Performance

Report

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| Name: | Regis Tiwi |
| Commission ID: | 6997 |
| Address: | 11 Creswell Street, TIWI, DARWIN, Northern Territory, 0810 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 9 October 2024 |
| Performance report date: | 11 November 2024 |
| Service included in this assessment: | Provider: 3522 Regis Aged Care Pty Ltd  Service: 5397 Regis Tiwi |

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 Tiwi (**the service**) has been prepared by R Beaman, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 30 October 2024. The response includes commentary and supporting documentation directly relating to the deficits identified, as well as a plan for continuous improvement outlining the issues, planned actions with time frames, and a plan for evaluation of the proposed improvements.
* a performance report dated 17 May 2024 following a site audit conducted between 16 April 2024 to 18 April 2024.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not fully assessed |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Not Compliant** |
| **Standard 7** Human resources | **Not fully assessed** |

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

**Standard 3 requirement (3)(a)**

Ensure staff have the skills and knowledge to provide clinical care and services to consumers in line with their assessed needs and preferences, which is tailored to their needs and optimises their health and well-being, including in relation to, wound management, and unplanned weight loss.

**Standard 4 requirement (3)(f)**

Ensure meals provided are varied and of suitable quality. Review meal and meal service monitoring processes to ensure feedback and complaints related to meals are identified and actioned, and changes in consumers’ nutritional intake are identified, reported and actioned.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| 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 |

Findings

Requirement (3)(d) was found non-compliant following a site audit conducted between 16 April 2024 to 18 April 2024 as outcomes of assessment and planning were not effectively communicated to consumers and documented in a care plan. Many sampled consumers provided feedback they did not feel involved in the care planning process, had not been offered a care plan and did not know how to access them.

The assessment team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* review of all consumer care plans, and improvement in monthly tracking of care reviews by the Clinical Manager, with action plans implemented for the completion of overdue reviews.
* education provided to all clinical staff regarding the care plan review process, including an evaluation of the effectiveness of the education by undertaking surveys, to identify where staff may need additional support.
* collaboration with consumers about care reviews and their effectiveness to determine consumer satisfaction with the process.

At the assessment contact undertaken on 9 October 2024, the assessment team found the outcomes of assessment and planning are effectively communicated to consumers, documented in a care plan, and this is readily available to consumers.

Consumers and representatives confirmed they engage in regular care plan reviews, their care plans are updated and reflect care and services in line with their needs and preferences, and they have access to the care plan if they wish. Documentation showed care plan reviews had been completed in line with policy; care plans are reflective of consumes needs, goals and preferences, and are updated to reflect the outcomes of assessments and changes in consumer needs. Staff confirmed they conduct regular care plan reviews in line with policy, they receive regular updates on changes to consumer care needs, these are reflected in care plans and communicated in a variety of ways, including at handovers.

For the reasons detailed above, I find requirement (3)(d) in Standard 2, Ongoing assessment and planning with consumers, compliant.

# 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. | Not Compliant |

Findings

**Requirement (3)(a)** was found non-compliant following a site audit conducted between 16 April 2024 to 18 April 2024, as consumers did not receive best practice continence care impacting on their dignity and wellbeing, and unplanned weight loss was not effectively managed in a timely manner, or in line with service policies and procedures.

The service implemented a range of improvement actions to address the non-compliance, including, but not limited to:

* review of all consumer care plans to ensure care is tailored to the individual needs of consumers, specifically relating to showering and toileting preferences.
* review of all incidents of incontinence associated dermatitis (IAD) and ensured increased monitoring of IAD through quality indicator training.
* education on continence management, skin integrity, wound management and weight loss management provided to staff.
* review of all consumers skin integrity, and mentoring provided to staff on how they can support skin integrity at the point of care.
* implementation of a clinical mentoring team to increase oversight of areas of clinical care such as weight loss, continence care, and nutrition and hydration.

At this assessment contact, the assessment team recommended the requirement not me as while consumers receive safe and effective personal care, they were not satisfied each consumer did not receive best practice clinical care relating to wounds, and unplanned weight loss.

Documentation reviewed showed wounds were not identified at an early stage, with pressure injuries for two consumers identified as unstageable and suspected deep tissue. For one named consumer a pressure injury was identified as unstageable, with the presence of necrotic tissue and slough in the wound bed. The wound was not consistently monitored in accordance with the consumers’ wound management plans and service policy, with wound measurements only recorded on 5 occasions between May 2024 and October 2024. Management confirmed the consumer was resistive to care which contributed the delay in initial identification.

Photographs and measurements of wounds for two named consumers were not always completed as directed, wound photographs and measurements were not always clearly recorded, and in relation to one consumer, when wound measurements were taken, they were not taken in a consistent manner to enable an accurate reflection of the wound progression.

One named consumer who experienced significant unplanned weight loss of almost 13kg over an approximate 5-month period, did not receive best practice care which optimised their wellbeing. The assessment team found progressive unplanned weight loss was not actioned in a timely manner, including referring the consumer to a dietician at an early stage to enable the implementation of strategies to improve nutrition and prevent further weight loss. While the consumer was commenced on supplements following review by the dietician, the strategies have not yet been effective, and the consumer continued to experience weight loss as at the time of the assessment contact.

The provider did not agree with all the findings in the assessment teams report and included additional commentary and documentation in relation to wound management and weight loss for the two named consumers in the assessment teams report. The provider acknowledges deficits relating to the clarity of wound photographs and wound measurements for 3 sampled consumers which were not consistently recorded in accordance with service policy. The provider included a plan for continuous improvement which has planned actions to improve the clarity of wound photographs and the use of the wound ruler for wound measurement,

In relation to the management of wounds for the named consumer who has a pressure injury which was first identified as unstageable, the provider did not agree with the findings in the assessment teams report. The provider asserts the named consumer was intermittently declining wound and hygiene care over a period of time, including on 3 occasions over a 6-day period prior to the discovery of the unstageable wound in May 2024. The provider asserts the consumers’ choice to decline care, along with their preference for wearing socks, delayed the identification until it was unstageable.

I acknowledge the information in the providers response and additional commentary included. However, I find the service did not deliver safe, effective care in relation to the management of pressure injuries that optimised consumers health wellbeing. In coming to my finding, I have considered for the consumer with an unstageable pressure injury to their heel, staff delivering care did not identify the pressure injury in a timely manner and once it was identified wound care was not delivered in accordance with the wound management plan and it was not monitored consistently. I have also considered information in the providers response that includes progress notes recorded by clinical staff on 29 May 2024 which documents the consumer stated a wound on their heel had not been attended to for some time due to the wearing of socks.

I acknowledge information in the providers response which includes a monthly review of the wound was in place from July 2024 where the pressure injury was classified as stage 3. However, I find the delay in identifying the wound until it was at an advanced stage, delayed effective wound care treatment including the input of a wound care specialist to assist in the management of the wound. I have also considered Information in the providers response shows reviews of the named consumer in August 2024 recorded the pressure injury was unstageable and again in October 2024 the medical officer has recorded ongoing issues with pressure injury which was now unstageable.

Further, I have also considered in relation to the management pressure injuries, the deficits in staff practice with wound photographs and measurements has contributed to the ineffective management of the three named consumers with pressure injuries and this requirement requires each consumer to be delivered care that is tailored, safe and effective. While the provider has included actions planned to address the deficits identified they will need time to be fully embedded.

In relation to the named consumer with unplanned weight loss the provider acknowledges deficits identified in the assessment teams report that shows the weight loss was not identified at an early stage and not monitored effectively for a two-month period during May and June 2024. The provider has additional information in their response including when the weight loss was identified in July 2024, food and fluid charting was commenced and a referral to a dietician generated. The providers response includes information the consumer has cultural food preferences, has been reviewed by the dietician and has been commenced on nutritional supplements.

I acknowledge the providers response and actions planned to address the deficits identified related to the delay in identifying and responding to unplanned weight loss. However, I find care in relation to the named consumer’s unplanned weight loss was not optimal or safe and effective. In coming to my finding, I have considered the information in the assessment team’s report that shows staff did not effectively monitor the consumer with unplanned weight loss effectively, and place weight on this information which shows this was not identified in a timely manner causing a delay in strategies to manage the consumer being implemented. While the provider has an action plan to address the deficits identified, I find this will need time to be fully embedded.

For the reasons detailed above, I find requirement (3)(a) in Standard 3 Personal care and clinical care non-compliant.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not Compliant |

Findings

The Quality Standard is assessed as non-compliant as the one requirement assessed has been found non-compliant. The assessment team recommended requirement (3)(f) not met.

**Requirement (3)(f)** was found non-compliant following a site audit conducted between 16 April 2024 to 18 April 2024, where it was found consumers were dissatisfied with the quality, taste, temperature, variety, and timeliness of the meal service. Observations of the lunch meal service during the site audit showed a lack of staff engagement with consumers who were being supported with their meals, food was observed to be uneaten, and there was a high level of food wastage. While there are mechanisms to capture and analyse feedback relating to food and incorporate consumer preferences into the menu, consumers said there has been little improvement.

The service implemented a range of improvement actions to address the non-compliance, including, but not limited to:

* review of consumers nutrition and hydration plans including cultural preferences.
* implementation of food focus meetings with consumers, and review of the menu.
* monitoring of mealtimes to enable improved oversight of consumer intake, and observations of meal services.
* ensuring access to snacks, outside of scheduled mealtimes.

At this assessment contact, the assessment team recommended the requirement not met as they found consumers continued to express dissatisfaction with the quality and variety of food. Six out of 10 sampled consumers raised concerns regarding the temperature, taste and toughness of meat and vegetables, and the variety of food, impacting on their enjoyment and capacity to eat meals. Consumers and representatives said while they provide their feedback via surveys, food focus groups, and other methods, they did not feel this translated to improvements in the quality and variety of meals provided. Consumers and representatives provided feedback meals were not always served in a way which enabled them to eat, including having food cut up in smaller pieces.

Some staff reported they often receive feedback from consumers’ regarding the quality and variety of food, indicating it is not of a good standard including related to taste, temperature and texture. Consumers advised them they did not feel their feedback resulted in improvements.

Observations during the assessment contact showed consumers did not always receive their meals in a form they could eat, or in line with their assessed needs, such as staff providing meal assistance and food cut up into smaller pieces. Observations showed food being returned to the kitchen uneaten, or partially eaten.

Documentation outlined consumers preferences and assessed needs for meals, meal assistance and texture modification; however, some consumers did not receive meal assistance as outlined in their care plan documents. Documentation from a resident and relative meeting showed consumers had commented about the toughness of meat and vegetables.

In their response the provider includes information about the various mechanisms in place to gather and monitor consumer feedback, including resident and relative meetings, food focus group, targeted consumer interviews, satisfaction surveys, and audits, which demonstrate feedback is sought and recorded. The provider acknowledges the assessment team’s evidence regarding the consumer and representative feedback in their response and have identified actions for improvement to address deficits.

I acknowledge the provider’s response, and the actions planned to address the deficits identified. However, I find the service did not demonstrate that where meals are provided, they varied and of suitable quality and quantity. In coming to my finding, I have considered information in the assessment team’s report including feedback from consumers and representatives which shows they remain dissatisfied in the quality and variety of meals. I have also considered information including concerns raised by consumers and representatives their feedback had not yet resulted in sustained improvements to the quality and variety of meals.

For the reasons detailed above, I find requirement (3)(f) in Standard 4 Services and supports for daily living non-compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |

Findings

Requirement (3)(a) was found non-compliant following a site audit conducted between 16 April 2024 to 18 April 2024 as the number and mix of the workforce was not sufficiently planned to enable the delivery and management of safe, quality care and services particularly in relation to supporting consumers with continence care and personal care and maintaining their skin integrity and dignity.

The assessment team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* review of the roster with changes to shift types, rostered hours and break times.
* ongoing recruitment to fill vacancies with the right candidates for roles.
* education provided to staff on call bell response times, call bell checks to ensure they are functioning well, with monitoring and follow up by management on call bell response times.

At this assessment contact, the assessment team found the workforce is planned to ensure the delivery and management of safe, quality care and services. Consumers and representatives said they were well cared for, there have been improvements in the quality of care, and there are enough staff of the right number and mix to care for them. Observations during the assessment contact showed staff provided care and services in a calm and unrushed manner.

Documentation showed the number of unfilled shifts has reduced, a registered nurse is available each shift, and call bell reports are reviewed weekly, with trends and actions required discussed at management meetings and followed up with staff members.

For the reasons detailed above, I find requirement (3)(a) in Standard 7, Human Resources, compliant.

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)