Performance

Report

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| Name of service: | Regis The Gap |
| Service address: | 6 Kilbowie Street THE GAP QLD 4061 |
| Commission ID: | 5913 |
| Approved provider: | Regis Group Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 31 January 2023 to 2 February 2023 |
| Performance report date: | 13 March 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 The Gap (**the service**) has been prepared by K. Spurrell, 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, 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 the 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 said they feel respected by staff, staff know them and address them by their preferred name and support their choices. Staff were observed speaking of the consumers with respect, were familiar with individual consumer’s preferences and interests, and knew how support consumers to choose what they want to do. Care planning documentation included information about consumer’s individual identity such as their cultural background, preferred language, religious or spiritual beliefs, and unique personal information about life stories and interests.

Staff advised information about consumers’ individual identity is captured during intake and updated as their care plan is reviewed and developed. Staff were familiar with assessment and planning processes guided by individual cultural preferences, and any special considerations. Training records evidenced that all staff had completed cultural awareness and diversity training as part of mandatory training. Care planning documentation evidenced consumers’ preferences such as dietary requirements and cultural celebrations of importance.

Consumers and representatives said consumers are supported to exercise choice and independence regarding their care and services, and to maintain relationships with their family and friends. Staff described how information is collated during intake about key representatives, advocates, or others who the consumer would like involved in their care. Care planning documentation included details and contact information for nominated representatives and other primary contacts.

Consumers and staff explained assessment process undertaken when a consumers’ activity of choice included an element of risk, including consultation with consumer, consumer representatives, clinical and lifestyle staff. Care planning documentation identified that risk assessments and dignity of risk forms were in the consumer care plans when applicable.

Consumers said they have current information about daily menus, activities, and events within the service, and referenced activities currently available. Consumers outlined daily visits from the lifestyle staff to update them on changes. Staff explained how they provide information to consumers in an accurate and timely manner that was easy to understand, including for those consumers with a cognitive or other impairment. Staff advised consumer and food focus meetings are conducted monthly and staff were observed providing relevant information to consumers in a way suitable to the consumer.

Consumers and representatives reported they privacy is respected and expressed confidence that personal information is kept secured, including being able to lock their door or request knocking before entering. Staff described how consumer’s privacy is respected by staff, how personal information is stored electronically with restricted access based on assigned roles, and mandatory training that is assigned to all employees. Staff were observed respecting consumers privacy and accessing care information with personalised logins and passwords.

# 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 satisfied with care and services provided, and staff supported the consumer’s health and wellbeing. Care planning documentation demonstrated individualised information regarding potential risks to consumer’s health and wellbeing. Staff were familiar with assessment and planning processes.

Consumers and representatives described how staff discuss what is important to them as well as advance care and end of life preferences. Care planning documentation identified consumers’ current needs, goals, and preferences and contained end of life planning documentation. Staff explained how they approach end of life planning conversations with consumers and their family and were familiar with what important to individual consumer needs.

Consumers and representatives said they participate in care planning processes with the service. Care planning documentation demonstrated the service includes other individuals in the care of consumers. Staff described how assessment and care planning is completed in partnership with consumers and representatives. Policies and documentation indicated how the service works with consumers, representatives and other providers of care and support organisations.

Consumers and representatives said staff explain things to them about their care and they understand their care plans. Staff explained how they communicate with consumers and representatives about changes to consumers care plans. Management identified ways they know that all staff are following care plans. Care planning documents were observed to be readily available for staff delivering care.

Consumers and representatives said staff contact them when something happens which changes health circumstances, goals, or preferences. Management explained how and when care plans are reviewed, and staff explained how incidents inform the review of care and services for consumers. Care planning documentation evidenced review on a regular basis and were noted to be updated when circumstances changed, or incidents occurred.

# 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 confirmed consumers receive the care they need and are satisfied with management of individual risks, including falls, pressure injuries and pain. Staff demonstrated individual knowledge of consumers’ personal and clinical care needs, and how they meet these. The service has policies, procedures and tools in place to support the delivery of care provided including for restrictive practices, falls management, pressure injury prevention and management, and a pain management policy that incorporates ongoing pain assessment to guide staff practice.

High impact or high prevalence risks are effectively managed at the service. Management and clinical staff demonstrated sound knowledge of managing risks for consumers including alternative strategies prior to the use of psychotropic medication; falls risk strategies such as sensor mats and frequent visual observations; diversion and communication to manage behaviours; pressure injuries risk strategies such as use of pressure relieving equipment and frequent repositioning. Care planning documentation described the key risks to those consumers such as falls, pressure injuries, swallowing and behaviours. The service has a suite of documentation and policies to guide staff practice.

Care planning documentation of consumers who were receiving palliative care contained relevant end of life planning documentation. Staff described how they adjust their care to reflect the needs to support the end-of-life process. The service has a palliative care policy which explains to staff how to deliver care.

Consumers and representatives said staff work together to meet consumer care needs as well as acknowledging their preferences. Staff explained how they are kept informed about changing needs and preferences of consumers. Information about consumer’s conditions, needs and preferences was observed to be documented and communicated with those responsible for providing care.

Consumers and representatives stated consumers have access to a medical officer or specialist when they need it. Staff explained the process for referring consumers to other health professionals care planning documentation demonstrated the input of medical officers and a range of allied health professionals.

Consumers and representatives reported they are satisfied with the service’s infection control practices. Staff knew how to apply infection control practices within the service and described how they minimise the need for antibiotics and ensure that when antibiotics are used, they are used appropriately. The service has an infection control policy to guide staff practice in relation to minimising the spread of pathogens and infections, antimicrobial stewardship to improve consumer outcomes.

# 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 stated they participate in activities of interest to them. Staff described consumer preferences and needs when providing supports for daily living. Care planning documentation demonstrated that a range of lifestyle information is recorded including consumer goals, needs and preferences. The activity calendar demonstrated a range of activities are offered to consumers.

Consumers said the service supports their emotional, spiritual, and psychological wellbeing. Staff described the layered support model they provide to identify and monitor mental health and well-being of the consumers. Care planning documentation included information about consumers’ personal interests and preferences, including what they like to do when they are feeling low.

Consumers reported they felt supported to keep in touch with their loved ones and do things of interest to them. Staff explained the different programs which are running and being implemented to assist consumers to participate in their community and have social and personal relationships and do things that interest them. Visitors were observed spending time with their loved ones in the communal coffee shop and courtyard gardens, while others preferred the privacy of their rooms.

Consumers and representatives said staff inform them of any changes to their care needs or preferences, including health concerns, incidents, or changes to the condition or care of the consumers they represent. Staff, at all levels of the service, were able to explain the processes applied to communicate information about consumer’s condition, needs and preferences relevant to their roles. Care planning documentation demonstrated that consumer information is updated and communicated within the organisation.

Consumers stated they have access to services and supports outside the service and they receive lifestyle support from outside individuals, such as volunteers, students and social workers. A review of care planning documentation shows how consumers are supported by outside organisations. Lifestyle staff were able to explain how the service works with outside organisations and individuals to enhance consumers’ lifestyle experiences.

Consumers reported that meals provided were varied and of suitable quality and quantity. Staff explained the process of how menus are developed in consultation with consumers, and how meals were ordered, stored, plated, and presented. The service provided documentation including menus, consumer specific dietary requirements, consumer preferences, and feedback mechanisms to evidence that meals provided are suitable quality and quantity.

Consumers and representatives reported that equipment was clean, safe, and well maintained. Maintenance staff explained cleaning, maintenance and repair processes. Cleaning schedules and other documentation demonstrated that cleaning and maintenance is up to date and completed.

# 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 described the service as comfortable and welcoming, and they felt they were free to do move about the service and do things they wanted to do. Staff explained how they work to ensure that consumers and their visitors feel comfortable and at home, and how they encourage consumers to be as independent as possible and socialise with others.

Consumers and representatives reported the service was clean and well maintained, and they felt safe and free to move around as they wished. Staff explained cleaning and maintenance regimes and how consumer preferences are considered. Maintenance schedules and other documentation demonstrated maintenance was completed and up to date.

Consumers and representatives reported that furniture and equipment is clean, safe, and well maintained. Staff explained cleaning, maintenance, and repair processes. Documentation Team indicated that cleaning and maintenance schedules were up to date.

# 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 stated that consumers are encouraged and supported to raise concerns or provide feedback through directly talking to staff, completing a ‘feedback form’, providing feedback at consumer/representative meetings or via email. Staff described ways for consumers to provide feedback, comments, suggestions, compliments, or complaints as per the service’s consumer feedback policy. Feedback forms and boxes were observed located at the main access points throughout the service.

Consumers and representatives reported they are informed about how to access advocacy, interpreter, legal services, as well as external complaints through the resident handbook, brochures, posters and newsletters. Staff knew how to access advocacy and interpreter services for consumers. Advocacy and interpreter information for external advocacy support groups and translating/interpreter services were observed within the service.

Consumers and representatives felt the service responds to their complaints appropriately and the communicates effectively to discuss their concerns. Staff were aware of the complaint management and open disclosure process. The service’s feedback and complaint system included the description of complaints, suggestions or compliments and the action taken in response.

Consumers said feedback and complaints are reviewed and used to improve the quality of care and services. Staff described how service improvements have been made in response to feedback, and the service’s feedback policy states that feedback and complaints data are reviewed and analysed to improve the quality of care and services. The plan for continuous improvement register detailed the changes made in response to feedback and complaints to improve services.

# 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

Consumers and representatives reported there is adequate staff and staff respond to call bells promptly. Management reported any shift vacancies are adequately filled. Rosters and other documentation demonstrated the service has sufficient staff to fill shifts to deliver safe and quality care and services.

Consumers and representatives felt the workforce interactions with consumers is kind, caring and respectful regardless of cultural background. Staff were observed addressing consumers by their name and using respectful language when assisting consumers.

Consumers and representatives felt staff knew what they were doing. Management described the process to ensure that staff are suitable for, and competent in their role. Recruitment and employment documentation demonstrated staff have appropriate qualifications, knowledge, and experience to perform their duties.

Consumers and representatives were satisfied that staff are adequately trained and equipped to do their jobs. Management said that they train and equip the workforce as per their Learning and Development Framework through online learning and face-to-face training. Staff said adequate training is provided to perform their assigned duties. Training documentation demonstrated the workforce is recruited, trained, equipped and supported to deliver outcomes required by the Aged Care Quality Standards.

Staff described performance assessments processes, and staff records, and documentation evidenced staff performance through staff appraisals every 12 months as per the service’s performance review policy and procedure. An electronic system is utilised to record and monitor timeliness of performance assessments.

# 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

Consumers reported they are engaged in the development, delivery and evaluation of care and services. Staff described various mechanisms used to engage consumers such as consumer/representatives’ meetings, surveys and direct feedback from consumers and representatives. Feedback documentation evidenced that consumers are engaged and supported in providing input on service delivery.

Consumers said that they feel safe and receive the care they need. Management described how the governing body, are involved in the delivery of care and services as outlined in its organisational governance and related policies; policies reflected how the governing body is committed to creating an environment where consumers are actively supported to partner in care and is accountable for its delivery.

The service demonstrated that appropriate governance systems are in place including a governance and reporting structure, electronic information management, workforce management, continuous improvement, policies and procedures, management meetings, reports including information for the governing body to satisfy itself that the Quality Standards are met.

The service has a risk management framework and risk management policy to outline the approach and process in place for managing risk efficiently and effectively. Management and staff described processes in identifying and managing high impact and high prevalence risks, prevention of abuse and neglect, and incident management. Reporting lines are in place where risks are escalated to management and further to the governing body.

The organisation has a clinical governance framework in place including policies, procedures, service delivery practices, and staff training requirements across areas such as antimicrobial stewardship, restrictive practices, and open disclosure. The services’ Antimicrobial Stewardship Policy Statement confirmed that a system is in place to promote the appropriate use and review of antibiotics to optimise consumer health outcomes. The service’s Open Disclosure Policy outlines the minimum requirements to ensure effective communication with consumers and representatives and to offer support and an apology when things go wrong. Staff were familiar with restrictive practices and said restrictive practices are only used as a last resort.

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)