Performance

Report

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| Regis Sunraysia | 10 October 2022 |
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| Regis Aged Care Pty Ltd | 6 September 2022 to 8 September 2022 |

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 Sunraysia (**the service**) has been considered by

Ms D. McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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.
* the provider’s response to the assessment team’s report received 23 September 2022.

# 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 | | Compliant |
| 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

All consumers and representatives said they were treated with dignity and respect by staff, with their identity and culture valued. Staff could describe the ways in which consumers’ identity, culture and diversity was valued and staff were observed to be respectful towards consumers in all interactions. Care planning documentation showed individual cultural and diversity needs were identified for each consumer.

Consumers and representatives from culturally and linguistically diverse backgrounds said their culture was respected and gave examples of how staff supported them expressing their cultural identity and preferences. Care plans reflected consumer`s cultural background and spiritual preferences and the service had a documented diversity policy which includes guidance for staff on cultural safety and spiritual wellbeing and where to access information in different languages including interpreter services.

Consumers and representatives said consumers were supported to exercise choice and independence regarding how their care and services were delivered and to maintain connections and relationships. Staff knew the preferences and choices of individual consumers and could describe how they supported them to make informed choices and maintain important relationships. The service had a documented policy on dignity, choice and independence to guide staff in providing consumer choice and promoting independence.

Consumers said they were supported to take risks to enable them to live their best life. Staff could identify the consumers who were supported to take risks and explained how the service discussed the risks with them. Care plans described areas in which consumers were supported to take risks to live the life they wished. The organisation had documented policies for staff on managing risk for consumers and guidelines on supporting consumers to take risks.

Consumers advised they were provided with suitable information to assist them in making choices about their care and lifestyle, including current events and activities occurring inside the service, meal selections and activities of daily living. Staff described the various ways they provided information to consumers to enable them to exercise choice. Care documentation indicated the different communication strategies required for each consumer.

Consumers confirmed their privacy was respected and staff described practical ways they safeguarded the personal privacy of consumers. The organisation had documented policies and procedures regarding consumers’ privacy and the collection, disclosure, security, storage, and use of personal information.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

Documentation showed assessment and care planning informed the delivery of safe and effective care and services and included the consideration of risks to consumer’s health and well-being. Staff detailed the assessment and planning processes for new consumers at the service and how they considered the relevant risks. Documented clinical policies, procedures and assessment tools guided staff in completing individualised care plans. Consumers and representatives said assessment and care planning considered risks and was adequate to inform the delivery of safe and effective care.

Most consumers and representatives said their needs, goals and preferences were considered in the assessment and planning process. Some consumers and representatives said they had participated in conversations about advance care and end of life planning. Policies and procedures guided staff identifying the needs, goals and preferences of individual consumers, including their advance care and end of life planning where they wished.

Consumers and representatives felt involved as partners in the assessment, planning and review of their care and services and said the service involves other organisations or providers, as required. Care documentation demonstrated other organisations and individuals were involved in assessment and planning as required. The service had documented policies for referral to other providers and staff described the involvement of consumers, representatives and others in the assessment and planning process.

Most representatives said the service regularly provided updates via phone calls in relation to the health status of their loved ones. Staff detailed how they informed consumers and representatives of the outcomes of care reviews and how they regularly kept them up to date. The service had policies and procedures to guide staff practice in relation to communicating the outcomes of these assessments to consumers and representatives.

Documented processes were in place to guide staff when to review the effectiveness of care and services regularly, when circumstances changed, or when incidents impacted on the needs, goals or preferences of consumers. Staff could detail and documentation evidenced the process for reviewing care plans had been followed as care plans had been updated after an incident or when a change in care needs had been identified.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 their representatives said the care provided was tailored to meet their needs and optimised their health and well-being. Policies and procedures to support the delivery of care such as wound management, restraint practices, falls prevention, skin integrity and pressure injury prevention were followed by staff. Staff were aware of the care needs of specific consumers and care documentation reflected individualised care that was safe, effective, and tailored to their needs.

Most consumers and representatives were satisfied high impact or high prevalence risks such as falls, weight loss and skin integrity were effectively managed. Care documentation identified effective strategies to manage key risks and were recorded in assessment tools such as for calculating a consumer’s risk of falls. Care plans and progress notes identified risks and interventions relevant for each consumer.

Care documentation for consumers nearing the end of life, included evidence their needs, goals and preferences were recognised and their comfort maximised and dignity preserved. One representative for a consumer receiving active end-of-life care said the service was providing all of the care required for their loved one and they were generally satisfied with the care and services provided. Staff explained how they met the care, comfort and dignity needs for consumers nearing end of life.

Staff gave examples of the steps taken when there was a change or deterioration in consumers’ health. Care documentation confirmed the service identified and responded to a deterioration or change in consumers’ health or condition. Representatives indicated they were satisfied the service identified a deterioration in condition and responded to it in a timely manner.

Documented systems and processes ensured information about consumers’ care was captured and effectively communicated. Most consumers and representatives felt care needs were well documented and effectively communicated. Staff described how changes in consumers’ care and services were communicated through verbal handover, meetings, accessing care plans or message alerts through the electronic documentation system.

Consumers and representatives indicated timely and appropriate referrals to other individuals, organisations and providers of care and services were made when they were needed. The service has policies and procedures to guide staff practice in relation to the timely referral to other health care providers. Care documentation evidenced timely and appropriate referrals to other health service providers.

Policies and processes were in place to minimise infection related risks, through implementing standard and transmission-based precautions, and to promote appropriate antibiotic prescribing to reduce the risk of increasing resistance to antibiotics. Staff could detail strategies to reduce the use of antibiotics such as; increasing fluids, completing pathology testing and providing personal hygiene to prevent infection. Consumers and representatives were satisfied with how well the service managed the COVID-19 outbreak.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 said the services and supports for daily living provided by the service met their needs, goals and preferences and their independence and quality of life was optimised. Consumers and representatives consistently provided positive feedback about living at the service and said they felt at home and could live the life they wanted. Care plans captured the consumers’ life story and identified their lifestyle likes and dislikes, social affiliations, spiritual and religious needs, and supports required.

Consumers said the service promoted their emotional and spiritual well-being and staff could describe how they supported consumers’ emotional, spiritual and psychological well-being such as facilitating visits and contact with family, friends or clergy. Care plans outlined consumers’ emotional and spiritual needs with strategies in place to support meeting these needs.

Consumers said they were supported to participate in their community within and outside the service environment as they chose. Staff described the supports in place for individual consumers to enable them to participate in the wider community, maintain personal relationships and do the things of interest to them. The lifestyle program was displayed in the dining room with activities for the week, including church services written on a large board and the monthly activity planner was displayed on the main notice board.

The service utilised an electronic documentation system and a handover process between shifts to ensure information about consumers’ care needs was exchanged. Staff detailed the process for communicating internally and externally to others with a responsibility for care. Consumers advised staff were aware of their current condition, needs and preferences and the communication processes were effective.

Documentation and staff responses showed the service made timely and appropriate referrals to individuals and other providers of care and services such as dementia support organisations, religious and spiritual groups, geriatricians, speech therapists and dieticians. Consumers confirmed the service offered to refer them to external providers of care and services as needed.

Most consumers said the meals provided were varied and of suitable quality and quantity. Consumers could order what they wanted each day from various options on the menu and there were alternatives available if they did not want something from the menu. Staff described how they met individual consumers’ dietary needs and preferences and how they communicated any changes. Records showed the service responded to consumer feedback regarding food promptly.

Consumers felt safe using the equipment provided and said it was suitable for their needs. Staff knew how to report any maintenance issues and confirmed the preventative maintenance schedule. Maintenance documentation showed regular preventative maintenance and reactive maintenance. Documented policies in relation to the maintenance of equipment, stock management and cleaning services guided staff in ensuring equipment was safe and suitable.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 said the service environment was welcoming to them, their friends and family and it created a sense of belonging. All consumers said they could find their way around the service easily and they could add personal furnishings and decorations to their bedrooms. Consumers said they liked living in the service and there were spaces to interact with others, engage in activities or sit quietly. The environment was observed to be welcoming and spacious, with no clutter, adequate lighting and clear signage to aid navigation around the service.

Consumers and representatives said the service environment was clean, well maintained and comfortable. Documented policies were in place for maintenance of equipment, stock management and cleaning services. Cleaning schedules detailed the cleaning processes, frequencies of detailed and touch point cleaning. The service environment appeared safe, clean and well maintained with outdoor areas easily accessible and being used by consumers. The Memory Support Unit had consumers sitting in the outdoor areas/garden with staff supporting them with activities.

Consumers and representatives said the furniture and equipment was safe, clean, well maintained and suitable for consumers. Staff described the process for logging a maintenance request and maintenance records showed requests were attended to in a timely manner. The organisation had documented policies in place for maintenance of equipment, stock management, and electrical safety. Furniture and equipment throughout the service appeared to be clean and well maintained.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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 felt encouraged and supported to provide feedback and said they were aware of the feedback and complaints mechanisms available and were comfortable using them, if necessary. Staff could describe the feedback and complaint mechanisms at the service and how they assisted consumers and representatives to make complaints. Feedback forms and lodgement boxes were observed in two separate areas of the service.

Consumers said they were aware of external avenues for raising and resolving complaints. Staff described how they provided information about advocacy services and external complaints avenues through the admission process, in newsletters and at consumer and representative meetings. The organisation had documented policies for consumer feedback and access to advocacy and interpreter services. Posters, including in different languages, were prominently displayed at the front entrance and the monthly newsletter detailing the steps for providing feedback including the external complaints mechanisms and advocacy services.

The service demonstrated appropriate action was taken in response to feedback and complaints and an open disclosure process was used when things went wrong. Documented policies on managing feedback and use of open disclosure guided staff in responding to complaints and using an open disclosure process. Consumers that had given feedback or made complaints were satisfied that appropriate action was taken by staff and management.

Evidence showed the service reviewed complaints and used them to improve the quality of care and services. Management detailed the processes for recording feedback and complaints and using them to continuously improve services. Consumers felt their feedback and complaints provided at resident meetings and through other mechanisms had been used to improve the quality of care and services. Documented policies set out how feedback and complaints was to be used to identify areas for continuous improvement.

**Standard 7**

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| Human resources | | Compliant |
| 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 they were satisfied with the quality of staff however some said the service was short staffed at times. While some said staff were very busy, they confirmed their current needs were being met. Consumers said call bells were answered promptly and staff were observed to be available and responsive when consumers needed them. Staff conceded there was a lack of staff in the industry generally and agency staff were used to fill vacant shifts. Rostering documents showed a few unfilled shifts in the weeks prior to the audit however, the roster was set up for when the service was at full capacity which was not the case. Call bell response times were audited in four-week blocks by the service manager and responses over 10 minutes were investigated.

All consumers and representatives said staff were kind, caring and gentle when delivery care and services. They said staff were respectful of their identity and diversity and understood their background and cultural preferences. Staff interactions with consumers were observed to be kind, caring and respectful of each consumer’s identity, culture and diversity. Staff explained the organisation set out the behaviours expected of staff in a written code of conduct document.

Consumers and representatives felt confident staff were sufficiently skilled to meet their care needs. Management detailed the processes for ensuring the workforce was competent and had the qualifications and knowledge to effectively perform their roles. Documented workforce policies, position descriptions and mandatory qualifications/certifications set out the requirements for each role.

Most consumers, representatives and staff, did not think there were any areas where staff required more training. Consumers said they were confident staff knew what they were doing. Recruitment records showed the workforce was selected, trained, equipped, and supported to deliver care and services in line with the Quality Standards. Staff training records showed staff received training upon recruitment and on an ongoing basis, to ensure they had the skills and knowledge to deliver the outcomes required by these standards. Records showed high completion rates of all required staff training.

Records showed the service regularly undertook assessment, monitoring and review of the performance of each member of the workforce. Staff performance appraisals were undertaken annually on the anniversary of commencement for individual staff members. Staff files showed evidence of performance appraisals being completed when due and performance management being undertaken when necessary.

**Standard 8**

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| Organisational governance | | Compliant |
| 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 were actively engaged in the development, delivery and evaluation of care and services. Management described a variety of mechanisms in place to ensure consumers could provide input and make decisions about the care and services provided to them. Various feedback mechanisms showed suggestions were followed up by staff and used to plan improvements.

Management described how the organisation’s governing body oversights the delivery of quality care and services and how the Board was accountable. Clinical and quality governance frameworks established cascading accountability from the service manager through various committees to the Board. Board meeting minutes and monthly clinical indicator reports evidenced regular performance monitoring by the Board. The Board communicated legislative and policy changes to the service and monitored the implementation of any changes.

The service had effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Staff described key principles of the organisation wide governance systems and policies and procedures detailed the processes around each governance system to guide staff practice. Management could describe the processes and mechanisms in place for each governance system and how they were audited.

The service had effective risk management systems in place for high impact or high prevalence risks to consumers, identifying and responding to elder abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents. Risks were reported, escalated, and reviewed by the service management and the organisation’s executive management, including the Board. Staff were able to explain the processes of risk management, including key areas of risk that had been identified and were being mitigated.

The service provided a documented clinical governance framework with policies related to antimicrobial stewardship and infection, minimisation of the use of restraint, and open disclosure. Staff were able to describe their processes in relation to antimicrobial stewardship, how they minimised the use of restrictive practices and how they used open disclosure when things went wrong.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)