Aegis Shoalwater

Performance Report

72 Fourth Avenue
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**Commission ID:** 7271

**Provider name:** Aegis Aged Care Shoalwater Pty Ltd

**Site Audit date:** 21 September 2020 to 23 September 2020

**Date of Performance Report:** 4 December 2020

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

The following information has been taken into account in developing this 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.
* the provider advised on 8 October 2020 they would not submit a written response.

# STANDARD 1 COMPLIANTConsumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

A sample of consumers interviewed by the Assessment Team considered they are treated with dignity and respect, can maintain individuality and personal identify, and their cultural need and diversity is valued. They are supported to make informed choices about the care and services they receive, encouraged to maintain independence, methods of maintaining relationships that are important to them are facilitated; they are encouraged to make decisions and supported to take risks enabling control in relation to the life they choose to live.

Staff were observed interacting with consumers in a dignified and respectful manner and could describe consumers individual needs, likes and preferences, methods of supporting consumers choice and supporting consumers confidentiality and privacy.

Review of consumer care documentation demonstrated consumers’ personal spiritual, cultural, religious and individual needs and preferences are identified and regularly reviewed for changes. Policies guide and support staff in relation to this.

The Quality Standard is assessed as compliant as six of six specific requirements have been assessed as compliant.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*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.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*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.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected, and personal information is kept confidential.*

# STANDARD 2 COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

Consumers interviewed by the Assessment team considered they feel like partners in the ongoing assessment and planning of their care and services. Consumers and representatives said they are informed of assessment and planning review, can discuss specific needs, participate as partners in determining appropriate outcomes and are confident staff provide the clinical care they need.

The service has processes to ensure there is comprehensive assessment and planning for consumers and/or their nominated decision maker. Staff encourage consumers in making decisions about care and services aimed at improving consumer’s health and well-being. Assessment and care planning processes include information gathered from a variety of sources; is comprehensive and covers physical, emotional, social and spiritual needs. Regular review/reassessment occurs to ensure contemporaneous care is provided.

Assessments identify risks including falls, skin integrity, pain and challenging behaviours. The organisation has a suite of policies, procedures and guidelines which address care and service management and regular clinical audits monitor the effectiveness of clinical processes. Clinical incident and accident reports are investigated/actioned, and referral occurs when required.

Care staff report care plans detail how care is to be provided. This includes, for example, how many care staff are required for mobility and transfers, level of support required for personal care, falls alert, health conditions impacting the consumer and nutritional/food/fluid information. Care plans include strategies agreed to with the consumer to reduce the risk.

As part of the organisational policy, all consumers and their appointed representative can review care documentation on request.

The Quality Standard is assessed as compliant as five of five specific requirements have been assessed as compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

### Requirement 2(3)(b) Compliant

*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.*

### Requirement 2(3)(c) Compliant

*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.*

### Requirement 2(3)(d) Compliant

*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.*

### Requirement 2(3)(e) Compliant

*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.*

# STANDARD 3 COMPLIANTPersonal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

Consumers interviewed consider they receive personal care and clinical care that is safe and right for them and provided in the manner they have requested. Consumers and representatives said they have access to appropriate clinical and other specialists to manage their complex health needs including when there has been an incident affecting them. They said they see the doctor on a regular basis and see other health specialists, including dietician, podiatrist and wound specialists. Consumers interviewed reported their pain is well controlled.

Clinical records/documentation demonstrates regular assessment and planning of each consumer’s clinical and personal care, including end of life care, when a deterioration or change in health status is experienced, pain management and falls prevention.

The organisation has policies and procedures that support the workforce to deliver care that meets the consumer’s needs, goals and preferences, including palliative and end-of-life care focusing on comfort and dignity and a risk management framework that guides how risk is identified, recorded and managed.

Clinical and care staff described individual consumer’s needs and preferences, and how they are informed of changes to each consumer’s care. Staff also identified high prevalence risks for individual consumers and strategies in place to minimise these risks.

Education records details staff receive regular training and additional targeted training in recognising deteriorating conditions including end-of-life and methods of infection control. The organisation continues to review precautions to prevent and control infection at the service considering the current COVID-19 pandemic.

The Quality Standard is assessed as compliant as seven of seven specific requirements have been assessed as compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*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.*

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved.*

### Requirement 3(3)(d) Compliant

*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.*

### Requirement 3(3)(e) Compliant

*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.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*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.*

# STANDARD 4 COMPLIANTServices and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

Overall sampled consumers considered they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

Consumers and representatives interviewed confirmed consumers are supported by the service to do the things they like to do and enjoy the activities offered. They said the service supports them to keep in touch with those who are important to them, they enjoy the variety and quality of meals and are provided with choice.

Representatives are welcome at the service and changes to visitation access occurred during the COVID-19 pandemic.

The organisation has a centralised evidence-based program to assist in developing and scheduling appropriate activities to meet emotional, spiritual and psychological support requirements for consumers. Activities occur via consumer consultation/requests and the program is regularly reviewed. Consumers were observed engaged and participating in activities at various levels, dependent on each consumer’s capabilities and choice and individual requests are supported.

Education records details staff receive training on respect, dignity and emotional support: staff demonstrated how they support consumers’ emotionally, spiritually and psychologically, and how consumers participate in the community and keep in touch with people important to them.

The Quality Standard is assessed as compliant as seven of seven specific requirements have been assessed as compliant.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*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.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*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.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANTOrganisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

Overall sampled consumers considered they feel they belong and feel safe and comfortable in the service environment. Consumers interviewed said they feel safe, comfortable and at home at the service and staff are friendly and kind.

Consumers and representatives interviewed confirmed the service is clean and well maintained.

The environment was observed to be clean, well-maintained, and consumers observed to be freely accessing both communal areas the outside environment (within safety limits). The outdoor areas have tables and chairs for consumers and families to relax and socialise.

Consumers reside in single en-suite rooms bathrooms or twin share rooms with en-suite bathrooms.

Staff were observed to be supportive of consumers with limited mobility, assisting them to move freely in the service, including providing equipment to assist where needed. Maintenance staff could describe maintenance processes and cleaning staff were observed to be cleaning common areas and consumers rooms.

The Quality Standard is assessed as compliant as three of three specific requirements have been assessed as compliant.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANTFeedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

All consumers and representatives interviewed confirmed they know how to provide feedback and make complaints, felt safe and comfortable in doing so and that staff advocated on consumers behalf. Consumers and representatives said there are a number of complaint mechanisms available to them including, focus groups, meetings and formal and informal feedback processes and can lodge anonymously if preferred.

Consumers said feedback is responded to in a timely manner and issues are resolved promptly and to their satisfaction and when things have gone wrong and received reassurance repetition will not occur.

Feedback forms and locked boxes are available throughout the service for complaints, feedback and compliments to be submitted.

The service demonstrated they take appropriate action in response to a complaint and open disclosure occurs when something goes wrong. Staff displayed an understanding of the complaints and feedback process and said they assist consumers who needed assistance to provide feedback or make a complaint.

Policies and procedures guide staff in relation to complaints processes including open disclosure. Complaints and feedback are logged and reviewed for trends. Appropriate issues contribute to the continuous improvement system and are used to improve the quality of care across the service.

The Quality Standard is assessed as compliant as four of four specific requirements have been assessed as compliant.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANTHuman resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

Overall sampled consumers consider they get quality care and services when they need them and from people who are knowledgeable, capable and caring. Consumers and representatives interviewed said staff know what they are doing, have the required skills to provide appropriate quality care and services and are kind and caring.

Consumers and representatives interviewed said the staffing levels meet consumer’s needs. They gave examples of prompt response when call bells are used, support to assist settling when moving into the service.

Staff undertake regular training and assessment of competency undertaking tasks and performance appraisals to support ongoing development.

The organisation provides relevant training to staff and has a system to ensure this is completed. There is a process to roster and allocate appropriate staff and a formal and informal processes to manage staff performance.

Based on consumer, representative and staff feedback, documentation reviewed and observations, the Assessment Team found there is adequate staffing to meet the needs of the consumers.

The Quality Standard is assessed as compliant as five of five specific requirements have been assessed as compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 COMPLIANTOrganisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

Consumers made positive comments about partnering in improving the delivery of care and services. Consumers expressed satisfaction with the care and services being provided to them and the service supported their health, safety and well-being.

Consumers and representatives confirmed they are engaged in case conferences when consumers enter the service and then annually or as required. This process involves the consumer, their representatives, clinical care staff and their medical officer and/or allied health professional.

The organisation has policies and procedures to guide the care and services of the service. Management described methods of monitoring and management of the service including reporting to the governance team and attending regular clinical and quality meetings to discuss performance and organisational and system improvements.

A clinical governance framework and policy is in place regarding the identification and management of risks, antimicrobial stewardship, restraint and open disclosure. The organisation has implemented processes and procedures to minimise the risk of an outbreak.

Staff demonstrated access of information to enable them to undertake their role and provide appropriate care to consumers. Feedback from consumers, representatives and staff contribute to the continuous improvement system.

The Quality Standard is assessed as compliant as five of five specific requirements have been assessed as compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*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.*

### Requirement 8(3)(d) Compliant

*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.*

### Requirement 8(3)(e) Compliant

*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.*

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.