Performance

Report

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| Name of service: | Regis Rosebud |
| Service address: | 1 Wyuna Street CAPEL SOUND VIC 3940 |
| Commission ID: | 3239 |
| Approved provider: | Regis Aged Care Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 31 January 2023 to 2 February 2023 |
| Performance report date: | 13 March 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 Rosebud (**the service**) has been prepared by J. Howard, 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 conducted from 31 January 2023 to 2 February 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 this 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 and representatives confirmed they were treated with dignity and respect, and their identities, cultures and diversity were appreciated and valued. Staff described how they treated consumers with respect by acknowledging their choices and building rapport with them by understanding their backgrounds, life histories and needs. The service had a diversity policy that guided staff practice.

Consumers and representatives indicated the service recognised and respected their cultural backgrounds and provided care that was consistent with cultural traditions and preferences. Care planning documentation captured information regarding consumers’ cultural needs and preferences.

Care planning documentation identified consumers’ individual choices around when care was delivered, who was involved in their care and how the service supported them in maintaining relationships. Management advised that upon admission, consumers were asked about who they would like to be involved in decisions about the way care and services were delivered.

The service demonstrated consumers were supported to take risks that enabled them to live their best lives. Staff were aware of the risks taken by consumers, and indicated they supported consumers’ wishes to take risks to live the best lives possible.

The Assessment Team observed information was available to consumers in a clear and easy to understand manner that enabled them to exercise choice. Consumers and representatives reported they were kept updated by a monthly activity planner that was delivered to each consumer’s room at the beginning of each month, as well as being visible on notice boards throughout the facility. Menus were displayed in dining areas around the service, as well being available in a “flipchart” format on each dining table.

Consumers felt the service was considerate of their privacy and did not express any concerns regarding the confidentiality of their personal information. Staff described the practical ways they respected the personal privacy of consumers.

# 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

The service demonstrated its assessment and planning process was tailored to the risks, needs and preferences of consumers, supported the delivery of care and services and optimised consumers’ health and well-being. Consumers and representatives expressed satisfaction with the assessment and care planning process and the care and services they received.

The service demonstrated assessment and planning identified and addressed consumers’ current needs, goals, and preferences, including advance care planning if consumers wished. Consumers and representatives indicated the assessment and planning process met their current needs, goals and preferences, and confirmed advanced care was discussed upon admission.

Consumers and representatives confirmed they were involved in the assessment and planning process. Care planning documentation demonstrated consumers and representatives were consulted throughout the assessment and care planning process and, when required, staff sought input from health professionals.

Management and staff described how care plans were available to consumers and representatives upon request. The service’s consumer handbook advised consumers they could request a copy of their care plan at any time, and a copy is offered during the care planning process.

Management and staff confirmed care plans were reviewed on a three-monthly schedule; when consumers’ circumstances changed; or incidents occurred. Consumers and representatives described the three-monthly care planning review process and confirmed their involvement in care plan reviews.

# 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

The service demonstrated consumers received safe and effective care that was best practice, tailored to their needs and optimised their health and well-being. Management and staff described the needs and preferences of consumers and outlined how they delivered care that was tailored to consumers’ needs.

Consumers and representatives were satisfied with the service’s management of high impact or high prevalence risks. Care planning documentation showed the service effectively identified and managed high impact or high prevalence risks.

The service demonstrated consumers who were nearing end of life had their dignity preserved and care provided in accordance with their needs and preferences. A review of care planning documentation by the Assessment Team for consumers who were receiving palliative care confirmed care and services were delivered in alignment with the consumer’s end of life wishes.

Deterioration or changes in consumers’ health were recognised and responded to in a timely manner, as confirmed by care planning documents reviewed by the Assessment Team. Staff described the signs of deterioration and the pathway they would follow if they noticed a change in a consumer.

The Assessment Team observed a comprehensive handover process and summary care plans accessible in consumer rooms. The service utilised an electronic care management system to document information regarding consumers’ conditions, needs and preferences.

Care planning documentation demonstrated timely referrals to individuals, other organisations and providers of other care and services. Consumers and representatives confirmed they had regular access to other providers of care, such as a physiotherapist, speech therapist, dietitian and dentist.

Consumers and representatives expressed satisfaction with the service’s infection and outbreak management processes. A review of documentation by the Assessment Team showed the service monitored and responded to infections and had a clear outbreak management protocol which included the use of frequent testing and changes in personal protective equipment.

# 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 indicated they were supported to engage in activities of their choice and explained how services and supports for daily living improved their independence, health, well-being, and quality of life. Staff explained how they partnered with the consumer and their representatives to conduct a lifestyle assessment on admission which collected the consumer’s individual needs, goals and preferences.

Consumers and representatives described the services and supports which promoted their emotional, spiritual and psychological well-being.

Consumers and representatives felt the service assisted them to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and do things of interest to them. Consumers' care planning documentation aligned with the information provided by consumers, representatives and staff regarding their continued involvement in their community and maintaining personal and social relationships.

Consumers and representatives indicated information regarding their daily living choices and preferences was effectively communicated to staff and others where responsibility for care was shared. Staff described the ways in which information was shared and how they were kept informed of the changing health conditions, needs and preferences of each consumer.

Care planning documentation and internal processes demonstrated the service provided timely and appropriate referrals of consumers to other organisations, individuals and providers of other care and services. Staff described how they would engage with, and create referrals to, external care providers.

Consumers and representatives indicated the service provided meals which were varied and of suitable quality and quantity. Staff described the feedback avenues available to consumers and representatives to influence changes on future menu options.

Staff indicated they had access to equipment when they needed it, and described how equipment was kept safe, clean and well maintained. Consumers reported they had access to equipment to assist with their daily living activities, including mobility aids, shower chairs and manual handling equipment.

# 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

Management described the features of the service environment designed to support the consumer's sense of belonging, independence and function and advised consumers were able to bring their own items to personalise their rooms. The Assessment Team observed consumers freely utilising indoor areas and outdoor areas. The service environment was welcoming and reflected dementia-enabling principles of design and safety.

Consumers and representatives expressed satisfaction with the cleanliness of the service and their ability to move freely, both indoors and outdoors. Staff explained that cleaning staff performed their duties daily within the service, and a checklist was kept for each consumer’s room.

Consumers and representatives were satisfied with the maintenance and cleanliness of their equipment. Staff provided details of how furniture, fittings and equipment was maintained.

# 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 confirmed they understood how to provide feedback or make a complaint and felt comfortable raising issues directly with staff. Management and staff described the processes in place to encourage and support consumers and representatives to provide feedback and complaints.

Consumers and representatives indicated they were aware of, and had access to advocates, language services and other methods for raising and resolving complaints. The Assessment Team observed information regarding advocacy services was displayed on noticeboards within the service. Feedback forms and feedback boxes were located in various places on each level of the service.

Staff demonstrated an understanding of open disclosure principles and explained how they apologised to consumers in the event something went wrong. A review of complaints data showed action was taken in response to complaints, and open disclosure was practiced through acknowledging the concerns of consumers and/or representatives, apologising, remaining transparent and resolving the issue whilst keeping the consumer and/or representative informed.

The service demonstrated a system and procedure for receiving, monitoring, and actioning feedback from consumers and their representatives. Consumers and representatives confirmed the service used feedback and complaints to improve care and services.

# 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

The service demonstrated the workforce was planned to enable the delivery and management of safe and quality care and services. Management described the service’s rostering system and outlined how they ensured there were enough staff to provide safe and quality care.

Consumers and representatives advised staff were kind, caring and gentle when providing care. The Assessment Team observed staff to greet consumers in a kind manner and demonstrated they were familiar with each consumer’s individual needs and identity.

A review of documentation by the Assessment Team showed the service had processes in place which ensured the workforce was appropriately qualified and competent to perform their roles. Consumers and representatives expressed confidence in the ability of staff to perform their roles and meet their care needs.

Management described how they supported their staff to ensure they received the necessary training to perform their roles and deliver the outcomes required by the Quality Standards. Staff advised the service provided them with mandatory training and also with supplementary training relevant to their roles, which supported them to provide quality care.

The service demonstrated it regularly reviewed staff performance, and goals were set by staff and action taken in response to staff performance. Staff explained how their performance was monitored through annual performance appraisals and discussed their most recent appraisal.

# 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

Management described the ways in which consumers were encouraged to be engaged and involved in decisions regarding the delivery of care and services. A review of documentation by the Assessment Team showed the service actively sought feedback and input from consumers in the design and delivery of care and services.

The service demonstrated its governing body was actively involved in promoting a culture of safe, inclusive and quality care and services and was accountable for their delivery. Management explained the Board’s role in overseeing safe and quality care and services and provided examples of their feedback and direction on improving care and services.

There were organisation-wide governance systems which supported effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management. Management demonstrated how the service effectively governed the workforce at the service and provided copies of policies regarding the monitoring of staff performance.

Management and staff demonstrated an understanding of elder abuse and neglect, and described signs that would indicate abuse and neglect. The service provided policies and procedures to support risk management systems and practices.

The service demonstrated it had a clinical governance framework and supporting policies in place which addressed antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff outlined strategies to minimise the use of antibiotics, which aligned with the service's policy.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)