Performance

Report

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| Name of service: | Regis Port Stephens |
| Service address: | 40 Bagnall Beach Road CORLETTE NSW 2315 |
| Commission ID: | 0611 |
| Approved provider: | Regis Aged Care Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 26 April 2023 to 28 April 2023 |
| Performance report date: | 17 May 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 Stephens (**the service**) has been prepared by A. Douglas, 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, dated 26 April 2023 to 28 April 2023; 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.
* 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 said they were treated with dignity and respect. Staff were observed treating consumers with dignity and respect and demonstrated an awareness of consumers’ individual choices and preferences. Care documents reflected what was important to consumers to maintain their identity and dignity.

Consumers were able to describe how staff delivered care and service that were culturally safe. Staff could identify consumers from a culturally diverse background and demonstrated an awareness of their associated care requirements. Care documents included information about consumers’ cultural backgrounds and preferences.

Consumers felt they were involved in and supported to make decisions about care and maintain personal relationships of choice. Staff were able to describe how they supported consumers to exercise choice and independence. Care documents reflected consumer preferences related to the care consumers received.

Consumers said the service supported them to take risks to enable them to live their best life. Staff described how consumers were supported to take risks in accordance with the service’s dignity of risk policy. Care documents included dignity of risk forms and risk assessments for sampled consumers.

Consumers expressed satisfaction with the regular communication from the service regarding their care and services. Staff could describe the ways in which information was provided to consumers. The Assessment Team observed the service communicated through printed information, verbal reminders, consumer meetings, and email correspondence.

Consumers said their privacy was respected and personal information was kept confidential. Staff described the practical ways in which they maintained consumers’ privacy when providing care. The Assessment Team observed staff conducting their roles in a way that protected consumers’ privacy.

# 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 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 received the care and services they needed. Staff outlined the assessment and care planning process and described specific interventions which were in place to manage consumers’ needs. Care documents detailed individual consumer risks and were tailored to individual needs.

Consumers and representatives confirmed consumers received the care they needed in line with their needs and preferences, including end of life (EOL) preferences. Staff demonstrated an understanding of sampled consumers’ individual needs and preferences and could describe how they approached conversations regarding EOL. Care documents included EOL wishes and advance care planning for sampled consumers.

Consumers and representatives confirmed they actively participated in care planning. Staff described how they involved individuals the consumer wanted to include in care planning. Care documents showed evidence of involvement from a range of services, including medical officers (MO) and allied health professionals.

Consumers and representatives said they were offered a copy of the care plan and confident they had an accurate understanding of the care and services provided. Staff confirmed they had access to consumers’ care planning information to provide safe care and services. Care documents included evidence of regular communication with consumers and representatives regarding the outcomes of assessments.

Consumers and representatives said they were regularly informed when consumers’ care changed, and incidents occurred. Staff could describe how and when care plans were reviewed for effectiveness. The Assessment Team confirmed sampled consumer care plans had been reviewed 3-monthly in line with the service’s guidelines.

# 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

Consumers and representatives expressed satisfaction with the personal care and clinical care provided by the service. Staff could describe consumers’ individual needs, preferences, and significant personal and clinical care requirements. Care documents reflected individual care that is safe, effective, and tailored to the specific needs of consumers.

Consumers and representatives expressed satisfaction with how the service managed high impact or high prevalence risks associated with care and services. Overall, staff recognised high prevalence or high impact risk, and were able to specify individual consumer risks and strategies in place to mitigate these risks. Care documents included strategies for managing key risks to consumers.

Consumers and representatives said they had completed an advanced care directive documenting their advanced care preferences and EOL wishes. Staff described the practical ways in which consumers’ comfort was maximised and dignity preserved during EOL care. Care documents evidenced advance care planning, including the needs, goals, and preferences of consumers for EOL care, including comfort care.

Consumers and representatives provided positive feedback in relation to the responsiveness of the service when there was a deterioration in the consumer's condition, health, or ability. Staff described the ways in which they responded to a change in a consumer’s condition. Care documents included information about deterioration and changes in consumers’ conditions.

Consumers and representatives said they were satisfied with the service’s communication of consumers’ care needs and preferences and engagement with internal and external services. Staff described how information was shared and communicated throughout the service. Care documents included input from MO and allied health professionals.

Consumers and representatives said consumers received timely and appropriate referrals, including allied health when required. Staff were able to describe referral processes in consultation with consumers and representatives. Care documents included timely referrals to various health professionals when required.

Consumers and representatives confirmed staff perform standard and transmission-based precautions to prevent and control infection. Staff demonstrated an awareness of infection control measures and the appropriate use of antibiotics. The Assessment Team observed screening processes in place, including temperature checks, rapid antigen testing (RAT) and screening questions.

# 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 and representatives said the service provided services and supports for daily living that met the consumer’s needs, goals and preferences. Staff understood consumer’s preferences, which was also reflected within the care documents. The service offered activities and services such as bus outings and visits to the hairdresser.

Consumers said the service promoted their emotional, spiritual, and psychological well-being. Staff provided examples of how they provided emotional and psychological support to consumers. Care documents identified emotional, spiritual, and psychological well-being needs. The Assessment Team observed staff sitting and speaking with consumers.

Consumers and representatives confirmed consumers were engaged with their local community, supported to maintain relationships, and do things of interest to them. Staff described how they supported consumers to maintain social relationships by organising group sessions at the service. Care documents included information which aligned with feedback provided by consumers, representatives, and staff.

Consumers said they received care and supports which were consistent with their condition, needs and preferences. Staff described how they effectively communicated consumer care and other needs at handovers. The service utilised an electronic care management system (ECMS) which was accessible by staff.

Consumers expressed confidence in the service’s ability to refer them to external organisations, support services and providers of other care and services. Staff demonstrated an understanding of how they work with other individuals, organisations, and providers of other care and services. Care documents identified engagement with other organisations and services.

Consumers expressed satisfaction with the quality, quantity, and variety of meals. Consumers at the service with dietary needs were accommodated and all staff were knowledgeable regarding their needs. The service had feedback mechanisms which allowed consumers to provide feedback on the performance of the kitchen.

Consumers said they felt safe using equipment at the service and were aware of how to report any concerns. Staff said there were processes in place for preventative and corrective maintenance. The Assessment Team observed equipment was safe, suitable, clean, and well maintained.

# 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 said they found the service environment to be welcoming and easy to understand. The service environment was decorated with paintings throughout the hallways and communal areas. The Assessment Team observed the walkways to be free of obstacles and hazards throughout the Site Audit.

Consumers said the service was safe, clean, well maintained, and comfortable. Cleaning staff provided the Assessment Team with an overview of the service’s cleaning systems and processes. The Assessment Team confirmed daily cleaning logs for all areas of the service were completed.

Consumers said equipment, fittings and furnishings, whether provided by the service or supplied by the consumer, was always well maintained and clean. The maintenance officer explained how staff lodge maintenance requests through various methods, including logbooks, the service’s online system or notifying the maintenance officer directly. The Assessment Team sighted up to date maintenance logs.

# 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 said they felt encouraged to provide feedback and make complaints. Staff demonstrated an awareness of feedback and complaints processes. The service had various avenues for making a complaint and providing feedback, including speaking directly to the management team, submitting a feedback form, consumer meetings, surveys, or emailing the care manager.

Consumers and representatives said they knew how to access external complaints mechanisms. Staff described how they accessed advocacy and language services for consumers. The Assessment Team observed information on advocacy, interpreter and external complaints services was available around the service.

Consumers said management addressed their complaints and resolved concerns. Staff demonstrated an understanding of open disclosure and complaint management processes. The Assessment Team reviewed the complaints and serious incident response registers which confirmed prompt and appropriate action had been taken in response to complaints.

Consumers and representatives said their feedback was used to improve the quality of care and services. Consumer meeting minutes and the plan for continuous improvement (PCI) demonstrated complaints, feedback and suggestions were generally documented and changes at the service were communicated with consumers.

# 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

Consumers and representatives said staff provided services which were safe, effective, and high quality. Staff said there are enough staff and staffing numbers have improved recently with the easing of COVID-19 restrictions. Call bell data for January 2023 to April 2023 showed an average wait time of less than 3 minutes.

Consumers and representatives said staff were kind and respectful when providing care. Staff demonstrated they were familiar with each consumer's individual needs and identity. The Assessment Team observed kind and respectful interactions between staff and consumers.

Consumers and representatives felt staff were sufficiently skilled to perform their roles. Management described the service’s process for ensuring staff were suitable and competent in their role. All staff had the relevant qualifications to perform the duties outlined in their position descriptions.

Consumers and representatives said they were confident with staff abilities and practices. Staff confirmed they received training and support to provide the care and services consumers required. The Assessment Team reviewed documents which evidenced completion rates of 95% for mandatory training.

The service had a staff performance framework which identified appraisals are conducted annually. Staff interviewed said they had completed their annual appraisal and indicated they felt supported by management in their roles. The Assessment Team reviewed several appraisals covering various roles and lengths of employment within the service.

# 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

Consumers said they felt involved in the design, delivery, and evaluation of services. Management advised that all feedback or suggestions made by consumers and representatives were included in the service’s PCI. Documentation review showed consumers were meaningfully engaged in the evaluation of services through consumer meetings, feedback mechanisms, and surveys.

Management outlined systems and reporting processes in place through which the governing body monitors the service’s compliance with the Quality Standards. Management described the interconnected role of the Board with all parts of the organisation including direct links through executive and regional management to each service. The Assessment Team sighted various reports to the Board, agendas and terms of reference for sub-committees, including the Clinical Governance and Care sub-committee.

Management and staff described processes and mechanisms in place for effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service had an effective ECMS, continuous improvement framework and PCI, established financial governance arrangements, and processes for workforce governance, feedback, and complaints.

Staff confirmed they analysed incidents to identify issues and trends, and these were reported to various committees. The service had a wide range of frameworks, policies, and procedures to support the management of risks and incidents. In addition to reporting incidents falling under the Serious Incident Response Scheme (SIRS), the service maintained an incident register.

Staff demonstrated an awareness of antimicrobial stewardship, minimising the use of restrictive practices, and open disclosure. The service demonstrated there was a clinical governance framework in place, including 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-1)