

**Performance Report**

**1800 951 822**

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| Name: | Regis Rosebud |
| Commission ID: | 3239 |
| Address: | 1 Wyuna Street, CAPEL SOUND, Victoria, 3940 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 13 February 2025 |
| Performance report date: | 7 March 2025 |
| Service included in this assessment: | Provider: 3522 Regis Aged Care Pty Ltd Service: 1998 Regis Rosebud |

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 Rosebud (**the service**) has been prepared by Gill Jones, 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

# Assessment summary

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

Consumers said the staff providing care understand consumer’s needs and implement care designed to minimise and manage risk. Management considers falls as their high risk to consumers resulting in harm. Care staff said the information provided to them enables them to understand which consumers have the most frequent incidents and those assessed as being at risk of harm. Clinical staff described ongoing assessment and care plan development to clearly document identified risk, strategies to minimise reoccurrence or impact and ongoing evaluation. Management undertakes incident reviews and analysis to inform of consumer deterioration, trends and staff training needs. A range of policies and procedures are available to guide staff practice. Medication management practices were safe.

Based on the information in the Assessment Team’s report I find Requirement 3(3)(b) compliant.

# Standard 8

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| Organisational governance |  |
| 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 has systems and processes in place to help them identify and assess risks to the health, safety and well-being of consumers. Risk management systems including complaints and incidents. Incidents are investigated. Policies, procedures guide staff in identifying, assessing, mitigating and reporting risks to consumers, enabling consumer choice to take risks to live their best life. Staff are aware of their reporting responsibilities regarding the Serious Incident Reporting Scheme (SIRS). Evidence demonstrated SIRS reports are being made in line with legislation. Incident data is used to identify trends, drive continuous improvement and prevent similar incidents from occurring. Staff demonstrated awareness of the high-impact or high prevalent risks to health and well-being of consumers, the different types of abuse or neglect and the ways they can report concerns and use the organisation’s incident management system to record and respond to incidents. Consumers provided positive feedback on how the service supports them to reduce their risks and support them to live the best life they can.

Based on the information in the Assessment Team’s report I find Requirement 8(3)(d) 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)