Performance

Report

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| Name: | Regis Sandgate - Lucinda |
| Commission ID: | 5968 |
| Address: | 60 Wakefield Street, SANDGATE, Queensland, 4017 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 17 October 2023 |
| Performance report date: | 15 November 2023 |
| 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 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 (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not Applicable as not all Requirements 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)(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 |

Findings

The service was previously found Non-Compliant in Requirement 3(3)(a) following the Site Audit conducted on 25 July 2023 to 26 July 2023. The deficiencies identified related to several consumers being subject to chemical restraint without appropriate consent or authorisation and staff not having a shared understanding of restrictive practices.

The service has taken actions to address these deficiencies, including;

* Undertaking a review of all consumers on the psychotropic register to identify any consumers who are subject to chemical restraint and implementing processes for regular review and monitoring of the register.
* For all consumers subject to restrictive practices, holding consent discussions with the consumer and their representative.
* Collaborating with the consumer’s Medical Officer (MO) to ensure authorisation for the use of the restrictive practice is completed.
* Completing a review and update of behavioural assessments and Behaviour Support Plans (BSP) for consumers subject to restrictive practices.
* Providing education to registered staff and the clinical team regarding the processes required when a consumer is identified to have a chemical restraint.
* Including restrictive practices as a standing agenda item at registered staff and medication advisory meetings.

Consumers and representatives said they felt consumers receive safe and effective clinical and personal care. Consumers and representatives spoke favourably about clinical care provided to consumers at the service in relation to issues such as nutrition and hydration, skin care, falls management and dementia.

Consumers and representatives confirmed restrictive practices had been discussed with them by staff, including associated risks and strategies to minimise the use of the restraint.

A review of care documentation confirmed consent and authorisation had been completed for consumers subject to restrictive practices. BSPs for consumers subject to restrictive practice were in place and had been reviewed.

Care documentation demonstrated post fall review for injuries, ongoing monitoring and review by appropriate health professionals as required. Care documentation also recorded management of wounds, pressure injuries and risks to the skin integrity of consumers.

Registered staff demonstrated a shared understanding of identifying consumers subject to restrictive practice, the review process and the documentation required. Staff described how they trial alternative strategies to manage challenging behaviours by consumers prior to the use of as required chemical restraint. Staff were able to describe consumers’ individualised fall management care needs and post fall management processes.

Clinical management described the process for overseeing and monitoring restrictive practices through the regular review of practice notes, care planning documentation and the psychotropic register. Management was also able to demonstrate effective review and monitoring of progress notes and care plans.

Having taken into consideration the information outlined above, I am confident that the service has remediated the previously identified deficiencies in this Requirement and is currently providing safe and effective personal and clinical care to consumers. I therefore find Requirement (3)(3)(a) 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)