Performance

Report

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| Name of service: | Regis Tasmania - Legana |
| Service address: | 1-9 Freshwater Point Road LEGANA TAS 7277 |
| Commission ID: | 8053 |
| Approved provider: | Regis Aged Care Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 5 June 2023 to 6 June 2023 |
| Performance report date: | 28 June 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 Tasmania - Legana (**the service**) has been prepared by N Eastwood, 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 - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been 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 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)(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 |

Findings

The service was previously found non-compliant with these requirements following a Site Audit performed between 7 March 2023 and 9 March 2023. At the time of the site Audit the service was unable to demonstrate:

* each consumer was being treated with dignity and respect and their diversity recognised and valued, and
* information was being communicated in a way that is easy to understand. Consumers with sensory deficits indicated they were not provided avenues to enable them to access and understand information provided.

Since the Site Audit the service has implemented a number of effective strategies to address the identified deficits.

With regard to requirement 1(3)(a) education has been provided to staff including privacy and dignity, appropriate communication when addressing consumers, and supporting consumers with sensory deficits. An external service has been engaged to provide specialist input related to care provision and supports for consumers and families such as services for the vision and hearing impaired, and community based volunteer services. All consumer lifestyle assessments are being reviewed in consultation with consumers.

Consumers indicated they are mostly treated with respect and dignity and that staff were aware of their individual needs and preferences. Most staff can demonstrate an understanding of consumer diversity and consequent individual care service requirements, with some care planning documents confirming supporting the approach. The Assessment Team noted a care planning document review which shows care plans do not consistently reflect person centred care and identify what is important to each consumer. Staff demonstrated knowledge of consumer individual preferences, however, not all staff could identify consumers living with sensory deficits. Management explained, following the previous Site Audit findings, all consumer lifestyle care plans are currently undergoing a systematic review. The Assessment Team observed consumer and staff interactions as kind and respectful.

With regard to requirement 1(3)(e) a review of all consumer lifestyle assessments and goals of care has been commenced, as well as consulting with consumers identified with sensory deficits to identify consumers preferred method of receiving information.

Consumers indicated satisfaction with how information is communicated to enable them to make informed choices. Staff were able to identify strategies to assist consumer receipt of information that was clear and easy to understand, care planning documents and IMS alerts demonstrate interventions to support consumers access to information to enable decision making. The Assessment Team observed communal notice boards, activity calendars and menus on display throughout the service. Activity calendars were observed in most consumer’s rooms as well as specific strategies for identified consumers with sensory deficits. The Assessment Team reviewed education records which support further training provided relevant supporting consumers with sensory deficits.

As a result, and with consideration to the implemented actions and available information I find these requirements are now compliant.

# Standard 4

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| Services and supports for daily living | |  |
| 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 |

Findings

The service was previously found non-compliant with these requirements following a Site Audit performed between 7 March 2023 and 9 March 2023. At the time of the site Audit the service was unable to demonstrate:

* adequate emotional support for consumers during times of distress and lifestyle staff were not providing adequate support for those consumers feeling isolated, and
* consumers were supported to do things of interest to them, or to participate in the community. Consumers with sensory and/or cognitive impairment were significantly impacted, with a lack of meaningful activities available to them.

Since the Site Audit the service has implemented a number of effective strategies to address the identified deficits.

With regard to requirement 4(3)(b) education has been provided to staff on topics including, supporting consumers with sensory deficits, and recognising and understanding social isolation in consumers and the potential for depression. Wellness checks are carried out, external agencies have been engaged to assist with mental health services and community based volunteer programs, specialist dementia consultancy services and allied health professionals. There has been an increase in lifestyle staffing and they are continuously evaluating activities by regular consultations with family and consumer’s regarding current activities.

Consumers expressed satisfaction with the opportunities provided to participate in activities that are meaningful to them and support their emotional and spiritual needs. A recent change in personnel supports staff working throughout the entirety of the service, including weekends. Lifestyle staff described utilising resources from external services to enhance consumers’ comfort and wellbeing, implementing suggestions from consumers into activities offered, and providing individual one-on-one visits as appropriate. Care staff demonstrated their understanding of the consumer needs and preferences, explaining to the Assessment Team which individuals benefitted from certain interactions and activities. The Assessment Team observed large activities calendars on display on the information boards throughout the service, a daily activity schedule was also noted. Activities listed on schedule included church services and one-on-one pet therapy to foster spiritual and psychological well-being.

With regard to requirement 4(3)(c) lifestyle staff conduct ‘wellness checks’ to ensure consumer’s feel supported, a range of activities have been developed for consumers with sensory deficits and consumers with sensory or cognitive impairment are consulted individually to ensure that are aware of daily activities and feel supported to attend and participate.

Consumers expressed satisfaction with the opportunities they have to participate in activities that are challenging and enjoyable and take them outside the service. An increase in lifestyle staff has supported the opportunities to take consumers on bus trips, cafe visits and sightseeing outside the service. Lifestyle staff demonstrated their understanding of the consumers with specific needs and preferences due to their sensory or cognitive impairment. The Assessment team observed activities which were interactive and well engaged in by consumers, a review of documentation identified that reminders were in place for specific consumers, and activities calendar included a variety of activities both within and outside the service including a pub outing, social visits, scenic drive, and bingo.

As a result, and with consideration to the implemented actions and available information I find these requirements are now compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |

Findings

The service was previously found non-compliant with this requirement following a Site Audit performed between 7 March 2023 and 9 March 2023. At the time of the site Audit the service was unable to demonstrate interactions with consumers that recognise their life experience and abilities, and do not show an understanding of what is important to each consumer.

Since the Site Audit the service has implemented effective strategies to address the identified deficits including effective engagement with external providers and further education and training for staff.

Consumers provided positive feedback related to the interactions with staff and treatment they receive. The Assessment Team reviewed documentation which reflected individualised strategies for specific consumers as well as contemporaneous information sharing relevant to daily activities and reminders for specific consumers. Staff education records demonstrate delivery of training to staff on dignity and respect. Management indicated the toolbox talks relating to dignity and how to address consumers appropriately have been previously provided at the time of the previous Site Audit 9 March 2023 with 27 attendees and 12 April 2023 with 5 attendees, management explained this education is to be ongoing with all staff involved. The Assessment Team observed staff were kind and respectful addressing consumers by name.

As a result, and with consideration to the implemented actions and available information I find this requirement is now compliant.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)