Performance

Report

**1800 951 822**

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| Name: | Regis Sandgate - Musgrave |
| Commission ID: | 5175 |
| Address: | 60 Wakefield Street, SANDGATE, Queensland, 4017 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 21 November 2023 to 22 November 2023 |
| Performance report date: | 12 December 2023 |
| Service included in this assessment: | Provider: 3522 Regis Aged Care Pty Ltd  Service: 3532 Regis Sandgate - Musgrave |

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 - Musgrave (**the service**) has been prepared by Kimberley Reed, 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
* the provider’s response to the assessment team’s report received 11 December 2023
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all Requirements were assessed |
| **Standard 7** Human resources | **Not applicable as not all Requirements were 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 |
| 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 |

Findings

**Requirement 3(3)(a) Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:**

**(i) is best practice; and**

**(ii) is tailored to their needs; and**

**(iii) optimises their health and well-being.**

Consumers and representatives were satisfied with personal and clinical care being provided at the service and that care, and services met the consumers’ individual needs. Staff confirmed, consumers were receiving individualised care which was safe and right for the consumer and based on best practice.

Consumers with a diagnosis of diabetes had diabetic management plans in place, blood glucose monitoring was occurring as prescribed and diabetic consumers had individualised strategies implemented to minimise the risk associated with their diabetic diagnosis.

Consumers requiring wound care were satisfied with the wound care provided by the service. Wounds were attended as prescribed and consumers were assessed for any pain related to wound care provision. Pain relief strategies included repositioning and analgesia. The service engaged with a Nurse practitioner to develop and review wound care plans, and the number of wounds were monitored through monthly clinical indicator reports, which were reviewed at an organisational level.

Consumers provided feedback their personal care was delivered in accordance with their preferences, including time of day, type of hygiene care delivered and the gender of staff providing the hygiene care. Hygiene and continence care plans guided staff in relation to consumer preferences and needs, and functional assessments were completed in relation to assistive devices.

Time sensitive medications were administered as prescribed and consumers confirmed they received their medication on time. Medication care plans guided staff in relation to administration regimes. The electronic medication system provides an alert for staff if a medication was late or missed, which was actioned by clinical management.

Based on the information recorded above, consumers received safe and effective clinical and personal care.

**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.**

The Assessment contact – site report indicates consumers changing condition was not identified or actioned in a timely manner and provided evidence of four consumers negatively impacted when their condition of function had changed. The Approved provider in its response has refuted the accuracy of the Assessment contact report, stating a lack of evidence or impact was noted for the four named consumers.

For one named consumer, who was found seated on the floor of his room on 17 November 2023, the Assessment contact report states organisational policies and procedures were not followed or documented following the unwitnessed fall of the consumer. The consumer was sent to hospital 17 November 2023, due to increasing confusion and a change in vital signs. The consumer returned to the service the same day with no change to their diagnosis. The Assessment contact report indicates a Falls risk assessment should have been completed on the consumer’s return to the service and a referral was required to an Allied Health professional to review the consumer’s mobility status. Handover documentation did not include falls risk management strategies for the named consumer according to the Assessment contact report. The discharge summary following the consumer’s admittance to hospital was unavailable for review during the Assessment contact.

The Approved provider in its response to the Assessment contact report states while the consumer was found seated on the floor and denies falling, staff treated the incident as an unwitnessed fall, including from an incident management and reporting perspective. The Approved provider denies the consumer’s Falls risk assessment tool had not been reviewed since 21 September 2023, as progress notes completed by the Registered nurse who initially attended the consumer, 17 November 2023 indicated a review of the consumer’s falls risk was completed. In relation to the required review by the Allied Health team, following the consumer’s return from hospital, the Approved provider has stated due to the nature of the incident (where the consumer explained they laid themselves on the floor and there was no specific fall), a review by the Allied health team was not required.

I have come to a different decision in this matter, given the consumer’s confusion levels were increasing, requiring a transfer to hospital, the consumer’s description of the event could not be considered as accurate information. I also concede the consumer’s diagnostic tests during their hospitalisation did not identify and concerns and subsequent progress notes indicated the consumer had no further concerns with their mobility or confusion. It would be reasonable to expect that an Allied health professional would examine the consumer on return from hospital given the nature of the incident.

In relation to the discharge summary not being available during the Assessment contact, the Approved provider has refuted this information and states the service’s management were aware (via email) of the consumers return from hospital including the attachment of the discharge summary and the progress note completed on the consumer’s return from hospital covered all aspects of the hospital checklist. While I agree the progress note completed on the consumer’s return to the service included the vital information relating to the consumer’s hospitalisation, the blank return for hospital checklist submitted as part of the Approved provider’s response contains considerably more information to be completed as opposed to the Registered nurse’s progress note on the consumer’s return from hospital. I am unable to ascertain what documentation was completed for the named consumer on their return to hospital as it was not included as part of the Approved provider’s response.

I have not given weight to information in the Assessment contact record regarding staffs’ understanding of the named consumer’s falls prevention strategies, as I am satisfied staff have access to the consumer’s care planning documentation to guide them. I have also considered the excerpt from the handover sheet for care staff which provides context in relation to the consumer’s falls risk and mobility needs.

I agree with the Approved provider the deterioration in the consumer’s condition was identified and managed effectively. As there is no evidence to confirm the named consumer did not fall, it is my opinion the consumer did require and assessment of their falls risk on return to the service in accordance with the organisation’s Clinical documentation policy. While the Approved provider submitted a Falls risk assessment as part of their response, I am unable to ascertain when it was completed.

In summary, it is my opinion due to the consumer’s confusion, it cannot be ruled out that a fall did not occur and therefore subsequent falls risk assessments should have been completed on their return from hospital. I have also considered the consumer has not sustained a negative impact from a lack of documentation completed.

For a second named consumer, the Assessment contact report indicates the service failed to identify the consumer was experiencing a low mood swing during 17 and 19 November 2023. The report indicates the named consumer was reminded of his deceased wife when observing another consumer at the service.

The Approved provider in its response provided statements from staff who cared for the consumer during this period, which indicated the consumer had not voiced a change in their mood or emotional status. A care consultation was held with the consumer following the Assessment contact visit, which indicated it was a singular occasion of the consumer feeling sad and the consumer refused any further medical intervention.

I am influenced by the Approved provider’s response staff did not demonstrate any deficits in caring for the named consumer, as they were unaware of their low mood. I have not given weight to the information recorded in the Approved provider’s response that the named consumer did not have a medical diagnosis of dementia or mental health issues, such as depression and anxiety, as this information does not preclude a consumer from experiencing acute episodes of depression or anxiety.

A third consumer was named in the Assessment contact report as experiencing episodes of loose bowels causing incontinence, causing the consumer to stay in their room and avoid the dining room for meals, due to fear of embarrassment caused by their loose bowels. The consumer was not reviewed within 24 hours of returning to the service (as is the organisation’s policy) as the consumer preferred to see their regular medical officer rather than an after hours medical officer.

The Approved provider in its response to the Assessment contact report refutes the consumer experienced incontinence of faeces but was experiencing a feeling of urgency regarding their bowels. This information is not supported by bowel charts submitted by the Approved provider which indicates the consumer was incontinent of faeces on 16 and 17 November 2023.

It is my decision, the consumer received appropriate care and services in accordance with their preferences, and two episodes of loose or incontinence of bowels does not indicate a change in a consumer’s condition which required escalation, outside of the processes undertaken by the service.

A fourth consumer was named in the Assessment contact report as having experienced delays in the assessment of their falls risk despite requiring hospitalisation following a fall 15 September 2023. The Approved provider in its written response has refuted this information and provided progress note entries which demonstrated the consumer’s falls risk assessment was evaluated on eight occasions between 4 September 2023 and 24 October 2023. While I agree documentation supports the evaluation of the consumer’s falls risk care plan, the service may benefit from including information the evaluation deemed the fall risk care plan adequate or appropriate, rather than it simply being evaluated.

Care staff did not demonstrate a shared understanding the named consumer had become a part of a mobility maintenance program, which require twice weekly involvement of care staff to assist in maintaining the consumer’s mobility. The Approved provider in its response stated that despite 100% of staff had completed the quick reference guide to the program, 50% of staff that work in the area where the consumer resides has fully completed the training associated with the program. The service completed an action plan following the Assessment contact visit to increase staff knowledge and understanding of the program, and stated all staff working in the area where the named consumer resides have completed all aspects of training for mobility program.

I do not consider staffs’ understanding of a mobility program has contributed to a deterioration in the named consumer’s mobility status or contributed to their falls risk.

In coming to my decision regarding Compliance in this Requirement, I have considered both the Assessment contact report and the Approved provider’s response and have found consumers experiencing a change or deterioration in their condition were recognised and responded to in a timely manner. Therefore, this Requirement is 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

The service demonstrated sufficiency in staffing to meet consumers’ care, service needs, and preferences. Most consumers/representatives were satisfied with staffing and the response by staff provided when consumers required assistance. Care staff confirmed there was enough staff to complete their duties. Registered staff were rostered on all shifts and the service had a system to replace staff on planned and unplanned leave.

A review of the staff roster for two weeks before the Assessment contact visit evidenced 25 shifts of unplanned leave. Rostered and Agency staff filled 19 shifts and management reallocated existing staff for six shifts. The service roster was allocated two weeks in advance however, staff could nominate for unfilled shifts up to six weeks in advance. Once completed, the allocated roster was provided to the clinical team to review.

Call bell response times for the service was printed daily and discussed at the morning management meeting. Response times above ten minutes were investigated, and the service evidenced several instances where investigations and outcomes were documented.

Staff were observed attending to consumers and responding to call bells promptly, staff did not appear rushed, and consumers were going about their day in a calm and assisted manner. Meal services were supportive of a homely environment with consumers conversing with each other and staff in a manner supporting a pleasant experience. Staff were observed to assist consumers with their meals in a manner supporting their dignity.

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)