Aegis Shoreline

Performance Report

2 Kaleep Close
NORTH COOGEE WA 6163
Phone number: 08 6268 1500

**Commission ID:** 7475

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

**Site Audit date:** 13 October 2021 to 15 October 2021

**Date of Performance Report:** 14 January 2022

# Performance report prepared by

Janine Renna, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will 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 Commissioner’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 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’s response to the Site Audit report received 12 November 2021.

# 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

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

The Assessment Team recommended the service did not meet Requirement (3)(d) in this Standard. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and have come to a different view and find the service compliant with Requirement (3)(d). I have provided reasons for my finding under the specific Requirement below.

In relation to all other Requirements in this Standard, the Assessment Team found overall, sampled consumers considered they are treated with dignity and respect, can maintain their identity, make informed choices and live the life they choose. The following examples were provided by consumers during interviews with the Assessment Team:

* Staff are respectful of their identity, treat them with respect and are aware of individual cultures.
* They are supported to exercise choice and were able to provide examples such as in relation to staffing allocations.
* Their personal privacy is respected.
* They are provided information that enables them to exercise choice in a timely manner.

The service has initial and ongoing assessment and planning processes to identify each consumer’s interests, beliefs, cultural and spiritual needs and is documented in the ‘about me’ and ‘life history’ assessments and communicated through electronic documentation system and handover processes. Staff interviewed described how they support consumers’ dignity, identity and culture. The Assessment Team observed staff treating consumers with dignity and respect. Training records viewed showed staff have been provided training on cultural safety.

Care plans and risk assessments demonstrated the service supports consumers to exercise choice, independence and maintain relationships of choice. Care plans sampled included details of significant others and provided information to guide staff in maintaining consumers’ independence. Staff were able to describe how they support consumers to maintain relationships of choice and where a consumer may have cognitive issues limiting their capacity to make informed choices, staff said they liaise with the representative or Guardian.

Documentation sampled demonstrated information provided to consumers is current, accurate and timely. Lifestyle staff stated all consumers receive a copy of the activity schedule and a newsletter was in the process of being created. The Assessment Team observed noticeboards displayed in communal areas which outline the monthly activity calendar, complaints and feedback mechanisms, and other notable information and events.

Staff described how they respect the personal privacy of the consumers sampled. This included maintaining confidentiality and closing consumer doors to maintain confidentiality. Observations throughout the Site Audit showed staff interacting with consumers in a way that respects their privacy and dignity. The service has a policy on privacy and confidentiality. The policy details the type of information it collects, where this information is stored and how consumers can get access to the personal information that is held about them.

Based on the evidence documented above, I find Aegis Aged Care Group Pty Ltd, in relation to Aegis Shoreline, to be compliant with all Requirements in Standard 1 Consumer dignity and choice.

## 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.*

The Assessment Team was not satisfied the service demonstrated each consumer is supported to take risks to enable them to live the best life they can. Specifically, the Assessment Team found that while one consumer was able to take risks, they were not supported to do so safely. The Assessment Team provided the following evidence relevant to my finding:

* One consumer had known risks associated with social outings and events including missed medications, injuries and choking.
* The service did not complete or implement a Supporting Choice Mitigating Risk form in a timely manner.
* Following the implementation of the Supporting Choice Mitigating Risk Form, documentation indicated the risks may not have been mitigated during a social outing.

The provider’s response disagreed with the Assessment Team’s report and provided evidence to support the service was supporting the consumer to take risks. Relevant evidence included:

* Case conferences with the consumer and their representatives were conducted in relation to the risks associated with the consumer taking social leave and attending social outings outside the service.
* Supporting Choice Mitigating Risk forms were completed and signed by the consumer’s representative following consultation and discussion on the risks and strategies to mitigate them.
* Review of forms and consultation of the risks and strategies to manage were discussed with the consumer and the representative following incidents.
* The service has a comprehensive policy and procedure on supporting consumers to take risks.
* The consumer enjoys and chooses to continue in social outings and activities and is supported to do so by the service.

Based on the summarised evidence above, I find at the time of the Site Audit the service was able to demonstrate each consumer is supported to take risks to enable them to live the best life they can.

In coming to my finding, I have considered the evidence submitted which included policies and procedures to support staff in identifying and managing risk to support individual consumers. In addition, I have noted the service did complete a number of case conferences involving the consumer, representative and clinical staff to support the consumer whilst on social leave. Whilst I acknowledge, the completing of the Supporting Choice Mitigating Risk form could had been timelier, the service did complete a number of Supporting Choice Mitigating Risk forms and formally identified risks posed to the consumer and implement a range of plans to manage the risks which was proportionate and appropriate and prior to the commencement of the Site Audit. To further support my view, I have noted the service did review the consumer’s plan when incidents occurred to support the consumer in taking risks whilst on social leave.

For the reasons detailed above, I find Aegis Aged Care Group Pty Ltd, in relation to Aegis Shoreline, compliant with Requirement (3)(d) in Standard 1 Consumer dignity and choice.

### 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 COMPLIANT 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 Quality Standard is assessed as compliant as five of the five specific Requirements have been assessed as compliant.

## The Assessment Team found most consumers considered they feel like partners in the ongoing assessment and planning of their care and services. The following examples were provided by consumers and during interviews with the Assessment Team:

* Staff are aware of their daily needs.
* They are satisfied with end of life planning.
* They have a say in daily activities and the way they want their care and services provided, and have regular discussions with staff in relation to their needs, goals and preferences
* They feel supported in the assessment process.

A range of clinical and lifestyle assessments are completed on entry and on an ongoing basis, including when a change in consumers’ health and well-being is identified. The service has an electronic documentation system to support assessment and care planning.

Care plans sampled demonstrated the assessment process considers risk to the consumer and informs the delivery of care and services. Staff described how assessments are commenced on entry and completed in conjunction with the consumer and representative. Polices and procedures support staff in ensuring appropriate assessments are completed according to a set schedule.

Care planning documents for consumers sampled identify current needs goals and preferences, including advance care planning. Staff said families are encouraged to discuss advance care planning upon entry and this information is recorded for the future. Staff interviewed described personal and clinical care needs and preferences for individual consumers, which were reflected in relevant assessment documentation. Documentation viewed provided relevant information to staff in relation to identifying end of life care needs goals and preferences to support service delivery.

The service has a range of monitoring processes which includes scheduled care and service plan reviews, in addition to reviews completed following incidents or changes in care and service needs. Registered nurses and allied health staff review consumers’ care when health changes are identified or incidents impact on their care needs. Clinical audits are conducted to identify the effectiveness of care management systems. The service regularly undertakes audits to ensure deficits are identified and addressed.

Based on the evidence documented above, I find Aegis Aged Care Group Pty Ltd, in relation to Aegis Shoreline, to be compliant with all Requirements in Standard 2 Consumer dignity and choice.

## 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 COMPLIANT Personal 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

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

The Assessment Team recommended the service did not meet Requirement (3)(a) in this Standard. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and have come to a different view and find the service compliant with Requirement (3)(a). I have provided reasons for my finding under the specific Requirement below.

The Assessment Team found overall, consumers sampled considered they receive personal care and clinical care that is safe and right for them. Consumers stated they get the care they need and were satisfied with the personal and clinical care provided. The following examples were provided by consumers during interviews with the Assessment Team:

* Staff at the service are very good and staff know their care needs and preferences.
* They see the doctor when they are unwell.
* They have been offered a range of vaccinations by the medical officer.
* When required, they are referred to other health service providers.

Assessment processes support staff in delivering personal and clinical care that is best practice, tailored to consumers’ needs and optimises their health and well-being. Care files viewed included a range of validated risk assessments which had been completed on entry and on an ongoing basis to identify each consumer’s personal and/or clinical care needs. Staff interviewed were aware of internal policies and procedures relevant to their roles. Consumers nearing end of life or who are at risk of deteriorating have their care and service needs met in accordance with the assessed needs, goals and preferences.

High impact or high prevalence risks associated with the care of consumers are identified through assessment processes, and individualised management strategies are developed and documented. Staff described how they monitor consumers who have high impact high prevalence risks and described how they address individual risks. Consumer files sampled showed areas of risk had been used to inform service delivery and were reflected in care.

The service has procedures to guide staff when consumers deteriorate in physical function or condition. Review of documents showed referral to doctors and other health practitioners occur when a consumer’s health is changing and deterioration in clinical status is identified to support effective delivery.

The service has processes to ensure relevant information about the consumer’s condition needs and preferences is documented. This includes handover documentation and care plans. Relevant information is communicated to others where responsibility is shared and used to inform referral processes.

Infection control practices in place ensure infection related risks are minimised. Management and clinical staff demonstrated they understand the risk of resistance to antibiotic therapy and principles of antimicrobial stewardship. The service has a trained Infection Control lead.

Based on the evidence documented above, I find Aegis Aged Care Group Pty Ltd, in relation to Aegis Shoreline, to be compliant with all Requirements in Standard 3 Personal and clinical care.

### 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.*

The Assessment Team was not satisfied the service demonstrated each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care that is best practice and optimises their health and well-being. Specifically, in relation to medication, and nutrition and hydration management for three consumers. The Assessment Team provided the following evidence relevant to my finding:

Consumer A

* Psychotropic medication changes were not made in line with medical officer recommendations. The consumer was not administered medication as required for one week following a return from hospital. The consumers significant weight gain, while monitored was not communicated to the medical officer for review.

Consumer B

* The service had not monitored the consumer’s psychotropic medication to ensure safe and effective clinical care, including; not administering medication as a last resort, not identifying alternatives to medications, assessments to monitor the condition were not used appropriately, falls following the increase in medication were not reported the medical officer, medication use not reported to the medical officer and the representative not being aware of medication use.

Consumer C

* The service did not use appropriate assessment tool to assess the medical condition and medication use for a consumer with cognitive impairment and non-English speaking language. Medication used to treat the medical condition was not considered or reviewed following four falls.

Consumer D

* The consumer sustained a fall and required sutures approximately 13 days prior to the Site Audit. The recommendation made was to have the sutures removed in 7 days, however, the Assessment Team noted the sutures were not removed by day 12. This was discussed with the service and the consumers sutures were removed.

Consumer E

* The consumer did not have their dietary supplement intake monitored effectively over three months and had ongoing refusal and experienced weight loss. The consumer was referred to the palliative care team during the Site Audit.

The provider’s response disagreed with the Assessment Team’s recommendation and included evidence demonstrating the service meets this Requirement. Relevant evidence included:

Consumer A

* Psychotropic medication had been appropriately reviewed including by medical officer and in consultation with the consumer representative. The service implemented medication changes in line with best practice including monitoring side effects and symptoms and appropriate medication reviews by medical officers. Appropriate action was taken when a medication administration error occurred following return from hospital. Weight gain and pain were monitored appropriately in line with directives and weight remained within healthy range.

Consumer B

* The consumer’s psychotropic medication use was appropriately managed, monitored, administered and reviewed in line with the consumers medical condition and in consultation with medical officers and specialists. Validated screening tools were used to identify the consumers condition and inform the medical officer. Falls incident reports and analysis show no changes or increase in falls incidents occurred as a result of the change in medication.

Consumer C

* The service used an appropriate and validated tool which identified the consumer had signs and symptoms associated with the medical condition and the results were discussed with the representative and resulted in a referral to a specialist. A review of medication occurred following a decline in condition including falls resulting in ceasing of the medication and referral to the palliative care team.

Consumer D

* The service had ensured the wound was reviewed by a medical officer following the sutures, a wound evaluation had occurred. The staff who made an error and did not remove the sutures has been followed up by management.

Consumer E

* The service was aware and monitoring the consumers known high risk of malnutrition and behaviour of refusing supplements and a referral to a dietitian occurred prior to the site audit.

Based on the summarised evidence above I find at the time of the Site Audit the service was able to demonstrate each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice; and is tailored to their needs; and optimises their health and well-being.

In relation to Consumer A. The medical officer had ceased one of the consumer’s psychotropic medications and had reduced another medication used for the treatment of a medical condition approximately three months prior to the Site Audit which was in line with best practice. The plan to cease one of the medications in 14 days time following the initial reduction did not occur as the consumer sustained an injury and was transferred to hospital. Following discharge from hospital, I have noted the consumer had their medication management reviewed and the medical officer was satisfied with the current medication regime. I acknowledge and accept the service had identified a pharmacy error following a second hospital admission and undertook appropriate management and action which included open disclosure and investigation of the incident. I have considered the evidence in relation to the consumer’s weight and pain and noted the consumer had relevant monitoring and management of their pain and weight undertaken

In relation to Consumer B, an appropriate validated screening tool was used to identify signs and symptoms associated with a medical condition and this information was communicated to the medical officer. In addition, I have noted the consumer was reviewed by a specialist service in relation to the condition with recommendations followed and regularly reviewed by the medical officer. Finally, I have noted there was no change to the incidents of falls following the increase in dosage of the medication.

In relation to Consumer C, the service used an appropriate tool to identify signs and symptoms associated with a medical condition and used to inform care planning and delivery. In addition, I have noted the consumer had their psychotropic medication reviewed three months prior to the Site Audit and following falls approximately two weeks prior to the Site Audit where the consumers medication was ceased. Furthermore, I have noted the service identified the consumer has communication difficulties and had communicated this to the palliative care team and a health specialist. Finally I have considered the evidence which indicates the service had developed strategies to support staff in communicating with the consumer.

In relation to Consumer D, whilst I note the service had not followed the directives outlined in the discharge plan in relation to removing the sutures on day 7. I accept the actions taken by the service which included counselling the staff member. I also note, staff had been regularly monitoring and evaluating the wound throughout the period to ensure effective wound management. In addition, I have noted the medical officer had reviewed the wound and was satisfied with the wound management plan following the consumer’s return from hospital.

In relation to Consumer E, records show the service had identified the consumer was at high risk of malnutrition and had nutritional supplements planned, assessed for and implemented. Whilst I note documentation had not been provided by the service to indicate whether an evaluation had been completed following the ongoing refusal of the nutritional supplement, I have considered the nutritional care plan which records the consumer as having a long-term history of refusal of care. I have also noted that on five occasions within approximately the last three months the consumer had consumed the nutritional supplement. I have also considered the service is monitoring the provision of the nutritional supplement whilst recognising the consumer has a right to refuse the recommended treatment regime. I note this could be used as an opportunity for improvement to further support consumer dignity and choice for consumers who refuse clinical recommendations to support their clinical care.

For the reasons detailed above, I find Aegis Aged Care Group Pty Ltd, in relation to Aegis Shoreline, compliant with Requirement (3)(a) in Standard 3 Personal Care and Clinical Care.

### 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 COMPLIANT Services and supports 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

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

The Assessment Team found consumers sampled considered they get the services and supports for daily living that are important for their health and well-being and enable them to do the things they want to do. The following examples were provided by consumers during interviews with the Assessment Team:

* They receive safe and effective services and supports for daily living.
* The emotional support they receive is adequate and the activity program is enjoyable.
* The service regularly communicates with them and provides them with sufficient information to enable them to exercise choice and do the things they want to do.
* Whey have been referred to other providers of other care and services.
* Meals provided are unsatisfactory.
* Equipment to support daily living is sufficient, safe and well-maintained

Initial and ongoing assessment processes identify each consumer’s needs and preferences in relation to services and supports for daily living and are used to inform the care and service plan. Assessment documentation sampled included information on lifestyle preferences, life history and cultural and spiritual needs.

The service maintains a lifestyle activity calendar with activities suitable for consumers with a range of service and support needs. Care plan documents viewed provided information on individual consumer’s services and supports. A weekly group activity program is developed in consultation with consumers.

Consumers are supported to have social and personal relationships both within and outside the service. Care planning documents sampled demonstrated information about consumer needs and condition communicated within the organisation, and with others where responsibility for care is shared. Staff interviewed said they are kept updated with the current needs and preferences of individual consumers through the electronic documentation system and through handover processes.

The service has processes in place to ensure information about the consumer’s condition, needs and preferences is communicated within the organisation and with others where responsibility is shared. Staff are able to access information about consumer’s needs and preferences from the electronic care record.

The service has established networks with external organisations and individuals and refers consumers where appropriate. This includes volunteer groups and specialist equipment providers. Documentation viewed confirmed the service refers consumers when required.

All equipment used to support activities of daily living appeared to be in good condition, new and well maintained. Staff interviewed confirmed they have access to equipment to meet the needs of consumers.

Whilst a significant number of sampled consumers expressed dissatisfaction with the menu, documentation viewed confirmed the service was seeking feedback from consumers on the menu and working with them to address their concerns. The menu is based on an organisational template and has been reviewed by suitably qualified personnel to ensure the menu is nutritionally adequate for the consumer cohort.

Based on the evidence documented above, I find Aegis Aged Care Group Pty Ltd, in relation to Aegis Shoreline, to be compliant with all Requirements in Standard 4 Services and support for daily living.

## 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 COMPLIANT Organisation’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

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

The Assessment Team found consumers considered they feel they belong and feel safe and comfortable in the service environment. The following examples were provided by consumers during interviews with the Assessment Team:

* They were comfortable in the environment and were happy they had been able to personalise their room with furniture from home.
* They were very happy with the service environment; the sitting rooms are comfortable and the views of the ocean are wonderful.
* They were satisfied the furniture, fixtures and fittings were safe, clean, well maintained and suitable for them.

The Assessment Team observed the service environment to be clean and welcoming. There was an abundance of communal internal and external spaces where consumers can choose to sit quietly or interact with visitors. The wings of the service have a variety of communal spaces, quiet areas and accessible balconies and courtyard areas which consumers, their friends and family are able to enjoy.

Consumers were observed moving freely indoors and outdoors. Communal and corridor areas were clean with adequate space for consumers to move through.

The service has processes to ensure there is suitable, safe and maintained furniture and equipment provided to consumers. Consumers interviewed were satisfied with equipment provided. The service has a maintenance management system which is based on a set schedule. Staff interviewed were satisfied with the equipment provided and are aware of maintenance processes.

Based on the evidence documented above, I find Aegis Aged Care Group Pty Ltd, in relation to Aegis Shoreline, to be compliant with all Requirements in Standard 5 Organisation’s service environment.

## 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 COMPLIANT Feedback 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

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

The Assessment Team found that overall, sampled consumers consider they are encouraged and supported to give feedback and make complaints, and appropriate action is taken. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* They know how to provide feedback and make complaints and feel safe and comfortable in doing so. They feel comfortable talking to staff and considered staff were advocates for them.
* They are aware of feedback and complaints mechanisms available to them including, meetings, email and feedback forms and are supported in that.
* Their feedback and complaints are responded to in a timely manner, issues are resolved to their satisfaction, an apology is offered when things have gone wrong and they are reassured it will not happen again.
* Their feedback and complaints have resulted in improvements to care and services.
* They are aware of advocacy services available if needed.

Consumers, their families, friends and carers are supported to provide feedback and make complaints. This includes feedback forms located throughout the service, regular surveys, monthly consumer meetings and through a range of focus groups.

Consumers are provided information on advocacy and language services when they first enter the service and through information on noticeboards and in the consumer handbook. Staff sampled are aware of advocacy and language services available to consumers and described how they would support consumers to access these services.

Appropriate action is taken in response to complaints and staff interviewed are aware of open disclosure practices. The service has policies and procedures in place to ensure feedback and complaints are acknowledged and resolved in a timely manner, and open disclosure is used where appropriate. Documentation for sampled complaints showed these policies and procedures had been followed.

Documentation showed feedback and complaints are reviewed and used to improve the quality of care and services. A feedback register is maintained, and feedback received is collated and used to identify opportunities for improvement. Management provided examples of continuous improvement activities as a result of consumer feedback, such as improvement initiatives in relation to meal services.

Based on the evidence documented above, I find Aegis Aged Care Group Pty Ltd, in relation to Aegis Shoreline, to be compliant with all Requirements in Standard 6 Feedback and complaints.

## 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 COMPLIANT 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 Quality Standard is assessed as compliant as five of the five specific Requirements have been assessed as compliant.

Consumers consider they get quality care and services when they need them, from people who are knowledgeable, capable and caring. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* Overall, the numbers and mix of staff are satisfactory to support consumers’ care and services in a timely manner.
* Staff are kind, respectful, gentle and caring when providing care and attending to consumers’ needs.
* Staff know how to deliver care and services according to consumers’ individual preferences and are well trained and competent to perform their roles.

Staff considered they have adequate numbers of staff to provide care and services in accordance with consumers’ needs and preferences. Staff reported they have been provided adequate training, can access a variety of courses relevant to their role when needed and are required to participate in performance reviews.

Interviews with staff and management, and documentation showed competencies and training are monitored. Management was able to demonstrate where performance management processes have been used in response to underperformance.

Rosters for a sampled period preceding the Site Audit demonstrated all shifts were generally filled and where staff absences were unable to be covered, it had no impact to care as staffing numbers are calculated for a higher number of consumers than are present at the service.

Call bells are monitored and documentation for a sampled period demonstrated 98% of call bells were responded to within 10 minutes.

Staff were observed to be kind, patient, caring and appropriate in their engagement with consumers.

Based on the evidence documented above, I find Aegis Aged Care Group Pty Ltd, in relation to Aegis Shoreline, to be compliant with all Requirements in Standard 7 Human resources.

## 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 COMPLIANT Organisational 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

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

The Assessment Team recommended the service does not meet Requirement (3)(d). I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and have come to a different view and find the service compliant with Requirement (3)(d). I have provided reasons for my finding under the specific Requirement below.

In relation to all other Requirements in this Standard, consumers consider the organisation is well run, with the governing body having a presence within the service and their community.

Documentation showed consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement via multiple channels.

Documentation showed the organisation’s governing body is accountable for and promotes a culture of safe, inclusive and quality care and services by overseeing policies and procedures, risk management, clinical reports, internal audit reports, compliance with statutory requirements, complaints data and trends, organisational values and incident management. The governing body is comprised of appropriately qualified and experienced subject matter experts, ensuring ongoing compliance obligations are satisfied.

Interviews with staff and documentation showed there are effective organisation wide governance systems in place to support information management, continuous improvement, workforce governance, financial governance and feedback and complaints.

The organisation’s clinical governance frameworks guide clinical care, which staff could evidence through examples of open disclosure, minimising the use of restraint and antimicrobial stewardship.

Based on the evidence documented above, I find Aegis Aged Care Group Pty Ltd, in relation to Aegis Shoreline, to be compliant with all Requirements in Standard 8 Organisational governance.

## 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*
4. *managing and preventing incidents, including the use of an incident management system.*

The Assessment Team was not satisfied the service demonstrated the organisation’s systems and practices were effective in minimising risk to support consumers to live the best life they can. The Assessment Team found one consumer was not supported to live the best life they can as their risks associated with social leave were not managed effectively. Evidence included the service did not respond to the known risks including injury and missed medications in a timely or appropriate manner resulting in the consumer having ongoing incidents during social outings.

The provider’s response disagreed with the Assessment Team’s recommendation and included evidence of effective organisational systems in relation to the management of risks and supporting consumers to live their best life. The service had identified the risks and completed assessments in consultation with the consumer and the representatives to mitigate the risks and support the consumers choice.

In coming to my finding I have considered information presented in other Requirements which reflect the intent of this Requirement. Evidence documented in Standard 3 Personal and clinical care shows the organisation has policies and procedures to manage high impact and high prevalence risks, a range of audits to monitor the effectiveness of clinical care, which includes high impact and high prevalence risks and documented meetings which are used to manage and monitor high impact and high prevalence risks for individual consumers. Furthermore, evidence documented in Standard 8 Organisational governance shows the organisation has a Serious Incident Response Register, dedicated decision makers, all incidents are reported as legislated and actioned in accordance with the organisation’s policy. In addition, the organisation has an incident management system, which is embedded within the organisations electronic documentation system.

In relation to Consumer A, I find the organisation had used their internal policies and procedures to support them to live the best life they can. Whilst I acknowledge a formal supporting choice and mitigating risk form was completed approximately two months prior to the Site Audit and could had occurred timelier, I have placed weight on the fact the organisation had completed a number of risk assessments prior to the Site Audit and had also used their incident management system to record incidents involving Consumer A to support the delivery of care and services.

For the reasons detailed above, I find Aegis Aged Care Group Pty Ltd, in relation to Aegis Shoreline, compliant with Requirement (3)(d) in Standard 8 Organisational governance.

### 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.