviewed and updated with all relevant signatures in place.

At the Assessment Contact undertaken from 1 August 2023 to 2 August 2023, policies and procedures were found to be available to guide staff to provide a culture of safe, inclusive, quality care and services. Consumers are actively engaging with the service and making suggestions about their care and services through the feedback register and regular meetings. Consumers and representatives feel they are encouraged to be involved in the development and delivery of care and services.

A range of reporting mechanisms are in place to ensure the governing body is aware of and accountable for the delivery of care and services provided. Information management systems ensure staff have ready access to relevant information to perform their role. Consumers and representatives are encouraged to participate in feedback processes, surveys and meetings which drive continuous improvement. Management described the annual financial planning process for each financial year and financial delegation systems for in and out of budget expenses. Processes are in place to ensure staff are selected and trained to meet role requirements and the organisation monitor changes to legislation to ensure regulatory obligations. Feedback and complaints are managed at a site level and reported at relevant leadership and Board meetings.

Appropriate strategies, plans and systems are in place to identify and manage risks. The Board is responsible for ensuring risk management and accountability arrangements are in place throughout the organisation. Incidents of abuse and neglect are managed and documented through the incident management system. Consumers are supported and encouraged to take risks and confirmed risks and mitigation strategies are discussed with them to enable them to live the best life they can.

A clinical governance framework and associated policies and procedures are in place for antimicrobial stewardship, minimising the use of restraint and open disclosure. The use of restrictive practices is monitored, with informed consent sought and behavioural support plans completed. Processes prevent, manage and control infections, and antimicrobial resistance is monitored and reported through clinical indicator data and internal audits. Staff are familiar with open disclosure principles and described best practice guidelines for antimicrobial stewardship, and legislative requirements relating to restrictive practice. Consumers and representatives feel the service is open and transparent in their approach and notifies them when incidents occur.

For the reasons detailed above, I find all requirements in Standard 8 Organisational governance compliant.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)