Aegis Shorehaven

Performance Report

49 Scotthorn Drive
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Phone number: 08 9544 3200

**Commission ID:** 9744

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

**Assessment Contact - Site date:** 2 December 2020

**Date of Performance Report:** 23 February 2021

# 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

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | 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 Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# STANDARD 2 Ongoing 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

The Assessment Team assessed Requirement (3)(a) in relation to Standard 2 Ongoing assessment and planning with consumers and recommended the service met this Requirement. Based on the Assessment Team’s report I find the service Compliant with Requirement (3)(a) and have provided reasons below.

The Assessment Team did not assess all requirements of this Standard and therefore an overall compliance rating for the Quality Standard is not provided.

## 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.*

Consumers said they felt like partners in the ongoing assessment and planning of their care and services. Consumers and representatives stated they were comfortable discussing the consumer’s specific care needs and preferences with staff and they were confident staff had the ability to provide the care the consumers needed if any health or personal care issues arose. They said they were informed of the outcomes of assessments.

The service involved consumers and representatives in the assessment and planning of care and services for the consumer. The assessment and care planning process involved gathering information from the consumer or their representative, from My Aged Care and from other parties that may have been involved in caring for the consumer. Initial assessments of an individual consumer’s health and well-being were undertaken when the consumer entered the service by a registered nurse and allied health team. The assessments and planning were recorded in hard copy and on the electronic care planning system. All staff had access to the information using electronic tablets and they could update information directly or review care plans to guide the care they provided. Care plans and assessments sighted by the Assessment Team established that care was provided for each consumer that was individualised, safe and effective.

Relevant risks to the consumer’s safety, health and well-being were identified and assessed and documented in the care plan. The organisation used validated assessment tools including Falls Risk Assessment Tool (FRAT), Cornell, Braden Scale, Psychogeriatric Assessment Scale (PAS) and Abbey Pain Scale. Medical, cognitive, infection, and sensory risks were documented as well as smoking, pressure area and falls risks.

The organisation had policies and procedures to guide staff in the initial assessment and care planning process. The policies and procedures required care plans to be updated when there had been a decline in health, when incidents occurred, on discharge from hospital, if preferences changed, at a six-monthly review or at an annual reassessment.

Based on the information in the Assessment Contact Report summarised above, I find the service is Compliant in this Requirement.

# STANDARD 7 Human 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

The Assessment Team assessed Requirement (3)(a) in relation to Standard 7 Human resources and recommended the service met this Requirement. Based on the Assessment Team’s report I find the service Compliant with Requirement (3)(a) and have provided reasons below.

The Assessment Team did not assess all requirements of this Standard and therefore an overall compliance rating for the Quality Standard is not provided.

## 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.*

Consumers interviewed by the Assessment Team said staff were kind and caring and knew what they are doing. They said there were enough staff to meet their needs and the staff responded to call bells and sensor alarms quickly. Representatives said the staff were very supportive and helpful and provided safe and quality care to the consumers.

The service commenced admitting consumers from 25 November 2020. There were eight consumers at the service at the time of the Assessment Contact. The service had ensured appropriate staffing was in place to meet the needs of the consumers and had a plan to increase staffing levels as consumer numbers increased.

The service was in the process of recruiting a therapy assistant and a chef manager. The service had one cleaner/laundry person rostered from Monday to Friday and weekend cleaning shifts were covered by cleaning staff from another service.

The chef advised that when the service reached 20 consumers, two kitchen hands would be employed. Staffing documentation evidenced rostering of a registered nurse, care staff, resident lifestyle officer, an occupational therapist, a physiotherapist, the Facility Manager, a Clinical Nurse Manager, a maintenance officer, an administration officer, cleaner and laundry staff and chefs.

One staff member was responsible for orienting new staff to the service.

Based on the information in the Assessment Contact Report summarised above, I find the service is Compliant in this Requirement.

# 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.