Performance

Report

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| Name of service: | Performance report date: |
| Regis Yeronga | 7 September 2022 |
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| Approved provider: | Activity date: |
| Regis Group Pty Ltd | 26 July 2022 to 28 July 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 Yeronga (**the service**) has been considered by Kathryn Spurrell, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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, and others.
* 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.

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 | | Compliant |
| 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 they are treated with dignity and respect by staff who show they value their identity and acknowledge their cultural backgrounds. Staff described the cultural, religious, and personal preferences of consumers, which aligned consumer’s care plans.

Consumers explained how they were supported to make choices about their daily life including maintaining relationships with people important to them and said they were happy with their independence. Staff provided examples of how they support consumers to do this such as through meal choices and ensuring telephones and other devices are available for communication.

Staff supported consumers to take risks enabling them to live their best life possible, by undertaking risk assessments and putting risk mitigating strategies in place in line with the service’s policies regarding dignity of risk.

Consumers and representatives confirmed staff provided timely and accurate information to them through a variety of ways including posters around the service, meetings, and discussions with staff. Consumers confirmed staff protected their privacy and observations were made of staff closing doors, knocking before entering and securing consumer information appropriately.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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 described their involvement in care planning and assessments and confirmed they are regularly updated by the service of any changes to care needs. Staff described the assessment process for consumers’ needs and the consultation process was evident in care planning documents.

Staff described how they use assessment and planning processes to inform safe care delivery, through identifying consumers’ needs, goals, and applicable risks. Care plans note consumers’ preferences, including for advance care and end of life care.

Consumers and representatives confirmed care and services are reviewed in line with a three-monthly review process, when their circumstances have changed, or incidents have occurred, staff confirmed this and accurately displayed their knowledge of reporting and documenting incidents or changes in condition of consumers.

Care planning documentation showed assessment and planning is undertaken with consumers and others the consumer wishes to have involved, including external organisations. The Assessment Team observed care planning documents in the service’s electronic care planning system and consumers confirmed they can access their care plans upon request.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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

The service used guiding documents to ensure best practice of staff in the delivery of tailored personal and clinical care. Consumers confirmed they received the care they needed and were involved in the delivery and design of care and services.

To ensure personal and clinical care reflect the current needs and preferences of consumers care planning documents are reviewed every three months to optimise their health and well-being. High impact and high prevalence risks associated with consumers were effectively managed, mitigated, and treated as reflected in care documents. Clinical incidents were recorded on the service’s risk management system and captured in the monthly clinical indicators report.

Care delivery changed for consumers nearing end of life and staff outlined the practical ways in which consumers’ comfort was maximised. The Assessment Team reviewed palliative care plans for consumers which reflected their needs, goals, and preferences for end-of-life care.

Consumers were satisfied their needs and preferences were effectively communicated between staff, and this resulted in the effective delivery of care including the recognition of deterioration or changes in their condition. Staff described the process of recognising and responding to deteriorations or changes in consumers including how these were communicated and the processes in place to ensure the sharing of knowledge.

Consumers’ care plans showed input from other providers of care and services was sought and their recommendations were incorporated into care plans. Consumers and representatives were satisfied with ease of referrals to medical officers, specialists, and allied health professionals. The service had a referral process in place and staff described how consumers were referred to other providers of care and services.

Staff showed their practices were aligned to standard and transmission-based precautions and an showed their understanding of antimicrobial stewardship. The service maintains policies and procedures for infection control and measures for the occurrence of an outbreak.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 felt supported to participate in activities of interest to them, and are provided with relevant supports, such as equipment and resources, to promote their well-being, independence, and quality of life. Care planning documentation detailed the activity preferences of consumers’ and the support needed to participate in these activities.Feedback received from consumers aligned with the care planning documentation including the supports provided to meet the emotional, spiritual, and psychological needs of consumers and strategies in place to meet these needs.

Care documents reflect information is shared within and outside the service, as appropriate, to enable a shared understanding of consumers’ needs and preferences. Care plans show referrals are made to other services and organisations to support consumers to engage in activities and access services to enhance their well-being.

The service has an electronic care management system, readily available for all staff, and external organisations where services and supports for daily living is shared.

Consumers and representatives expressed satisfaction with the meals provided by the service and met the consumers’ preferences and dietary requirements. Staff were able to explain the specific dietary needs and preferences of the sampled consumers, and all had a shared understanding of the process for monitoring the dietary requirements within the kitchen environment. The equipment observed by the Assessment Team was safe, suitable, and clean.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 said they felt they belong at the service and stated they felt safe and comfortable within the service environment. Staff supported consumers to feel at home and maintain their independence and personal preferences.

Consumer rooms were personalised to suit their preferences and staff highlighted the features designed to support the safe mobility of consumers, with freedom to move in and out of doors. Communal areas included a café, many sitting areas, private dining room, beauty salon, hairdressers’ salon, cinema, activity rooms, piano room, dining areas.

Observations made by the Assessment Team showed the service to be clean, safe, and well maintained. Consumers and representatives reported the service to be safe and comfortable.

Staff described the processes used to ensure the facility was clean and the Assessment Team observed clean and well-maintained furniture and fittings. The service has an on-site maintenance officer who described how they oversee corrective maintenance and advised maintenance is scheduled throughout the year via an electronic database.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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 felt supported and confident to provide feedback and lodge complaints either directly to staff, or via other process available to them. The service demonstrated several ways for consumers to provide feedback including feedback forms and mailboxes, monthly consumer meetings or through informal and formal discussions with staff and management. Staff described the process they would follow to support a consumer if they wanted to give feedback.

Consumers and representatives were aware of, and had access to, advocates, language services and other methods for raising and resolving complaints. Staff demonstrated an understanding of open disclosure in practice including the complaints management process and described how they have applied open disclosure with consumers and representatives in the event something has occurred or gone wrong.

Management was able to describe how feedback and complaints are recorded, actioned, resolved, and used to inform continuous improvement. The Assessment Team reviewed the service’s Plan for Continuous Improvement which demonstrates how feedback is used to improve care and services. **Standard 7**

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| Human resources | | Compliant |
| 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 considered they get quality care and services when they need them from staff who are knowledgeable, capable, and caring. Management confirmed COVID issues had presented challenges to staffing rosters, however the health and well-being needs of the consumers was consistently met by the service.

Staff were observed interacting with consumers and their representatives in a kind, caring and respectful manner. Consumers said that are treated with care and staff were also respectful of their identity, culture, and diversity. Staff confirmed they received training in regard to cultural diversity, privacy respect and dignity. The service demonstrated that the workforce is competent, and staff have the qualifications and clearances to effectively perform their role.

The organisation has defined recruitment and onboarding processes, that included initial recruitment, an orientation checklist and buddy shift for new starts to ensure understanding of the service’s systems and processes. Training records showed the training programs include onboarding, mandatory, and role specific training.

Management ensures the quality of performance of staff through several strategies to ensure staff performance is regularly assessed, monitored, and reviewed. These included regular feedback sessions for new starters, annual appraisals that include consideration of consumer feedback and clinical data and a suite of documented policies and procedures that guide the management of the workforce, orientation and probationary processes and monitoring of staff performance.

**Standard 8**

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| Organisational governance | | Compliant |
| 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 are engaged in the development, delivery and evaluation of care and services through participating in regular care and service plan reviews, feedback and complaints, audits, surveys, and consumer meetings.

Consumers and representatives said the service is well run, and they are satisfied with their involvement in the delivery of care and services.

The management team discussed a range of strategies when describing how the governing body satisfies itself that the service is promoting a culture of safe, inclusive, and quality care. Communication and information from the board regarding changes at the service are received through various channels. The Board is notified of any major incidents and maintains oversight through regular reporting, site visits and involvement in the development of organisational policies.

The service has demonstrated that the organisation has robust, organisation wide governance systems to provide guidance with information management, continuous improvement, financial governance, the workforce, regulatory and legislative compliance, and feedback and complaints management.

The service’s risk management framework included policies describing how to manage high impact or high prevalence risks, identifying, and responding to consumer abuse and neglect, supporting consumers to live the best life they can.

The service’s clinical governance framework included antimicrobial stewardship, restraint minimisation and open disclosure processes. Staff understood the open disclosure principles and gave examples of strategies used.

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-2)