Performance

Report

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| Name: | Regis Tasmania - Eastern Shore |
| Commission ID: | 8826 |
| Address: | 1 Acorn Drive, WARRANE, Tasmania, 7018 |
| Activity type: | Site Audit |
| Activity date: | 7 November 2023 to 10 November 2023 |
| Performance report date: | 12 December 2023 |
| 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 K. Richards, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management, and others.

The provider did not submit a response to the Site Audit report.

# 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

This Quality Standard is compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers and representatives considered consumers were treated with dignity and respect, with their identity and diversity valued. Staff described how they treated consumers with dignity and respect and knew and valued consumers’ identity and diversity. The service had an inclusivity statement and a code of conduct which established that consumers were to be treated with respect in support of their culture and diversity and identifying importance of extra support for consumers from often-marginalised groups.

Consumers and representatives considered consumers received culturally safe care and services. Staff demonstrated knowledge of consumers’ cultural backgrounds, needs, and preferences and described how they provided culturally appropriate care and services. Documentation evidenced consumers’ cultural preferences and needs were identified and included strategies to support the delivery of culturally safe care and services.

Consumers said they were supported to make and communicate decisions about their care, including who should be involved, and in addition, advised they were supported to maintain relationships. Care planning documentation evidenced consumers were supported to maintain their independence and make informed decisions, including how they would like their care and services to be delivered and who they would like to involve, and included information about connections and relationships important to them.

Consumers and representatives considered consumers were supported to maintain their independence and live life on their terms, including when it involved taking risks. Staff described how they consulted consumers and representatives in the assessment of risks and implementation of mitigating strategies. Policies outlined the service’s commitment to support consumers in living their best life by doing things with an element of risk.

Consumers said they were provided information in a timely manner which helped them to make decisions about care and services. Staff described how they communicated information in an easy to understand and timely manner for consumers, including for consumers with communication barriers. Information was observed around the service environment to support consumers in making decisions, such as the activities calendar, menu, and room cleaning schedule.

Consumers and representatives said consumers’ privacy was respected by staff. Staff described how they respected consumers’ privacy and maintained the confidentiality of personal information and were observed following privacy protocols in practice.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Staff explained how assessment and planning processes identified risks to consumers to inform the delivery of safe, effective care and services. Care plans demonstrated that individualised information about consumers’ needs and risks relevant to their health is informed through validated assessment tools and documented. The service has policies which guides staff on completing comprehensive, timely and appropriate clinical assessments to ensure that consumers’ clinical care needs are identified and met.

Consumers and representatives said, and documentation evidenced, consumers’ needs, goals, and preferences including advance care and end of life directives, were addressed with staff during assessment and planning processes. Policies and procedures guided staff in competing appropriate and comprehensive clinical assessments to identify and address consumers’ needs, including advance and end of life care.

Consumers and representatives said they were involved in the care planning processes, and included others they wished to involve, as evidenced in care planning documentation. Staff explained how they collaborated with consumers and others involved in their care, such as representatives and health care providers, in the assessment and planning of consumers’ care and services.

Consumers and representatives said they were informed about assessment and planning outcomes and were able to access a copy of the care plan. Staff described how they communicated assessment and planning outcomes, such as in person, or through email or telephone correspondence.

Care planning documentation evidenced care and services were reviewed for effectiveness including when circumstances changed, or incidents occurred impacting on the needs, goals, or preferences of consumers. Staff said consumers’ care and services were reviewed every 3 months and outlined circumstances warranting an updated care plan review beyond this timeframe, such as incidents.

# 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives considered the delivery of personal and clinical care was satisfactory and tailored to consumer needs. Staff explained how they provided best practice care tailored to consumers’ needs, for example, using validated clinical assessment tools, completing observations, charting, and reviews. Care planning documentation contained individualised information to support aspects of consumers’ clinical and personal care, and reflected consumers received safe, effective, and personalised care. Staff were guided to provide best practice care through policies and procedures.

Staff identified high-impact, high-prevalence risks associated with the care of consumers, such as falls and behaviour management, and described how they managed these risks. Care planning documentation evidenced high-impact, high-prevalence risks were identified and individualised strategies developed to minimise risks.

Management and staff described how they adjusted the delivery of care for consumers nearing end of life, for example, by monitoring and observing consumers to maximise their comfort. In addition, staff said they consulted consumers, representatives, and other providers of care to ensure consumers’ needs were appropriately supported. Care planning documentation evidenced consumers received end of life care in a way that supported consumers’ comfort and dignity, with emotional and spiritual support considered.

Consumers and representatives said, and documentation evidenced, deterioration or changes in consumers were recognised and responded to in a timely manner. Staff described how they identified signs of clinical deterioration and what they would do in response, such as completing observations, assessments, and referrals to other providers of care as appropriate.

Staff explained how they communicated information within the service and with others responsible for care, such as through staff handover processes, email correspondence, and case conferences. Documentation evidenced information about consumers was kept up to date and communicated with those responsible for care.

Consumers and representatives said consumers had access to other health professionals and providers of care as required. Management and staff described the process for referring consumers to other health professionals and advised that the service had a network of external health professionals and other services they referred consumers to. Care planning documentation demonstrated referrals were completed in a timely and appropriate manner.

Staff explained how they minimised infection-related risks, and ways they promoted the appropriate prescribing of antibiotics. Staff were observed following infection control measures, such as hand washing and wearing personal protective equipment when required. The service had an infection prevention and control lead, an outbreak management plan, policies, and procedures to support infection prevention and control measures and antimicrobial stewardship.

# 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives considered consumers received safe and effective services which helped consumers to be independent, maintain their quality of life, and met their needs and preferences. Staff explained how they supported consumers to maintain their independence, including consumers living with mobility or cognitive considerations. Staff explained feedback was incorporated into the activities program to cater towards different interests, preferences and needs, for example, exercise groups for consumers with identified falls risks, and activities were tailored for consumers with varied cognitive and mobility abilities.

Consumers reflected that staff supported their well-being, and were aware of their spiritual, emotional, and psychological needs. Management and staff explained how they supported consumers’ well-being and described the resources and services available to help consumers, such as social workers. Lifestyle staff explained they monitored participation in activities to identify consumers at risk of isolation. Care planning documentation contained individualised strategies to support consumers’ well-being.

Consumers said they were supported to participate in their community within and outside the service environment, do things of interest, and have social and personal relationships. Staff described the various services and supports available to assist consumers’ social and community participation and doing things of interest. Care planning documentation included information about consumers’ key relationships and ways to support consumers’ preferences in maintaining these relationships.

Staff said they regularly updated and reviewed information about consumers, including social, cultural and lifestyle preferences, and communicated this information through shift handover and updating consumer files. Kitchen staff said they were updated with changes to dining requirements and dietary needs and preferences. Information was observed to be confidentially stored and accessible for relevant staff to guide the delivery of care and services.

Staff explained how assessment and consultation processes identified appropriate individuals, organisations, and providers to refer consumers to, such as social workers, pastoral care, or lifestyle support services. Consumers described some of the other services and providers of care they had access to. Care planning documentation evidenced consumers were referred to other providers of care and services.

Consumers and representatives considered meals were of satisfactory quality and quantity and were suitable for consumers’ needs. Staff said they had access to consumers’ dietary information to support the delivery of appropriate meals. In addition, staff explained consumer input was sought in the development of the menu through direct feedback and monthly food meetings. Staff were observed respectfully involving consumers in the dining experience.

Consumers said equipment was safe, well maintained, and suitable for use. Staff described how they maintained the safety and cleanliness of equipment, such as cleaning shared equipment before and after use. Equipment was observed to be clean, and documentation demonstrated maintenance was undertaken.

# 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

This Quality Standard is compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers said they felt at home at the service and found it to be welcoming. Management and staff described how they supported consumers to feel at home in the service, such as encouraging consumers to personalise their rooms. In addition, staff described how they consulted consumers to arrange for suitable furniture and furnishings to be provided. The service environment was observed to be welcoming, clean and tidy, and facilitated movement for consumers of varying mobility levels.

Consumers and representatives considered the service environment to be clean, and advised maintenance requests were addressed in a prompt manner. Staff described the processes and procedures in place to maintain the safety and cleanliness of the service environment. The service environment was observed to be clean, and documentation evidenced cleaning was undertaken in accordance with schedules. Consumers and representatives said consumers were able to move freely both indoors and outdoors, which aligned with observations.

Consumers and representatives reflected that equipment and furnishings were well maintained and clean, and maintenance requests were resolved in a timely manner. Staff described the schedules and processes in place to maintain the safety of equipment, furniture, and furnishings, for example, monthly audits and regular checks. Documentation demonstrated appropriate systems and processes were in place to maintain oversight of preventative and reactive maintenance. Furniture, fittings, and equipment were observed to be clean and suitable for use.

# 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

This Quality Standard is compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers advised they were encouraged and supported to raise concerns or provide feedback, for example, by providing direct feedback to staff, completing a feedback form, or through consumer meetings. Management and staff described the different ways consumers were encouraged and supported to provide feedback and complaints in line with the service’s feedback and open disclosure policies.

Consumers said they were aware of and had access to advocates and other ways of raising and resolving feedback. Management and staff described how they would support consumers in accessing advocacy and interpreter services. Information about advocates, language services, and other external complaints services was observed throughout the service environment.

Consumers said their complaints were responded to appropriately, and staff communicated with them to discuss their concerns and offered an apology when things went wrong. Management and staff described how they would respond to complaints in an appropriate manner using an open disclosure process, consistent with the service’s policy. For example, management explained that complaints were acknowledged, with an apology provided, and actions undertaken to resolve matters. Documentation evidenced complaints were acknowledged and actioned appropriately.

Consumers said their feedback had resulted in improvements to care and services. Management described various ways feedback and complaints were reviewed and used to make improvements to the quality of care and services, such as reviewing the feedback register to identify trends and initiate improvements. Documentation evidenced feedback and complaints were reviewed and used to inform improvements. For example, following consumer feedback improvements to the lounge areas of the service environment were completed for new furnishings and equipment.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives reflected that staff were available to meet consumers’ needs, and staff promptly responded to calls for assistance. In addition, staff considered there were appropriate staffing levels to meet the needs and preferences of consumers, and advised they had enough time to undertake their allocated tasks and responsibilities. Management described the workforce planning and management strategies in place to maintain oversight of the delivery of safe, quality care and services, including accounting for unplanned leave. Documentation demonstrated systems were in place to monitor and track the care minutes provided per consumer, and staff rosters evidenced all scheduled shifts were filled.

Consumers and representatives considered that their interactions with staff were kind, caring, gentle, and respectful towards consumers’ culture and identity. Management described consideration of staff fit with the organisation’s values and mission within recruitment processes and described ways workforce interacted with consumers in a respectful way. The service has introduced initiatives, such as the continuity of carer role, to build strong trusting relationships between staff, consumers, and representatives.

Management said staff were provided clear expectations of their role, and any changes were communicated. Management described the systems in place to monitor employees’ qualifications, police checks, and professional registration, and documentation evidenced staff were appropriately qualified. Position descriptions, policies, and procedures contained clear expectations for staff around the delivery for care at the service.

Staff said they were equipped to provide high-quality care to consumers and were able to request support if required. Management outlined the service’s induction, education and training processes, and ongoing support provided to staff through one to one and regular staff meetings, and issues identified through monitoring processes are used to drive training. Documentation evidenced training covered various topics relating to these standards, such as restrictive practices and incident management.

Management explained how they maintained oversight of the regular assessment, monitoring, and review of the performance of each member of the workforce in line with the service’s policies. Staff advised they had undergone performance appraisals and were encouraged to request support with their performance throughout the year. Documentation demonstrated performance appraisals were up to date.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers considered they were engaged in the development, delivery, and evaluation of care and services. Management and staff could describe the various mechanisms in place to engage consumers in the development, delivery, and evaluation of care and services, and documentation demonstrated consumers’ involvement.

Management described how they governing body was involved and accountable for the delivery of safe, quality care and services, outlined within the organisational chart and governance framework. Management explained how the governing body maintained accountability through organisational structures, such as the business structure and executive committees, and clear reporting lines to the Board. Documentation evidenced the governing body was involved and accountable for the delivery of care.

Management and staff feedback, and documentation demonstrated, that effective organisation wide governance systems were in place for information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. Governance systems were supported by policies, procedures, training, organisational reporting lines, and audit mechanisms.

The service had a risk management framework which maintained oversight of the identification, monitoring, and review of risks. Management and staff described the processes in place for identifying and managing high-impact or high-prevalence risks, prevention of abuse and neglect, and incident management. Clear organisational reporting lines set out expectations and responsibilities in escalating, responding to, and managing risk. Staff described how they would respond to risks, for example incidents, in accordance with guidelines, procedures, and policies. Management and staff described how consumers were supported to live the best life they can, through informed discussions and assessments of risks with consumers. Documentation evidenced incidents were referred to the Commission under the Serious Incident Response Scheme (SIRS) within the reportable timeframe.

The service had a clinical governance framework which was supported by policies and procedures, training, committees, and reporting requirements relating to clinical care, such as antimicrobial stewardship, minimising the use of restraint, and open disclosure. Management described the training, policies, processes, and monitoring pathways in place for antimicrobial stewardship, minimising the use of restraint, and practicing open disclosure.

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