Performance

Report

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| Name of service: | Regis Ringwood |
| Service address: | 294 Maroondah Highway RINGWOOD VIC 3134 |
| Commission ID: | 4289 |
| Approved provider: | Regis Aged Care Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 25 August 2023 |
| Performance report date: | 19 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 Ringwood (**the service**) has been prepared by N Eastwood, 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 - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 8 September 2023.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

The service was previously found non-compliant with this requirement following a Site Audit performed between 7 March 2023 to 9 March 2023 (the Site Audit). At the time of the Site Audit the service did not demonstrate that risks related to consumer high impact or high prevalence risk, including oxygen and behaviour management, were effectively managed.

The service has implemented several effective actions in response to the identified non-compliance including a review of oxygen management and behaviour management protocols, staff education and collaboration with allied health and treating medical practitioners to ensure changes in consumer care needs are effectively communicated.

Consumers and representatives confirmed they were satisfied with oxygen, weight loss and falls management strategies. The Assessment Team reviewed records related to the use of oxygen therapy which demonstrated monitoring of oxygen use, clinical observations, and review of oxygen management plans. Staff described best practice oxygen management principles and confirmed each consumer has a management plan for specialised nursing needs.

Wound charts were completed in accordance with the service’s skin care pressure injury and wound management policy, including photographs with measurement, frequency of dressing required as well as products to be used. Pain monitoring, management, and evaluation documentation demonstrated consultation with consumers and/or representatives and collaboration with their treating team. The use of alternative strategies to analgesics for pain management is documented in care documentation, and consumers and representatives were satisfied with pain management processes.

Weight loss is monitored and managed according to individual risks and medical directives and falls management consistent with falls management policies and procedures. The organisation has procedures and resource guides relating to best practice principles, specifically relating to nutrition and falls management. Staff identified high-impact or high-prevalence risks, including falls, pressure injuries, nutrition, and weight loss.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The service was previously found non-compliant with this requirement following a Site Audit performed between 7 March 2023 to 9 March 2023 (the Site Audit). At the time of the Site Audit the service did not demonstrate staff performance was monitored.

The service has implemented several effective actions in response to the identified non-compliance including implementation of a staff appraisal process to assess monitor and review workforce performance. Management described the process to monitor the completion of performance reviews which is enabled by fortnightly audits to ensure completion. The Assessment Team observed paper-based and electronic recording systems which were up to date.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service 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

The service was previously found non-compliant with requirements 8(3)(c) and 8(3)(d) following a Site Audit performed between 7 March 2023 to 9 March 2023 (the Site Audit). At the time of the Site Audit the service:

* could not readily access consumer and staff meeting minutes, human resources records, psychotropic medication and restrictive practice information, vaccination registers, Serious incident response scheme (SIRS) reporting, training rates and performance appraisals through information management systems to meet the requirements of 8(3)(c), and
* the service’s risk management framework, specifically related to the management of high-impact, high-prevalence risks was inadequate to meet the requirements of 8(3)(d).

Review of the Plan for Continuous Improvement (PCI) demonstrated the implementation of fortnightly compliance audits for vaccinations, training, and performance reviews. Reports were available to confirm staff mandatory training compliance and vaccination rates. SIRS incidents were rated correctly and completed within the required timeframes. The service’s restrictive practise and psychotropic register included all relevant information and management explained that weekly meetings are conducted to discuss compliance matters. Staff confirmed their awareness of the staff appraisal process and completion of mandatory training.

Review of the PCI demonstrated several toolbox education sessions in relation to identified high-impact or high-prevalence risks such as falls, manual handling, oxygen therapy, and pressure area care, as well as SIRS training. Consumers and representatives involved in incidents expressed satisfaction with how incidents were managed. There is an incident management and reporting process, flowchart, policy, and risk management policy to guide staff practice. The high-impact, high-prevalence risk register is reviewed at an organisation level and as a regular agenda item at the resident and representative meeting. Organisation and service level quality indicators demonstrated a reduction in falls, pressure injuries and weight loss for the previous two quarters.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with requirements 8(3)(c) and 8(3)(d).

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)