Performance

Report

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| Name of service: | Regis Tasmania – Norwood |
| Service address: | 8 Blenheim Street NORWOOD TAS 7250 |
| Commission ID: | 8058 |
| Approved provider: | Regis Aged Care Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 18 October 2022 to 20 October 2022 |
| Performance report date: | 15 December 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 Tasmania - Norwood (**the service**) has been prepared by James Howard, 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 conducted from 18 October 2022 to 20 October 2022; the site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives.
* Other information and intelligence held by the Commission in relation to this 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 were treated with dignity and respect, and their identities, cultures and diversity were appreciated and valued. Staff were observed interacting respectfully with consumers and described treating consumers with respect by using their preferred names, acknowledging their choices, and building rapport with each consumer to understand their backgrounds, life histories and needs. Care planning documentation reflected each consumer’s diversity.

Consumers described how staff value their cultures and diversity, and felt staff respected their individual backgrounds to deliver culturally safe care and services. Staff described how consumers’ cultures influenced how they delivered day-to-day care and services. The activities schedule showed the service celebrated cultural days of significance. Organisational documentation including policies, newsletters, handbooks, and consumer meeting minutes outlined how the service respected consumers’ cultural backgrounds.

Consumers and representatives confirmed consumers were supported to exercise choice and independence and to maintain relationships. Care planning documentation reflected how individual choices were made by consumers about care provided and those involved with decision making. Staff described how consumers were supported to make informed choices about their care and services, and to maintain relationships; a married couple were accommodated in adjoining rooms and could visit one another whenever they wished.

Consumers said the service supported them to take risks to live their best lives, such as leaving the service independently, smoking, and keeping personal items in their rooms like heaters. Staff described areas in which consumers who wanted to take risks were supported to understand the benefits and possible harm and were involved with identifying strategies to reduce risk for consumers where possible, and these were reflected in risk assessment documentation.

Consumers and representatives described how the service regularly communicated with them and provided information which enabled them to make informed choices through verbal updates, electronic messaging, and meetings. Staff described how they used visual cues to prompt consumers with sensory or cognitive impairment about activities. The service provided and displayed information throughout the service to inform and support consumer choice via brochures, posters, and whiteboards.

Consumers and representatives reported consumer privacy was respected, and their personal information was kept confidential. Staff outlined practical ways they respected the personal privacy of consumers, such as knocking on doors before entering consumer rooms, logging off computers, and conducting handovers privately. Staff were observed delivering care and services in accordance with the services’ privacy and confidentiality policies and procedures.

# 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 were involved in and contributed to the care planning process. Care planning documentation detailed individual consumer risks and the strategies used to reduce or eliminate those risks. Staff described the care planning process, and how it informed the delivery of care and services. Management said initial consumer assessments were completed within the first 24 hours from admission and care plans were assessed using a checklist scheduled over a 28-day period.

Consumer care planning documentation identified and addressed consumers’ current needs, goals and preferences, including advance care planning and end of life planning, if consumers wished. Management said consumers and representatives were encouraged to complete advance care plans and for them to be regularly reviewed. The service had a palliative care policy which supported consumers’ end-of-life journey.

Consumers and representatives said they were involved in assessment and planning of care and felt like partners in the process. Staff said case conferences involved the consumer and representatives, and others involved in the care of the consumers. Care planning documentation showed regular case conferences occurred in accordance with the service’s policy and the electronic care management system showed referrals of consumers to their medical officer and other allied health care providers such as dieticians and physiotherapists.

Consumers said outcomes of assessment and planning were effectively communicated to them and their representatives and documented in a care and services plan that was readily available to them and to those who were involved in their care. Consumers and representatives confirmed they could access a copy of consumers’ care plans if they asked, as the service provided a printed summary of the care plan upon request to consumers and representatives.

Care planning documentation showed review of care and services on both a regular basis and when circumstances changed. Consumers and representatives said that clinical staff regularly discussed their care needs with them. Staff said consumers were reviewed on a 3-monthly schedule during a care planning review. Management described how and when consumer care plans were reviewed and how the service responded to incidents or changes.

# 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 received safe and effective personal and clinical care. Care planning documentation included care assessments, care and service plans, progress notes, medication and monitoring charts, and the documentation reflected individualised care that was safe, effective and tailored to the specific needs and preferences of the consumer. The service has policies, procedures, and work instructions for key areas of care including, but not limited to, restrictive practices, wound and pain management, all of which were in line with best practice.

Management described how the service monitored clinical indicators to determine trending consumer risks including falls, skin integrity, pressure injury and medication incidents. Staff were familiar with high-impact and high-prevalence risks for consumers and explained these were discussed during handover. The service had documented policies that included the treatment of pain, falls, wounds, medication management, infections, and medication management.

Consumer care planning documentation reflected advance care and end of life planning were discussed with consumers. Staff said when a consumer was recognised as nearing the end of life, a family consultation occurred, and the medical officer and palliative care services were consulted, with the aim of ensuring the consumer was as comfortable as possible and free of pain. The service had a palliative care policy to ensure consumers and their families were actively involved in the ongoing person-centred care provided to consumers and encompassing their psychological, cultural, social and spiritual needs.

Consumers and representatives said the service was responsive when there was a change in the health of consumers. Care planning documentation and progress notes demonstrated the identification of, and response to, deterioration or changes in the condition of consumers. Staff explained that when deterioration was observed, changes were documented, senior clinical staff were notified, and the medical officer was usually notified, with referrals to other specialist providers arranged if needed. The service had an acute deterioration policy to ensure that changes in consumers’ physical, mental, or cognitive conditions were recognised, assessed, and responded to in a timely manner.

Consumers and representatives said consumers’ care needs and preferences were effectively communicated between staff and they received the care they need. Care planning documentation demonstrated progress notes, and care and service plans provided adequate information which supported effective and safe sharing of consumer information to support care. Staff described how information was discussed during staff meetings and handovers, and handover and progress notes were updated.

Care planning documentation and progress notes confirmed the input of others and referrals when needed. Consumers and representatives said they had access to external allied health professionals when they needed them, and referrals were timely, appropriate and occurred when needed. Staff said management ensured all requests for support from allied health services were actioned and organised the appointments. Staff were reminded of external appointments for consumers in the handover notes and in the messaging section of the electronic care management system.

Consumers and representatives said they observed appropriate infection control procedures used by staff such as washing their hands, using hand sanitiser, and wearing personal protective equipment appropriately. Staff were observed following all infection control procedures and adhering to the COVID-19 screening procedure in place at the service. Management described monitoring and managing antibiotic usage to reduce the risk of increasing resistance to antibiotics, antibiotics were typically commenced following a confirmed pathology result to ensure its appropriateness.

# 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 described their interests and advised they enjoyed participating in the lifestyle activities offered at the service. Care planning documentation demonstrated that information supported consumers to do things they wanted to do, and included specific care plans for leisure and recreation, cultural, social, emotional, and spiritual activities. Staff knew what was important to consumers and their interests, and these were reflected in care planning documentation.

Consumers reported their emotional, spiritual, and psychological needs were supported, and they could stay in touch with family or friends for comfort and emotional support; staff knew them well and could identify when they were feeling low to provide emotional and psychological support such as one-on-one time and offer refreshments. Care planning documentation detailed consumers’ social and emotional, and spiritual well-being.

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. Care planning documentation aligned with information provided by consumers, representatives, and staff regarding their continued involvement in their community and maintaining personal and social relationships. The current activities calendar reflected a range of activities for consumers, which included bus outings to places of interest, such as the park or town.

Consumers and representatives indicated consumers’ conditions, needs and preferences were effectively communicated with the service and with others responsible for care. Staff interviewed were able to describe ways in which they shared information and were kept informed of the changing condition, needs and preferences for each consumer. Care planning documentation provided comprehensive information which supported effective and safe care, as it related to services and supports for daily living.

Consumers said they were supported by external organisations, support services and providers of other care and services, these were also reflected in care planning documentation. Staff knew of external lifestyle services available to consumers such as religious and specialist health organisations; volunteers visited the service to provide a range of activities for consumers including prayer groups, playing musical instruments and entertainers.

Consumers and representatives said they were satisfied with the variety and quantity of food provided and could choose an alternative for all daily meals if they did not like what was on the menu. Care planning documentation reflected consumers’ dietary needs and preferences, this aligned with feedback from consumers and representatives. The main kitchen and serveries were observed to be clean and tidy with staff observing general food safety.

Consumers and representatives advised they had access to equipment, including mobility aids, shower chairs and manual handling equipment, to assist with their daily living activities as well as resources and equipment provided for leisure and lifestyle activities. Staff said they had access to equipment when needed and described how equipment was kept safe, clean and well maintained. Staff confirmed they were adequately trained on how to safely use all equipment, particularly transfer and mobility equipment.

# 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 confirmed that the service is welcoming, makes them feel at home and enables them to have a say in the design of the environment which creates a sense of belonging. Staff described aspects of the service design that supports consumers with cognitive impairment. The service was observed to be spacious with courtyards, gardens, seating, and shaded areas for consumers to use.

Consumers and representatives said the service was safe, clean, and well maintained; consumers confirmed they could move freely indoors and outdoors. Maintenance staff explained reactive and preventative maintenance schedules and the maintenance log demonstrated completed action items. Staff explained how cleaning schedules ensured the service was kept clean and described how consumers with limited mobility were supported to move freely around the service.

Consumers were observed using a range of equipment aids and confirmed that the service and equipment was safe, clean, and well maintained. Staff described how equipment aids for consumers were cleaned after each use, and the maintenance system ensured equipment was always safe to 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

Consumers and representatives knew how to give feedback or make a complaint, they felt comfortable doing so, and described various ways in which they could provide feedback and complaints. Staff described processes in place to encourage and support consumers and representatives to provide feedback such as verbally with staff, at consumer and representative meetings, and via feedback forms available throughout the service.

Consumers and representatives said they knew how to raise complaints and were aware of external complaints mechanisms, and advocacy services available to consumers. Staff described external advocacy services available for consumers, were familiar with how to assist consumers with communication and/or sensory impairment to raise concerns and confirmed interpreter services were not currently required as all consumers could converse in English.

Consumers and representatives said the service addressed and resolved their concerns, and used an open disclosure process. Staff described the underlying principles of open disclosure, including being open and transparent. The service had an open disclosure policy which stated the organisations’ commitment to communication with consumers and representatives in an open and transparent manner.

Consumers and representatives confirmed feedback and complaints were used to improve care and services, this was demonstrated through examination of the continuous improvement register. Staff described the main areas of complaints and actions taken in response, such as recent changes to the menu based on consumer complaints and feedback. The service demonstrated it had 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

Staff advised the service had adequate staffing numbers to meet consumer care needs and services. Call bell response times were monitored through observations and monthly audits, and staff were reminded and trained to ensure that they responded to call bells in a timely manner. Whilst consumers indicated that, on occasion, staff were rushed when delivering care, call bell records showed that, overall, staff responded to call bells within required timeframes and on occasions where minor delays were experienced, no impacts to consumers were identified.

Consumers and representatives said that staff were kind, caring and respectful. Staff were observed greeting consumers by their preferred names and demonstrated they were familiar with each consumer’s individual needs and identity. The service had policies and procedures which guided staff practice in respectful interactions with consumers.

Consumers and representatives said they considered staff to be skilled and competent in their roles. Management described mandatory and essential training for staff completed annually or as required, and staff confirmed they were confident training equipped them with the knowledge to carry out care and services for consumers. Position descriptions demonstrated key competencies and qualifications were specified for each role, and staff were required to have relevant qualifications.

Consumers and representatives believed staff had the appropriate skills and knowledge to ensure the delivery of safe and quality care and services. Management described annual mandatory and online training for staff which included mandatory and essential modules. Staff confirmed completing training on manual handling, restrictive practices, and the Serious Incidents Response Scheme and described how they accessed policies and procedures via the service’s online portal.

Management described how staff performance was monitored through a performance management system with an annual appraisal and ongoing monitoring and review. The service had a suite of policies which informed and guided staff to perform their duties to the best of their abilities and to an acceptable level and to comply with policy requirements. All annual staff performance appraisals were completed and documented accordingly.

# 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 had established processes which supported consumers to engage in the development, delivery and evaluation of care and services. This was confirmed by consumers and representatives, who indicated they were confident the service was run well, and they were engaged in these processes. Staff described ways consumers were regularly involved in decisions about changes within the service, such as at consumer and representative meetings. Documentation such as the continuous improvement register demonstrated consumer involvement in developing and evaluating care and services.

Management said the management boards’ commitment to high quality care for consumers delivered through robust, integrated, and effective governance, was outlined in the service’s clinical governance policy. Staff described how any changes in legislative and clinical best practice were reported to the Board and appropriate changes were recommended by the board. Regular communication between the board, management and the service was evident through Board meeting minutes.

Management and staff described 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. Policy and procedures were in place which supported all governance systems and service level information, feedback and data was collated and reported to the board on a regular basis.

The service had effective risk management systems and practices, including managing high impact or high prevalence risks associated with the care of consumers, identifying, and responding to abuse and neglect of consumers, supporting consumers to live the best lives possible and managing and preventing incidents using an incident management system. Staff said they received training on high impact and high prevalence risks such as falls, pain, wounds, behaviour management and medication management. The service had policies and procedures related to high impact and high prevalence risks to guide staff practice.

The service had a strategic quality and clinical governance framework with the purpose of achieving consistently high-quality care by defining a person-centred, high-quality experience for consumers which was effective, integrated, and safe. Documentation showed staff understood relevant policies, such as antimicrobial stewardship, minimising the use of restrictive practices and an open disclosure policy and staff confirmed they attended training in relation to these areas of care.

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)