Performance

Report

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| Name: | Regis Sandgate - Lucinda |
| Commission ID: | 5968 |
| Address: | 60 Wakefield Street, SANDGATE, Queensland, 4017 |
| Activity type: | Site Audit |
| Activity date: | 16 July 2024 to 19 July 2024 |
| Performance report date: | 16 August 2024 |
| Service included in this assessment: | Provider: 3522 Regis Aged Care Pty Ltd  Service: 3881 Regis Sandgate - Lucinda |

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 Sandgate - Lucinda (**the service**) has been prepared by Denise McDonald, 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 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 relating to the performance of 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

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been found Compliant, as:

Consumers confirmed staff treated them with dignity and respect, valued their diversity and took time to understand their backgrounds and values. Staff explained they respected consumers by seeking their consent when providing care, acknowledging their choices and becoming familiar with their backgrounds, life histories and individual needs. Care documentation evidenced consumers’ backgrounds and interests, diversity and cultural preferences.

Consumers and representatives confirmed care and services were culturally safe and consistent with consumers’ traditions and preferences. Staff gave practical examples of how culturally safe care was provided, such as engaging volunteers who speak consumers’ first language and with whom consumers spent meaningful time. Care documentation evidenced consumers’ cultural needs and preferences, with strategies to guide staff in care delivery.

Consumers confirmed they were supported to be their own decision maker, had choice in how their care was delivered, who else was involved in their care and how they wanted to maintain relationships with people of importance to them. Staff gave practical examples of how they supported consumers to make decisions, such as asking for and respecting their care preferences. Care documentation evidenced consumers’ decisions about care delivery and how they wanted to maintain important relationships.

Consumers gave practical examples of how they were supported to take risks and live life as they chose, such as attending to the garden, though there was a risk of falls. Staff explained they met with consumers and representatives to discuss risks involved with their choices, conducted a risk assessment and developed strategies to promote their safety. Care documentation evidenced consumers were supported to take risks with strategies in place to manage the risks taken.

Consumers confirmed they received timely verbal information and an activities calendar, which enabled them to make choices about their daily living activities. Staff described means of communication with consumers, such as meetings and newsletters, whereby the individual’s sensory impairments influenced how information was provided. Consumers were observed to have a copy of the current activities calendar in their rooms and care documentation evidenced their communication preferences.

Consumers gave practical examples of how their privacy was respected, such as staff closed doors when providing care. Staff explained consumers’ privacy was respected by seeking consent prior to entering their rooms and care discussions were held in private areas. Staff were observed respecting consumers’ privacy and accessing care documentation via a password protected electronic care management system (ECMS), located within secured nurse stations.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Staff described how risks to consumers were identified, and used to develop the care plan, which informed how they delivered care. Staff explained, and observations confirmed, an entry checklist and assessment process guided their practice in methodically assessing consumers for risks, such as mobility, and developing their care plan. Care documentation evidenced risks to consumers were identified during the assessment process and informed the delivery of safe and effective care.

Consumers and representatives confirmed they had discussed consumers’ care needs, goals and preferences, which included advance care and end of life planning, if they wished. Staff confirmed discussing end of life wishes with consumers during the entry process and revisited these discussions during scheduled care reviews or when circumstances changed. Care documentation contained consumers’ current needs, goals and preferences, as well as an advance care directive for consumers who had chosen to have one in place.

Consumers and representatives confirmed they and others, such as medical officers and physiotherapists, participated in the assessment, planning and review of consumers’ care and services. Staff explained input from consumers, representatives and specialist services was sought in the assessment and planning of consumers’ care. Care documentation evidenced the assessment and planning of consumers’ care was coordinated with other organisations and providers of care, with specialists’ input included in planning processes.

Consumers and representatives said they received frequent and regular updates about consumers’ care, staff explained assessment and planning outcomes and they had access to a copy of the consumer’s care plan. Staff explained the outcomes of assessment and planning were shared with consumers and representatives in person, by phone and email. Care documentation was observed to be readily available through the ECMS, with summary care plans available to consumers.

Consumers confirmed their care and services were reviewed regularly and in response to incidents, such as falls. Staff said consumers participated in a quarterly case conference, or when circumstances changed, to discuss updates in their conditions. Care documentation evidenced consumers’ needs were reviewed as scheduled, as well as when their health status, preferences or circumstances changed.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers and representatives confirmed the care consumers received was in line with their individual needs and their well-being was optimised. Staff were knowledgeable about consumers’ individual personal and clinical care needs and understood pain management, restrictive practices and how to maintain consumers’ skin integrity. Care documentation evidenced consumers received care that was safe, effective and tailored to their needs and preferences.

Consumers and representatives gave positive feedback about how the service managed risks associated with consumers’ care and services. Staff understood the high-impact and high-prevalence risks for consumers, such as falls, and explained how these were managed. Care documentation evidenced risks to consumers were identified and responsive management strategies were in place.

Care documentation, for a consumer who had recently passed away, evidenced they were kept comfortable through provision of regular comfort cares, pain management medications and they were supported by family, in line with their wishes. Staff understood how to care for consumers nearing end of life, to ensure their comfort and meet their needs and preferences, including arranging spiritual support. Policies and procedures guided staff in the provision of end of life care.

Consumers and representatives said staff promptly responded to deterioration or changes in consumers’ conditions and staff discussed planned management strategies with them. Staff explained when consumers’ conditions deteriorated, medical officers and allied health professionals were involved to ensure appropriate management strategies were in place. Care documentation evidenced deterioration in consumers’ conditions were recognised and responses were timely.

Consumers and representatives gave positive feedback about how information was shared, particularly as staff understood their clinical needs and personal preferences. Staff explained changes in consumers’ care and services were communicated during shift handovers, as needed throughout the day, and they accessed care documentation in the ECMS. Care documentation evidenced sufficient information about consumers’ conditions was shared with others who had responsibility for their care.

Consumers and representatives confirmed consumers had access to other health care providers and were promptly referred when required. Staff explained the referral process, which ensured consumers received the support they needed. Care documentation evidenced consumers were promptly referred to medical officers and allied health professionals, whose recommendations were included in care plans.

Consumers and representatives gave positive feedback about how infection-related risks were managed and said staff practiced hand hygiene and used personal protective equipment. Staff understood infection prevention and control and described care strategies used to minimise consumers’ need for antibiotics. Policies and procedures guided staff in antimicrobial stewardship and infection control management, including what to do if there is an infectious outbreak.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers gave positive feedback about the services for daily living and confirmed they were supported to pursue activities of interest to them, such as craft workshops, which optimised their quality of life. Staff had knowledge of consumers’ daily living preferences and explained lifestyle assessments gathered individual’s preferences, interests, and social, emotional, cultural and spiritual needs, which informed the activities calendar. The activities calendar offered options each day of the week and aligned with consumers’ interests, such as movie screenings and bus outings.

Consumers confirmed their emotional, psychological and spiritual needs were supported by staff. Staff advised they supported consumers by facilitating connections with people important to them, arranging pastoral care, spending one on one time with them when their mood was low, and referring them to mental health support, if needed. Care documentation evidenced consumers’ well-being needs, goals and preferences and the lifestyle calendar included scheduled spiritual services and visits from volunteers.

Consumers gave practical examples of how they were supported to participate in the service and wider communities, and maintain personal connections, such as leaving independently to go shopping and socialise with friends. Staff had knowledge of consumers’ family members who visited regularly, and explained consumers were invited to participate in activities such as weekly bus outings for sightseeing and to have lunch. Consumers were observed socialising with each other and leaving the service independently to spend time with family and friends.

Consumers said information about their daily living needs were effectively communicated, particularly as staff understood their dietary needs and preferences. Staff explained changes in consumers’ care and services were communicated during shift handovers, as needed throughout the day, and they accessed care documentation in the ECMS. Care documentation evidenced sufficient information about consumers’ conditions was shared with others who had responsibility for their care.

Consumers confirmed when additional support was needed, they were promptly referred to other organisations and service providers, particularly to volunteers who provided companionship and emotional support. Staff explained volunteer groups were engaged to provide pastoral care, conduct musical performances and spend meaningful time with consumers, which enhanced their daily living experience. Care documentation evidenced referrals were made to other service providers and volunteers to meet consumers’ needs.

Most consumers said meals were enjoyable, there was variety in the menu and portions served were sufficient; however, 3 consumers said meals could be improved, resulting in ongoing discussions to find individual solutions to their complaints, in response. Staff explained the menu was developed and updated based on consumers’ feedback gathered at meetings and in-person discussions. Meal service was observed as timely, organised and consumers received assistance, if required.

Consumers said they had access to clean equipment, such as mobility aids, and confirmed these were well maintained. Staff explained they were trained in the correct use of consumers’ mobility aids and transfer equipment and were confident in their safe use. Mobility aids and lifestyle equipment were observed to be clean, well maintained and in good condition.

# 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

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been found Compliant, as:

Consumers said, and the environment was observed to be welcoming, easy to understand and it was homely, particularly as consumers’ rooms were decorated in a way which reflected their personal style. Staff explained consumers were oriented to the service to facilitate their sense of belonging and familiarise them with the environment, which was observed to well-lit, had clear wayfinding signage and handrails to support independent mobility.

Consumers confirmed the environment was kept clean, well maintained and they moved freely between the indoors and outdoors. Staff described the cleaning and maintenance schedules, which evidenced tasks were completed as required. Consumers were observed moving freely within the service to communal areas and outdoors to courtyards and gardens, and staff provided assistance, if needed.

Consumers confirmed fittings and equipment were safe, clean and regularly maintained, with functional call bells always accessible. Staff explained, and maintenance documentation confirmed, cleaning was conducted routinely, and maintenance addressed promptly. Consumers were observed using shared furniture which was clean and in good condition.

# 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

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been found Compliant, as:

Consumers confirmed they felt safe to provide feedback and make complaints and gave practical examples of avenues available to them, such as speaking with staff. Staff explained consumers could provide feedback or make complaints directly to them or the board of directors (the board), at consumer meetings or they could complete a feedback form. Meeting minutes evidenced feedback and complaints were a standing agenda item, whilst feedback forms were readily available, with a locked box available so forms could be submitted anonymously.

Consumers were aware of how to access advocates, language services and external avenues for raising and resolving complaints. Staff understood how to access advocacy and interpreter services and described how they supported consumers with communication difficulties to provide feedback or make complaints. Pamphlets and notices displayed promoted access to the Commission and external advocacy services.

Consumers gave positive feedback about how their concerns or complaints had been resolved and said an apology was made when things went wrong. Staff explained the service’s complaints process and understood the principles of open disclosure. Complaints documentation evidenced the use of open disclosure and a transparent approach to complaints management.

Consumers gave positive feedback about the complaints process and said their feedback was used to improve the quality of care and services. Staff said a trend in complaints about consumers’ dining experience was identified and in response, a ‘dining champion’ role was introduced, and hospitality staff completed customer service training. Complaints documentation evidenced feedback and complaints were trended and used to improve consumers’ 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Most consumers and representatives gave positive feedback about staffing levels and said their needs were promptly met; though 3 said staff took longer to respond to call bells, though their care had not been impacted, and management spoke with them to identify individual solutions to their concerns, in response. Management explained staffing levels were determined according to consumers’ clinical and personal care needs, with a registered nurse always onsite, and care minute targets were being met. Rostering documentation evidenced all shifts were filled, though one staff member said staffing numbers were insufficient during morning shifts, which had affected the timely delivery of care.

Consumers confirmed staff were kind, caring, gentle and showed respect for their individual identities. Management explained staff were consistently allocated to the same consumers, which supported relationship building and staff became familiar with consumers’ identity, culture and diversity. Staff interactions with consumers were observed to be positive, caring, positive and respectful.

Consumers confirmed staff were suitably skilled and competent in meeting consumers’ care needs. Management explained staff competency was determined through the recruitment process, orientation and buddy programs, regular training which reflected the Quality Standards, key competency assessments and ensuring professional registrations were current. Personnel records evidenced staff had position descriptions which required competencies and qualifications relevant to their roles.

Consumers and representatives gave positive feedback about staff training and said they were competent and equipped to perform their roles. Management explained, and staff confirmed, mandatory training was completed in the Serious Incident Response Scheme (SIRS), open disclosure and restrictive practices, with staff able to request training when they wished to enhance their knowledge. Training records evidenced high rates of completion in mandatory training topics.

Management advised staff performance was assessed and monitored during probation and annually thereafter, along with informal appraisals where staff were provided with immediate, additional support to improve their performance. Staff confirmed they participated in performance reviews and described the process as an opportunity to discuss their development and goals. Personnel records evidenced staff performance appraisals addressed key competencies and professional goals, with staff able to request training to enhance their skills.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers gave positive feedback about how the service was managed and said they participated in the development, delivery and evaluation of care and services, particularly through consumer meetings where they were able to represent others. Management advised consumers contributed to service evaluation through the consumer advisory bodies, the feedback process, and care plan reviews. Meeting minutes evidenced consumers and representatives were actively engaged in providing feedback about consumers’ care and services.

The organisation’s board were accountable for service delivery and satisfied themselves the Quality Standards were being met through meetings with executive level staff, as well as through a clinical governance committee, analysis of audit results and reports about service performance. Management explained the governance structure included reciprocal information-sharing between them and the board, which included feedback from consumers and representatives, with the outcome of discussions communicated back to management. Documentation evidenced the board was kept informed of operational matters and held accountable for the outcomes of consumers’ care and services.

The organisation had effective governance systems which supported information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. Management explained the governance systems, which were underpinned by policies, processes and systems to support compliance with the Quality Standards.

The organisation had effective risk management systems and practices related to managing high-impact or high-prevalence risks to consumers, identifying and responding to abuse and neglect, supporting consumers to live their best lives and managing and preventing incidents. Staff understood risks to consumers and described reporting responsibilities under the SIRS. Staff were guided by policies and processes in identifying and managing risks to consumers, whilst supporting them to live life as they choose.

The clinical governance framework promoted antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something goes wrong. Management and staff understood antimicrobial stewardship, restrictive practices and open disclosure and described how these were applied in care delivery. Documentation evidenced a clinical governance framework was in place and followed by management and staff.

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)