Performance

Report

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| Name of service: | Regis Sandringham |
| Service address: | 37 Bay Road SANDRINGHAM VIC 3191 |
| Commission ID: | 3584 |
| Approved provider: | Regis Aged Care Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 21 February 2023 to 23 February 2023 |
| Performance report date: | 10 April 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 Sandringham (**the service**) has been prepared by M. Nassif, 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; 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.

# 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 said they were treated with dignity and respect by staff, with their identity and culture valued. This was consistent with observations. Staff described the ways in which consumers’ identity, culture and diversity were valued. Care planning documents showed that individual cultural and diversity needs were identified for consumers.

Information regarding consumers’ preferences, including their cultural and spiritual needs, was captured care planning documents. Staff identified consumers from culturally diverse backgrounds and described how they tailor care that meets the cultural needs and preferences of consumers.

Consumers and representatives said consumers are supported to choose who they wish to involve in their care, how they would like their care and services delivered, and are encouraged to maintain relationships. Staff described details of how consumers wish to have their care delivered and had an awareness of whom consumers wish to have involved in their care and whom they choose to maintain relationships with. This information was consistent with care planning documents.

Consumers and representatives said the service enabled consumers to take risks to encourage consumers to live their best life. Staff were aware of consumers who want to take risks and demonstrated how they support them. Care planning documents included assessment of risks and strategies to minimise risks were discussed.

Consumers said they were kept well informed of events, activities, outbreaks, menus and allied health visits to enable them to exercise choices that impact on their daily living. Information such as activity schedules and menus were observed displayed around the service and in consumers’ rooms.

Staff described the practical ways in which they respect the personal privacy of consumers and this information aligned with the feedback received from consumers and representatives. Staff were observed to be applying practices to ensure that consumer privacy is respected.

# 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

Care planning documents included information to inform the delivery of safe and effective care and services and included the consideration of risks to consumers’ health and well-being. Staff detailed the assessment and planning processes undertaken for new and continuing consumers at the service and how they assess and consider risks. The service had documented policies and procedures to guide assess and manage of risks.

Consumers and representatives said they have participated in conversations in relation to advanced care planning and end of life planning. Care planning documents identified and addressed consumers’ current needs, goals and preferences, including advance care planning and end of life planning.

Consumers and representatives felt involved and partnered in the assessment, planning and review of care and services and the service included other organisations or providers as required. This was also reflected in care planning documents. Staff detailed processes whereby other providers are involved and consumers and representatives are partnered with in the assessment and planning process.

Staff detailed the processes whereby they inform consumers and representatives of the outcomes of assessment and planning. Documentation demonstrated consumers and representatives were offered a copy of care planning documents. The service had policies and procedures to guide staff practice in relation to assessment and planning, including communicating the outcomes of these assessments to consumers and representatives.

Staff detailed the processes in relation to how often care and services are regularly reviewed and examples where care and services had been reviewed following an incident or change in care needs. Care planning documents evidenced review had occurred in the last 3 months.

# 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

Representatives said they were satisfied with the care and services provided to consumers. Staff demonstrated they understood the individualised personal and clinical needs of consumers. Care planning documents reflected individualised care that is safe, tailored to consumers’ needs and is best practice.

Consumers and representatives were satisfied that high impact or high prevalence risks for consumers are effectively managed. Care planning documents demonstrated risks were assessed and effective strategies to manage key risks were identified. Staff detailed processes in relation to the identification of high impact or high prevalence risks associated with the care of each consumer through ongoing assessment and planning.

Care planning documents evidenced that the needs, goals and preferences of consumers nearing end of life were recognised and addressed, with their comfort maximised and their dignity preserved. Staff explained specialised care that is provided to consumers palliating and comfort is prioritised.

Staff provided examples of consumer deterioration and the steps taken following the identification of deterioration. Care planning documents evidenced that the service is able to identify and respond to the deterioration or change of consumer health condition, function or capacity. Representatives indicated they were satisfied the service identified deterioration in consumers and responded in a timely manner.

Staff described how changes in consumers’ care and services are communicated through verbal handover, meetings and accessing care plans. Documentation such as progress notes and care planning documents included adequate and accurate information to support the effective and safe sharing of consumers’ care.

Consumers and representatives said timely and appropriate referrals to individuals, other organisations and providers of other care and services occurred. The service had policies and procedures to guide staff practice in relation to the involvement of other individuals. Staff provided examples of specialist referrals conducted for consumers for behaviour management review, weight and nutrition support, and complex care support.

The service had documented policies and procedures to support the minimisation of infection-related risks through the implementation of infection control principles and the promotion of antimicrobial stewardship. Staff were observed practicing regular hand washing and appropriately wearing face masks.

# 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 stated they received safe and effective services that maintained their independence, well-being, and quality of life. Staff demonstrated knowledge of consumers’ needs and preferred activities. Care planning documents captured consumers’ life story, lifestyle likes and dislikes, and provided information about the support consumers require to do the things they want to do.

Consumers described support and services available to them to promote their emotional, spiritual, and psychological well-being. Care planning documents outlined consumers’ emotional and spiritual needs with strategies in place to support and promote these needs being met. Staff demonstrated awareness of this information.

Consumers said they are supported by the service to participate in their community within and outside the service environment, maintain social and personal relationships, and do the things of interest to them. Staff described the supports in place for individual consumers to enable them to participate in the wider community and maintain personal relationships. Care planning documents identified how consumers are supported to participate in the wider community.

Consumers said they receive consistent services and support that meets their needs and preferences. Staff detailed the process for communicating internally at the service and externally to others where responsibility for care is shared. Care planning documents included adequate information about needs and preferences of consumers in relation to support for daily living.

Consumers said the service referred them to external providers to support their care and service needs. Staff described how consumers are referred to other providers of care and services and gave examples. Care planning documents showed that the service collaborated with external providers.

Consumers said the meals provided are varied and of suitable quality and quantity. The service had processes in place where consumers could choose their meal preferences on a daily basis. Staff described how they meet individual consumer’s dietary needs and preferences and how any changes are communicated.

Consumers said they feel safe using the equipment provided by the service and that it is suitable for their needs, clean and well maintained. Staff demonstrated awareness of how to report any maintenance issues, and maintenance staff demonstrated how anything reported is attended to promptly.

# 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

Consumers and representatives said the service environment is welcoming, easy to understand and optimised consumers’ sense of belonging, independence, interaction, and function. This was consistent with observations.

Consumers and representatives said the service environment is clean, well maintained, and comfortable. This was consistent with observations. The service had cleaning schedules with guidelines for staff on processes, what is to be cleaned, and frequencies of detailed cleans and touch point cleaning.

Consumers and representatives said they feel that furniture, fittings, and equipment are safe, clean, well maintained, and suitable. Staff demonstrated awareness of the preventative maintenance schedule and how to report any maintenance issues. Maintenance documentation demonstrated regular maintenance of the service environment and equipment.

# 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 said they are encouraged and supported to provide feedback regarding care and services and would feel comfortable raising concerns should the need arise. Staff and management described the avenues available for consumers and representatives if they wanted to provide feedback or make a complaint. Feedback forms and suggestion boxes where observed situated around the service.

Consumers and representatives were aware of other avenues for raising a complaint. Staff and management were aware of how to access language and advocacy services for consumers. Information on advocacy services and making a complaint was displayed around the service in multiple languages.

Consumers and representatives that had provided feedback or complaints were satisfied that appropriate action was taken by staff and management. Staff described what conversation they might have with a consumer and/or representative if something went wrong, including providing and explanation and apology. Documentation demonstrated appropriate action is taken in response to feedback and complaints and an open disclosure process is used.

Management detailed processes by which feedback provided is used to improve services and were able to provide examples. Consumers and representatives said feedback and complaints was used to improve the quality of care and services. This was also reflected in documentation.

# 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

Consumers and representatives said consumers' needs are being met and call bells are answered promptly. Staff were observed to be available to consumers when they needed them. Staff said agency staff are used to fill shifts if required and that the registered nurse on shift allocates staff according to consumer needs. Rostering schedules showed adequate shift coverage and call bell data demonstrated calls were answered promptly.

Consumers and representatives provided feedback that staff engage with them in a respectful, kind, and caring manner. This was consistent with observation. Management advised that they monitor staff interactions with consumers and representatives through observations, and formal and informal feedback and complaints processes.

Consumers and representatives felt confident that staff are suitably skilled and competent to meet their care needs. Staff felt they were competent to provide the care consumers needed. Management described how they determine whether staff are competent and capable in their role. Documentation demonstrated staff held required registrations and qualifications.

Consumers, representatives and staff did not believe there were any areas where staff required more training. Documents reviewed demonstrated high staff completion and attendance rates of education sessions and mandatory training. Management stated annual training needs analysis is conducted to identify areas for training for staffing development and informs the training calendar.

Management advised, and staff interviews confirmed, the service had probationary and ongoing performance reviews systems in place. Staff said they undertake performance appraisals and documentation evidenced of annual appraisals being completed.

# 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

Consumers and representatives are satisfied with their level of engagement in the development, delivery and evaluation of care and services. Management and staff described the ways in which consumers are encouraged to be engaged and involved in decisions about changes to the service, and the development, delivery and evaluation of care and services they receive. This was reflected in documentation.

Management described how the governing body received various consolidated reports, generated by the service, on a monthly basis. The governing body used this information to identify the service’s compliance with the Quality Standards, to initiate improvement actions to enhance performance, and to monitor care and service delivery.

The service had effective organisation-wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Staff described the key principles of the organisation-wide governance systems, such as feedback and complaints, workforce governance and regulatory compliance.

The service had risk management systems implemented to monitor and access the high impact or high prevalence risks associated with care of consumers, including identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can. Staff explained the processes of risk management at the service and their responsibilities in identifying and responding to the abuse and neglect of consumers.

The service had a clinical governance framework that included antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated awareness of the framework and how it related to their roles and responsibilities.

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)