Performance

Report

**1800 951 822**

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| Name of service: | Regis Sandgate - Lucinda |
| Service address: | 60 Wakefield Street SANDGATE QLD 4017 |
| Commission ID: | 5968 |
| Approved provider: | Regis Group Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 25 July 2023 to 26 July 2023 |
| Performance report date: | 24 August 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 Sandgate - Lucinda (**the service**) has been prepared by B Bassett, 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 10 August 2023.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **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

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* The service is to ensure that appropriate authorisations are obtained and maintained for any consumers subject to a restrictive practice.

# 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 |

Findings

Consumers and representatives reported to the Assessment Team that staff treat consumers with dignity and respect. For example, a consumer representative spoke about staff arranging for the consumer to receive religious communion when she had been unable to attend mass, as it was understood this was very important to the consumer.

Staff were observed engaging with consumers in a respectful manner and demonstrated understanding of consumers’ individual choices and preferences. Staff spoke about consumers in a way that acknowledged the individual identity of consumers with regards to matters such as their personal histories and life stories, their religious and spiritual beliefs and their care preferences. Staff were able to provide examples of how they provide care and services that align with the consumers’ values.

The service had policies and processes to guide staff in valuing the identity and culture of consumers.

Taking into consideration the information discussed above, I find Requirement 1(3)(a) to be Compliant.

# 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. | Non-compliant |

Findings

Consumers and representatives considered the personal and clinical care consumers received was tailored to their needs and right for them. For example, consumers with chronic health conditions, wounds or pain said they were happy with the care being provided to manage their conditions. Staff were able to describe how consumers’ health conditions were managed and referenced care plans and care documentation that guided the care and recorded actions undertaken and treatments provided. For example, for a consumer with an ileostomy and a chronic wound, their progress notes and charting confirmed their stoma bag was checked, emptied and replaced as per the directions of their stoma plan and the wound was examined, photographed, cleaned and dressed as per the directions of the wound care plan.

Registered staff said they knew care was safe and effective because they monitor consumers’ conditions, refer consumers to other health providers when required, receive feedback from consumers about their care, review care documentation and analyse incidents and clinical indicator data to identify any emerging concerns or care needs.

However, the assessment contact report indicated that review of documentation and interviews with management and staff demonstrated the service did not have a shared understanding of restrictive practices, resulting in a number of consumers being subject to chemical restraint without assessment, consent and/or review. For example, the Assessment Team identified ten consumers subject to chemical restraint without prior assessment, planning or consent and subsequent review. The identified consumers were administered antipsychotic medications without a supporting diagnosis and/or had a supporting diagnosis, however, were administered antipsychotic medications for the purpose of managing changed behaviours.

The Assessment Team provided feedback to management regarding the above findings. Management advised they had completed an audit of psychotropic medications a month prior to the Assessment Contact, however acknowledged the audit had not been successful in identifying all consumers subject to chemical restraint. Management subsequently provided the Assessment Team a corrective action plan detailing strategies to address the identified deficiencies, including:

* A full review of all consumers prescribed psychotropic medications, to identify consumers subject to chemical restraint.
* Consultation with consumers and/or their representatives regarding the use of chemical restraint.
* Completion of restrictive practice assessments and authorisations in consultation with Medical Officers and consumers and representatives.
* Restrictive practices training for clinical staff and a quarterly standing agenda item regarding restrictive practices at clinical staff meetings.
* Evaluation of the review’s findings at the next Medication Advisory Committee meeting.
* Implementation of a new process to identify if newly prescribed medications constitute a chemical restraint and regular review by the clinical manager.
* Review and update of consumer behaviour support plans, where required.

In responding to the assessment contact report, the Approved Provider acknowledged the Assessment Team had raised the issues concerning consent for restrictive practices with management while on site. It was agreed that the service implemented its continuous improvement system and developed an immediate corrective action plan in response to the feedback. The Approved Provider said following a quality audit review of all consumers at the service with a psychotropic medication prescribed, it was identified that nine consumers (rather than ten as noted in the assessment contact report) did not have a restrictive practice authorisation in place. The response said that a documentation error in the electronic medication management system meant that registered staff had not been alerted by the system to ensure an authorisation form was completed in the clinical care management system.

The response advised key actions had been completed to address the situation, including;

* Immediately contacting the relevant Medical Officers to confirm the use of a chemical restraint.
* Completion of the appropriate restrictive practice authorisations in consultation with consumers and representatives.
* Introduction of a weekly monitoring and escalation process for the psychotropic register to identify and prevent any further errors.
* Education with registered staff including education on the process for review of psychotropic medications and classification of a medication as a chemical restraint.
* Notification of the Medication Advisory Committee of the assessment contact report.
* Arrangement of a formal education session with Medical Officers.

The Approved Provider response acknowledged the issues identified, advised of actions taken to address the deficiency and recorded the implementation of an ongoing monitoring plan to prevent further incidents. It was noted there was no evidence to suggest any consumer was adversely impacted by the documentation errors or that it resulted in suboptimal consumer care.

In considering my decision regarding this Requirement, I note the significant number of consumers for whom appropriate authorisation for chemical restraint was not in place, the systemic nature of the problem and the failure of the service to identify there was an issue. Conversely, I commend the Approved Provider and the service for immediately acknowledging the issue once it was identified by the Assessment Team and for the forthright response and immediate actions taken to rectify the situation and prevent further recurrence of any authorisation errors. It is my view that additional time and evaluation is required to ensure the changes implemented by the service are embedded in usual practice. Therefore, I find Requirement 3(3)(a) to be Non-compliant.

# Standard 5

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| Organisation’s service environment | |  |
| 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 |

Findings

Consumers and representatives said the service is clean, safe and comfortable. Consumers said their rooms were kept clean and were well maintained.

Cleaning and Maintenance staff were able to demonstrate effective processes to ensure the service environment was kept clean and comfortable. A designated weekly cleaning schedule included daily and weekly areas for cleaning. A review of the schedule confirmed consumers’ rooms were thoroughly cleaned once a week with bins emptied and clutter removed daily, and common areas and high touch points cleaned at least daily.

Maintenance staff described how requests for maintenance were recorded, prioritised and actioned. Staff confirmed that requests for maintenance were resolved quickly and a review of the service’s preventative maintenance schedule indicated equipment, including electronic lifting devices, were serviced regularly.

The Assessment Team observed consumers moving freely throughout the service, both indoors and outdoors. For example, consumers were observed utilising communal areas and participating in activities and were seen walking in outdoor areas. Consumers who chose to smoke did so outside of the service’s property and advised they could leave the service to smoke when they wanted to.

However, the Assessment Team noted most garden beds were not level with the footpaths, creating a potential fall hazard for consumers, their visitors and staff. In responding to this feedback, maintenance staff said the hazard was identified during an internal safety audit and a work order was created to level the gardens with the paths. Management said risk mitigation strategies had been implemented to keep consumers safe until the work is complete. For example, it was confirmed staff have been instructed to supervise consumers in garden areas and to put safety barricades around unlevelled garden beds.

The service’s incident register between May and July 2023 included 4 incidents involving a consumer falling in the garden, however, interviews with staff and a review of the incident reports did not identify the unlevel garden beds as contributing factors.

In making my decision regarding this Requirement, I note the potential hazard identified by the Assessment Team, but place weight upon the service’s immediate actions taken in response to address the issue and note the positive feedback from consumers and representatives regarding the service environment. I therefore find Requirement 5(3)(b) to be Compliant.

# 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 |

Findings

Most consumers, representatives and staff considered there were enough staff to provide care and services in accordance with consumers’ needs and preferences. Sampled consumers and representatives said staff attended call bells quickly and provided care and services in accordance with consumers’ needs and preferences. The Assessment Team observed staff answering call bells in a timely manner and engaging with consumers about their preferences while providing care and services.

Management said the roster was reviewed daily to ensure the number and mix of members of the workforce was adequate to accommodate the changing needs of the consumers. For example, to increase the availability of clinical staff to consumers, management had increased the number of registered staff rostered across the afternoon shift. Registered staff confirmed this had occurred.

Management were able to demonstrate effective processes for filling unplanned leave and staff confirmed management were generally successful in ensuring there are no unfilled shifts. A review of the service’s roster for the two weeks prior to the Assessment Contact demonstrated the service provided cover for gaps in the roster, resulting in minimal unfilled shifts.

Management said they were focused on providing continuity of care and tried to allocate staff in the same areas as much as possible. Staff confirmed they were often rostered in the same area which assisted their knowledge of consumers and their individual needs and preferences.

Taking into consideration the information discussed above, I have decided that Requirement 7(3)(a) is Compliant.

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)