Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Regis Wynnum |
| Commission ID: | 5332 |
| Address: | 261 Preston Road, WYNNUM WEST, Queensland, 4178 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 5 December 2023 |
| Performance report date: | 2 January 2024 |
| Service included in this assessment: | Provider: 136 Regis Group Pty Ltd  Service: 3686 Regis Wynnum |

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 Wynnum (**the service**) has been prepared by S Turner, 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 13 December 2023
* information held by the Commission in relation to the service.

# Assessment summary

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Not fully assessed |
| **Standard 3** Personal care and clinical care | **Not fully assessed** |
| **Standard 7** Human resources | **Not fully 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

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |

Findings

Consumers and representatives spoke highly of staff and said staff respected consumers’ privacy and treated them with dignity and respect.

Care documentation reflected what was important to consumers to maintain their identity and included the consumer’s identity, culture and diversity. Staff said they had ready access to information that supported their knowledge of consumers’ needs and preferences.

Staff said the service had introduced a cultural folder that included information on diverse cultural customs and histories as relevant to those consumers who resided at the service.

The organisation supported consumer dignity and choice by conducting staff training and by implementing policies and procedures that related to consumer dignity and respect. In mid-2023, the organisation introduced a regional Diversity and Inclusion Manager to ensure a best practice framework for respecting, valuing and supporting diversity and inclusion within the organisation.

Staff were observed to be kind, caring and respectful when they interacted with consumers; they knocked on doors, used appropriate language and explained what they were doing.

For the reasons detailed, I am satisfied Requirement 1(3)(a) is Compliant.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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 |

Findings

Consumers said they were confident they received care that was safe and right for them and that their care was consistent with their needs and preferences.

The workforce was trained, and staff described how the organisation supported them to deliver personal and clinical care that was best practice and met consumers’ needs. Clinical staff demonstrated a comprehensive understanding of consumers’ needs, including in relation to mobility, falls, nutrition and weight management, skin care, pain management, complex clinical care needs, restrictive practice and referral processes.

The Assessment Team reviewed the care of consumers with diabetes mellitus, pain, complex wounds and cognitive impairment. There was evidence of detailed care directives that included a consideration of risk, the involvement of clinical staff and allied health professionals, and monitoring and review processes. Assessments were completed that included non-verbal assessment tools for consumers who experienced cognitive impairment. Equipment and resources to support care delivery were available for example moisturisers, skin protectors, air mattresses and compression stockings; these were observed to be in place. Care was reviewed to make sure it was aligned with the consumers’ needs, goals and preferences; and consumers’ care requirements were communicated during the shift handover.

Consumers reported their pain was well managed and pain management plans included strategies such as massage, exercise classes and meditation. The physiotherapist was observed providing therapy to a consumer and the consumer’s representative said this provided the consumer with relief from pain.

For consumers who were subject to restrictive practices, a behaviour support plan was in place and a psychotropic register maintained. The psychotropic register included information about diagnoses and prescribed medications. Consumers who received chemical restraint were reviewed regularly by their medical officer and the Restrictive Practice Panel. Clinical staff and care staff accurately described the process of using non-pharmacological strategies as a first step in managing complex behaviours.

Consumers in the memory support unit were observed to be moving freely and calmly in the unit and enjoying outdoor areas.

The organisation had policies and procedures relevant to this standard that guided staff practice.

For the reasons detailed, I am satisfied Requirement 3(3)(a) is Compliant.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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

Consumers generally reported satisfaction with the availability of clinical and support staff. Consumers who were non-ambulant reported how prompt staff were when they called for assistance.

The service had strategies to replace staff when unplanned leave occurred and utilised an annual leave planner to track and approve staff periods of planned leave. The service demonstrated the workforce was planned with appropriate staff allocations to meet changing consumer needs and preferences.

The service had a rostering structure that ensured clinical oversight of the service and care minutes were tracked and analysed by management staff.

Staff said a continuity of care model was introduced recently and was designed to support staff knowledge of the consumers they cared for. Staff, where possible, were rostered to specific areas of the service and orientated to that area. Staff and consumers reported familiarity had greatly improved the delivery of care and services.

Staff response times were monitored and investigated if outside acceptable parameters.

For the reasons detailed, I am satisfied Requirement 7(3)(a) is 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)