Performance

Report

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| Name: | Regis Tasmania - Eastern Shore |
| Commission ID: | 8826 |
| Address: | 1 Acorn Drive, WARRANE, Tasmania, 7018 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 24 September 2024 |
| Performance report date: | 21 October 2024 |
| Service included in this assessment: | Provider: 3522 Regis Aged Care Pty Ltd  Service: 5097 Regis Tasmania - Eastern Shore |

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 Tasmania - Eastern Shore (**the service**) has been prepared by M Murray, 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 4 October 2024.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all Requirements assessed |
| **Standard 4** Services and supports for daily living | **Not applicable as not all Requirements assessed** |
| **Standard 7** Human resources | **Not applicable as not all Requirements assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |

Findings

The Assessment Team’s report for this Requirement includes information, summarised below, which I have relied on in my decision.

Consumers and representatives are satisfied with the way personal and clinical care is being provided to consumers, including in relation to pain management, wound management and the administration of psychotropic medication.

Staff said and care documentation showed that the service is delivering tailored and effective care and using a best practice approach in relation to restrictive practices.

Consumers said staff provide pain relief in response to any episode of pain. Staff described how they observe consumers for signs they may be in pain, document the administration of analgesics and follow up on the effectiveness of ‘as required’ medications in relieving the consumer’s pain.

While the Assessment Team’s report shows some inconsistencies in the recording of wound management information, wound care is being delivered in line with the needs of consumers and in line with general practitioners’ directives. Consumers with chronic wounds have their care coordinated between clinical staff at the service and specialist clinics.

Care documentation records consultation with specialist dementia services in developing non-pharmacological strategies to support consumers with changed behaviours. Representatives described assessments being undertaken by a medical practitioner prior to the prescription of medications used as a chemical restraint. Clinical staff described the service’s approach to minimising restrictive practices and the use of chemical restraint as a last resort.

Based on the information summarised above, I find the service compliant with Requirement 3(3)(a) in Standard 3 Personal care and clinical care.

# 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 |

Findings

The Assessment Team’s report for this Requirement includes information, summarised below, which I have relied on in my decision.

Consumers described in various ways that the supports they receive help them maintain their independence and quality of life and described going to planned activities, catching up with other like-minded consumers and spending time on individual pursuits. Staff described planning the lifestyle program around consumer preferences and involving consumers in the program’s evaluation and development. Lifestyle care plans are individualised for each consumer and staff were aware of individual consumer’s needs, goals and support preferences. Lifestyle staff were also observed conducting various activities in communal areas across the service that were appropriately tailored to the participants’ abilities, consumers not involved in group activities were provided with individual activity packs.

Based on the information summarised above, I find the service compliant with Requirement 4(3)(a) in Standard 4 Services and supports for daily living.

# 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 Assessment Team’s report for this Requirement includes information, summarised below, which I have relied on in my decision.

Consumers are generally satisfied that there are sufficient staff to meet their care and service needs, with some consumers noting delays in staff attendance at times. Management demonstrated the workforce is effectively planned, predominantly using permanent staff to fill the roster and ensuring a skill mix across registered nurses, enrolled nurses and care staff. Various strategies are used to support the delivery of care when unplanned staff leave occurs, including adjusting shift start and end times and using a ‘floater’ staff member. A roster review noted a low level of vacant shifts. Management said, and staff confirmed vacant shifts are offered to permanent staff prior to considering the use of agency staff. Management deploys the ‘floater’ staff member in line with consumer support needs.

Based on the information summarised above, I find the service compliant with Requirement 7(3)(a) in Standard 7 Human resources.

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)