Performance

Report

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| Name of service: | Regis Shenley Manor |
| Service address: | 440 Camberwell Road CAMBERWELL VIC 3124 |
| Commission ID: | 3452 |
| Approved provider: | Regis Aged Care Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 1 February 2023 to 3 February 2023 |
| Performance report date: | 15 March 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 Shenley Manor (**the service**) has been prepared by G.Hope- Simpson, 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.
* other information and intelligence held by the Commission in relation to 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

Consumers and representatives said consumers are treated with dignity and respect and that their culture and diversity are respected and valued. Staff described consumers’ backgrounds and could explain how this influences their care and services. Care planning documentation of consumers demonstrated respectful language, information about consumer identity, diversity and evidenced significant cultural days consumers wished to celebrate.

Consumers and representatives said consumers are supported to exercise choice and independence, and to maintain relationships. Staff members described how each consumer is supported to make informed choices about their care and services, and how they support consumers to maintain relationships. Care planning documentation identified consumers’ individual choices around care delivery and maintaining relationships of importance. One consumer representative reported they should have a wash every second day, however this is occasionally missed.

Consumers were satisfied with how the service supports them to take risks. Staff described the areas in which consumers wish to take risks, how they are supported to understand the benefits and possible harm. Care planning has risk assessments in place for those consumers who are taking risks.

Consumers and representatives described how they are given information to help them make choices, such as verbal communication, electronic messaging and meetings. Staff described ways in which information is provided to consumers, in line with their needs and preferences, including to consumers with cognitive and sensory impairments. The Assessment Team observed whiteboards in each area of the service which were updated daily regarding activities and food options.

Consumers and representatives reported that consumer privacy is respected and that their personal information is kept confidential. Staff interviewed could outline practical ways they respect the personal privacy of consumers. The Assessment Team observed most protocols in place to protect consumer privacy, such as the locking of nurses’ station doors, password protection on all computers, and knocking on doors before entering consumer rooms. However, on day 2 of the Site Audit, the Assessment Team observed staff handover was conducted in a non-enclosed area; no consumers or visitors were observed to be nearby. Feedback was provided to management who sent a memo to all staff regarding privacy and confidentiality of consumers information.

# 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

Consumers and representatives said they received the care and services they need and are involved in the care planning processes. Staff described the care planning process in detail, and how it informs the delivery of care and services. Care planning demonstrated effective, comprehensive and individualised assessment and care planning which identified the needs, goals and preferences of the consumers.

Consumers and representatives said they felt staff involved them in the assessment and planning of consumers’ care through conversations with clinical staff or management, and they had discussed their end of life wishes with the service. Staff said they understand what is important to consumers through daily observations, regular conversations, interactions with consumers and representatives and care plan reviews. Care planning contained details regarding end of life wishes and comfort care measures.

Consumers and representatives reported they were involved in the planning of care and services. Staff and management described how they involve everyone important to the consumer in the consumer’s care, the processes for making referrals to Medical Officer, allied health and external organisations. Care planning documentation demonstrated the consumer and others the consumer wishes to be involved are involved in assessment and planning.

Consumers and representatives said the service keeps them informed about consumers’ care and assessments. Staff said care planning documentation is available to consumers and representatives if they wish to have a copy and described how they communicate outcomes of assessment and planning to consumers and their representative. Progress notes evidenced that staff update representatives about care outcomes through various means.

Consumers and representatives said that care and services are reviewed when changes occur. Management and staff were able to explain the process for regular review of care plans. The service’s assessment and care planning policies outline the review, reassessment and monitoring processes, including the responsibility of staff to ensure assessment and planning reflects consumer care needs.

# 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

Consumers and representatives said they were receiving care that was safe and right for them and that meets their individual needs and preferences. Staff described how the service's clinical and personal care policies and procedures guide them to deliver care and services in line with best practice. Care plans and documentation reflected individualised care that is safe, effective and tailored to the specific needs and preferences of the consumer. Behaviour support plans were in place for consumers subject to restrictive practices. Wounds and pain were monitored and managed.

Consumers and representatives said their care was safe and right for them. Staff described how they identify, assess, and manage risks for the safety, health and well-being of consumers. Care planning documentation reviewed evidenced high-impact and high-prevalence risks were identified and monitored, and strategies and procedures were implemented to manage the risks.

Consumers and representatives expressed satisfaction about how the service provides palliative care. Staff were able to describe how they approach conversations around end of life and how they provide palliative care and maximise the comfort of consumers towards the end of life. Care planning documentation evidenced involvement of palliative care specialists.

Consumers and representatives said the service responded well to a change or deterioration in condition, health or ability. Staff advised changes in consumer's health or well-being were communicated through handover, progress notes and care planning documentation on the electronic care management system. Care planning showed escalation of treatment occurred in a timely manner following deterioration.

Consumers and representatives said consumers’ care needs and preferences were effectively communicated between staff and they received the care they needed. Staff said they had access to the electronic care management system and were able to demonstrate the processes for sharing information to support care delivery. Care planning and handover documentation provides information to support effective and appropriate sharing of the consumer’s information to support care.

Consumers and representatives interviewed said referrals were timely and appropriate, and that the consumer has access to a range of health professionals. Clinical staff described how the care at the service is supplemented by other providers of care. Care planning evidenced the involvement of Medical Officers, allied health, and other providers of care where needed.

Consumers and representatives commended the service on its COVID-19 management, consistent with the Assessment Team’s observations. Staff explained strategies to minimise the use of antibiotics which aligned with the service's policy. The service has an infection control lead in post.

# 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 and representatives said they enjoy the lifestyle activities the service offers. Staff described how they partner with consumers or their representatives to conduct lifestyle assessments including leisure likes, dislikes and interests. Care planning demonstrated information which supports consumers to do things they want to do which included detailed information about leisure and recreation.

Most consumers said their emotional, spiritual and psychological needs were supported, and they could stay in touch with family and friends for comfort and emotional support as well as with staff. Staff described how they support consumers when they were feeling low and provided practical examples to support consumers’ emotional, spiritual or psychological well-being. Care plans include social emotional, and spiritual support for each consumer. One named consumer reported they miss church services and review showed their care planning did not list their religious preferences. Management acknowledged ongoing difficulty in recruiting a priest in the local area however, the service has scheduled a weekly religious service via online streaming in response to the named consumer’s feedback.

Most consumers and representatives reported that consumers were supported to participate within and outside the service, keep in touch with people who were important to them, and do things of interest to them. Staff described how they support consumers that participate in the community and maintain or keep in touch with people important to them. Care planning documents of consumers aligns with the information provided by consumers, representatives and staff regarding their continued involvement in their community and maintaining personal and social relationships.

Consumers and representatives indicated the consumer’s condition, needs and preferences were effectively communicated within the service and with others responsible for care. Staff described ways in which they shared information and were kept informed of the changing condition, needs and preferences for each consumer. Care planning documentation contained detailed information to support effective and safe care, as it relates to services and supports for daily living.

Consumers and representatives said they were supported by external organisations, support services and providers of other care and services. Interviews with consumers, staff and review of care planning documentation identified a variety of referrals to external providers and services. The service has ongoing liaison or engagements with external agencies.

Seven of ten interviewed consumers and representatives expressed overall satisfaction with the quality and quantity of food being provided to consumers. Staff explained the specific dietary needs and preferences of consumers. Care planning documents reflected dietary needs and preferences, which aligned with the feedback of consumers and representatives. Two consumers and one representative expressed dissatisfaction with the food or food temperature.

Most consumers and representatives reported having access to equipment. Staff interviewed said they have access to equipment when they need it and could describe how equipment is kept safe, clean and well maintained. The Assessment Team observed the equipment for daily living and lifestyle supports and services to be safe and well maintained.

# 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 they find the services environment to be welcoming, comfortable and easy to understand. Staff reported they encourage consumers to bring items in from home. The Assessment Team observed the indoor and outdoor service environment to be clean and well maintained

Consumers and representatives said the service environment is safe, clean, well maintained and allows them to move around freely both indoors and outdoors. The preventative maintenance schedule and ongoing maintenance logs indicated that maintenance work is completed in a timely manner. The Assessment Team observed consumers moving freely inside and outside of the service.

Most consumers and representatives said the furniture and equipment were safe to use, well maintained and clean. Staff demonstrated how they kept equipment clean and safe, and provided evidence of cleaning and maintenance schedules that were complete and up to date. The Assessment Team observed, and consumers confirmed, that their equipment is maintained regularly.

# 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

Most consumers and their representatives interviewed understood how to give feedback or make a complaint, felt comfortable doing so, and confirmed there were various ways to provide feedback and complaints. Staff described the processes in place to encourage and support consumers and representatives to provide feedback and complaints. The Assessment Team observed information about feedback and complaints throughout the service.

Consumers and representatives said they were aware of external complaints mechanisms, and that advocacy and language services were available for consumers. Staff described the advocacy services available and how they assist consumers who have communication or cognitive impairments to provide feedback and make complaints.

Consumers and representatives said the service addresses and resolves their concerns, and an open disclosure process was used. Staff described the underlying principles of open disclosure, including apologising and being open and transparent when things go wrong. Management emphasised how the service addresses consumer concerns and re-iterated the overarching principles of open disclosure to staff members

Most consumers reported they were happy with resolution regarding complaints and confirmed feedback and complaints were used to improve care and services. Staff described complaints trends and the actions taken or proposed actions to be taken. The service demonstrated a system and procedure for receiving, monitoring, and actioning feedback and complaints from consumers and their representatives.

# 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

The Assessment Team received mixed feedback regarding staffing however, no negative impact on care was identified. Management described difficulty with ongoing recruitment for various roles and explained how the service provides an adequate and planned workforce to meet care needs. Staff members said they had enough time to complete their tasks. Call bell times indicated call bells were generally answered in a timely manner.

Most consumers and representatives said staff were kind, caring and respectful. Two consumers and one representative expressed dissatisfaction with staff’s behaviour towards them. The Assessment Team observed that staff greeted consumers by their preferred name and demonstrated that they were familiar with each consumer’s individual needs and identity. The service has a suite of documented policies and procedures to guide staff practice. One named consumer found staff to be dismissive when they have tried to raise concerns, so address their concerns with management. Following feedback from the Assessment Team management have provide further education to staff and provided reassurance to the named consumer.

Most consumers and representatives said they generally consider staff to be skilled and competent in their roles. Staff said they are confident the training provided has equipped them with the knowledge to carry out care and services for consumers. Position descriptions reviewed included key competencies and qualifications that are either desired or essential for each role, and staff are required to have relevant qualifications.

Consumers and representatives believed staff have the appropriate skills and knowledge to ensure the delivery of safe and quality care and services. Staff interviewed said the service provides mandatory and supplementary training to support them to provide quality care

Not all care staff could define environmental restrictive practice, management were informed and provided evidence showing staff had received training around this. Management said they would provide further training based on the Assessment Teams feedback. Management also provided the continuous improvement plan which evidenced ongoing training and regarding the definitions of the types of restrictive practices and freedom of movement.

Staff described the annual performance appraisal process, including the creation of a performance plan if required. Management described how the performance of staff is monitored through formal performance appraisals and informal monitoring and review. Management provided and explained the performance appraisal schedule which indicated the majority of staff had completed their appraisals. Management advised some staff appraisals were overdue due to a COVID-19 outbreak.

# 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

The service demonstrated processes to support consumers engaged in the development, delivery and evaluation of care and services. Consumers and staff described ways the service engages consumers in the development, delivery and evaluation of care and services, such as care plan reviews, monthly consumer and representative meetings, and including consumers' preferences in the service's refurbishment plans. The Assessment Team evidenced consumers and their representatives are engaged by the service on an ongoing basis via consumer meetings.

The service was able to demonstrate that the organisation is governed by a body that promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. Management described its organisational structure and operating subcommittees that govern the delivery of quality care and services across the organisation. Management said there is a clear reporting framework for the Board regarding clinical governance responsibilities, and information is conveyed from the Board to the service through meetings and reports to management.

The service was able to demonstrate processes and mechanisms in place for effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The Assessment Team reviewed the service’s policies and procedures to maintain effective governance across the various areas.

Management and staff were able to describe how incidents were identified, responded to and reported in accordance with legislation including SIRS. The service has a framework, policies and procedures to support and manage risks and incidents. The service demonstrated implementation of these frameworks, policies, and procedures. Review of incidents showed incidents had been reported within legislated timeframes.

The service demonstrated a clinical governance framework in place, which addresses antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated a shared understanding of these concepts and gave practical examples to demonstrate how the principles applied to their work.

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)