Aegis Woodlake

Performance Report

40 Woodlake Retreat
KINGSLEY WA 6026
Phone number: 08 9408 2200

**Commission ID:** 7325

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

**Site Audit date:** 13 October 2020 to 15 October 2020

**Date of Performance Report:** 24 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

|  |  |
| --- | --- |
| **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 consumers, representatives, staff and others.
* the approved provider did not submit a response to the Site Audit report.

# 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

This Quality Standard is assessed as Compliant as all six specific Requirements have been assessed as Compliant.

Most consumers and representatives interviewed stated consumers are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. The following feedback was provided by consumers and representatives:

* Staff treat consumers with respect, value each individual consumer, acknowledge what is important to consumers and encourage them to do things for themselves.
* Staff treat consumers respectfully and maintain their privacy when providing personal care.
* Staff support consumers to take a variety of risks. One consumer said they like to go out into the community and the service supports them to do that. Another said they administer their own medication.
* The service provides consumers with information to help them make decisions such as menu choices and the activities calendar.

The Assessment Team reviewed policies and procedures to guide staff in relation to meeting these Requirements.

Documents reviewed by the Assessment Team included assessments, including those relating to risk, and care plans. Care plans are individualised and inclusive of individual consumer’s preferences, goals, likes and dislikes. The Assessment Team found the service’s documentation outlines what it means to treat consumers with dignity and respect and care plans demonstrated consumers’ religious and cultural needs were acknowledged. The service was able to provide evidence that its lifestyle strategic direction is based on models of cultural care and safety which acknowledge LGBTI communities.

During interviews with the Assessment Team staff described different consumers’ preferences in relation to the care they receive and how they delivered this care using information within care plans and communicating effectively with consumers and their representatives. Staff said they support consumers and representatives to make decisions in different ways, such as making them aware of all options and ensuring they understand risks and potential outcomes. Staff demonstrated they understood the concept of dignity of risk and provided examples of risk, such as consumers choosing to administer their own medication. Staff demonstrated knowledge of confidentiality saying they do not discuss consumer care in public and they ensure personal information remains in a secure environment.

The Assessment Team observed staff interacting with consumers in a respectful manner throughout the visit. Staff were observed knocking on doors prior to entering a consumer’s room and were discrete when a consumer in a common area required assistance with personal care.

The Assessment Team found the service has monitoring processes in place such as a feedback system where consumers, staff and representatives are asked to provide feedback in relation to this Standard.

Based on the evidence detailed above I find Aegis Woodlake Compliant with all Requirements within Standard 1.

## 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

This Quality Standard is assessed as Compliant as all five specific Requirements have been assessed as Compliant.

The Assessment Team found consumers and representatives felt they were partners in ongoing assessment and planning of consumer care and services. Consumers and representatives provided the following specific feedback:

* They are informed about outcomes of assessment and planning and have access to care plans if required.
* Staff contact them on a regular basis in relation to changes to care and they are consulted about the care and services provided to them.
* They are satisfied with their involvement in care planning processes and are provided with relevant information about care where necessary.
* The service reviews consumers when circumstances change, or incidents have occurred impacting needs, goals or preferences.
* The service seeks input from them to update care plans to ensure safe and effective care is delivered.

The Assessment Team reviewed policies and procedures available to guide staff in the assessment and planning process, including an assessment and care planning checklist with clear steps and timelines.

Documents reviewed by the Assessment Team include a range of assessments and care plans. Records show a registered nurse completes assessments when a consumer enters the service, with input from allied health professionals. Information from a range of sources such as doctors, discharge summaries and information from consumers and their representatives is considered and included in care planning documents as relevant. The Assessment Team found care plans were updated and reviewed when there had been changes in a consumer’s needs, goals or preferences, such as a decline in health, after incidents, when personal preferences changed, and following discharge from hospital. Staff use a referral process to request assessments from a range of health care professionals such as dieticians, podiatrists, the older adult mental health team and doctors. Risk assessment tools are used as required. Care planning documents are updated as care needs change and annually during the case conference process. The Assessment Team found care plans included advance health care directives and end of life planning if requested by consumers. Palliative care pathways are used to guide staff when changes to a consumer’s health and well-being indicate the consumer is entering their end of life phase.

During interviews with the Assessment Team staff confirmed consumers, their representatives and other health care professionals work together to deliver individualised care and service plans. Staff said information about choices and preferences is obtained from consumers and their representatives and used to guide staff when providing care. Staff described the ongoing review of care plans and confirmed the outcome of assessments and care planning are communicated to consumers and their representatives during case conferences and during more frequent discussions. Staff said they inform relevant parties when incidents occur and confirmed consumers are re-assessed when their health status changes.

The Assessment Team found the service has processes in place, including clinical documentation audits, to monitor compliance with this Standard and identify opportunities for improvement.

Based on the evidence detailed above I find Aegis Woodlake Compliant with all Requirements in Standard 2.

## 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

This Quality Standard is assessed as Compliant as all seven specific Requirements have been assessed as Compliant.

The Assessment Team found consumers and representatives interviewed stated they receive personal and clinical care that is safe and right for them. Consumers and representatives provided the following specific feedback:

* They were satisfied with their care arrangements and felt safe in the service.
* They have access to doctors and other health professionals when they need it.
* Staff provide the care they need which supports their health and well-being.
* In relation to consumers with palliative care needs, staff consult with them about their changing care needs and they are satisfied with the care they receive.

The Assessment Team viewed policies and procedures to guide staff in meeting the Requirements within this Standard.

Documentation reviewed by the Assessment Team included care plans, observation charts, worklogs and progress notes. Care plans, assessments, progress notes and charts showed care provided to each consumer is individualised, safe and effective. Records confirm high impact and high prevalence risks associated with the care of consumers is effectively managed. Best practice guidelines and decision-making tools are used to support staff to effectively manage risk. Deterioration in a consumer’s condition is recognised and responded to appropriately and relevant records are updated when care needs change to support effective communication with all staff providing care. Consumers’ files included advance health directives and/or end of life wishes. Care plans relating to consumers with infections included relevant details of their infectious status and associated care needs. Care plans included strategies used to minimise the need for antibiotics such as interventions to reduce the risk of urinary tract infections. Records confirm the service has an annual influenza vaccination program.

During interviews with the Assessment Team staff described how they tailor care to meet consumers’ individual need. Staff reported changes to a consumer’s condition is communicated to them during handover, and registered staff ensure care plans are current. Care staff reported the clinical staff are very approachable and ‘they have a good team’. Staff said risks associated with falls, unrelieved pressure and behaviours are identified, assessed and care needs are reviewed regularly to assess the effectiveness of interventions and reduce recurrence. Staff confirmed clinical incidents are escalated to the clinical consultancy team as required. Clinical coordinators said the multidisciplinary team provides additional resources to assist in the provision of palliative care. Staff described their role in minimising infection related risks and could identify consumers with current infections.

The Assessment Team found the organisation has processes in place, such as monthly multidisciplinary meetings, clinical audits and routine reviews of pain and behavioural symptoms of dementia, to monitor compliance with the Requirements within this Standard and identify opportunities for improvement.

Based on the evidence detailed above I find Aegis Woodlake Compliant with all Requirements in Standard 3.

### 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

This Quality Standard is assessed as Compliant as all seven specific Requirements have been assessed as Compliant.

The Assessment Team found consumers get the services and supports for daily living that are important for their health and well-being and enable them to engage in things they like to do. The following feedback was provided by consumers and representatives:

* The service supports consumers to do the things they like to do and assists them to keep in touch with people who are important to them.
* Representatives feel welcome at the service.
* The service offers a variety of activities that consumers enjoy.
* Staff provide emotional support to consumers and support their wishes to engage in relationships of their choice.
* The service provides a good variety of meals which consumers enjoy.

The Assessment Team reviewed programs and processes in place to guide staff to meeting the Requirements within this Standard.

Documentation reviewed by the Assessment Team included handover sheets, progress notes, lifestyle assessments, activity attendance records and the maintenance log book. Care records provided up to date and relevant information about individual consumers, what is important to them and how the service meets these needs. Care plans reflected consumer needs, goals and preferences, including information relating to their emotional, spiritual and psychological well-being, and specific needs such as those relating to diet. Maintenance log books included issues to be addressed, the date the issue was identified, action taken to fix them and the date it was resolved.

During interviews with the Assessment Team staff said they have been provided with training on dignity, respect and how to provide emotional support. Lifestyle staff spoke of supporting consumers to attend church and of assisting a married couple to spend time together. Staff explained what was important to specific consumers and what they liked to do. Staff said information about consumers’ preferences is recorded in care plans and confirmed with consumers whenever activities are offered.

Lifestyle staff said activities are modified to suit the needs and preferences of consumers, based on information collected when consumers enter the service, from feedback provided at resident/relative meetings, and from feedback about individual activities as they occur. Members of the allied health team described how they work with external organisations such as a volunteer program to supplement activities in the lifestyle program. Kitchen staff explained the kitchen keeps an up to date list of dietary preferences which is used to ensure dietary needs and preferences are met. The maintenance officer said a logbook is used to record required maintenance. The logbook is checked each morning and jobs completed as required.

The Assessment Team observed consumers eating in dining areas and in their rooms. Staff were observed applying strategies to assist consumers to have their preferences met. Consumers were seen participating in a variety of activities in line with the activity schedule throughout the visit, including using exercise equipment under the supervision of physiotherapy staff.

The Assessment Team found the service has processes in place to monitor compliance with the Requirements within Standard 4 and to identify opportunities for improvement.

Based on the evidence detailed above I find Aegis Woodlake Compliant with all Requirements in Standard 4.

## 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

This Quality Standard is assessed as Compliant as all three specific Requirements have been assessed as Compliant.

The Assessment Team found that consumers feel they belong and are safe and comfortable in the service environment. Consumers and representatives provided the following specific examples:

* Staff are friendly, and kind and they feel safe at the service.
* They feel at home in the service and can decorate their rooms as they please.
* The service is clean and well maintained and consumers’ rooms are cleaned on a regular basis.
* A private dining room can be booked for family celebrations. The dining room has access to an external courtyard and there is room for children to play while visiting.

The Assessment Team reviewed schedules to guide staff in meeting the Requirements within this Standard.

The Assessment Team reviewed the service’s maintenance schedule which detailed preventative and routine maintenance jobs which are reviewed and actioned daily. Cleaning schedules and maintenance log books confirmed cleaning and maintenance programs are followed.

During interviews with the Assessment Team staff described how they identify when furniture or equipment is not functioning properly, and how to generate a request for repair. Staff reported that shared equipment is cleaned on a regular basis and in between consumers. The maintenance officer confirmed the log book is checked daily and issues addressed as required.

The Assessment Team observed the living environment to be welcoming, clean and well maintained. Consumers were seen moving freely throughout the service. While appropriate signage and lighting was observed to be in place to assist in the event of an emergency, navigational aids and signage indicating the names of the wings were not observed. Management confirmed this was deliberate to make the service more ‘home like’. Equipment appeared clean and well maintained.

The Assessment Team found the service has processes in place to monitor consumer satisfaction with the service environment and with equipment to support their daily lives.

Based on the evidence detailed above I find Aegis Woodlake Compliant with all Requirements in Standard 5.

## 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

This Quality Standard is assessed as Compliant as all four specific Requirements have been assessed as Compliant.

Consumers and representatives interviewed by the Assessment Team said they felt encouraged and supported to provide feedback and make complaints. They consider they are engaged in the process to address feedback and complaints. Consumers and representatives confirmed:

* They knew how to make a complaint or provide feedback and felt comfortable doing so.
* They felt comfortable raising issues with staff who advocated for them.
* They were aware of the different complaint mechanisms available to them.
* The service responded to complaints in a timely manner and involved them in the resolution process.

The Assessment Team reviewed policies and procedures relating to open disclosure and complaints management.

Documentation reviewed by the Assessment Team included a complaints, compliments and suggestions register where feedback is recorded, tracked and analysed to identify trends and risks. The service’s continuous improvement plan includes consumer and representative feedback and follow-up action, and complaints data is reported to the organisation’s governing body.

Staff interviewed were able to demonstrate an understanding of open disclosure principles and described how they would action a complaint received by consumers or their representatives. Staff confirmed they assist consumers to raising concerns through escalating complaints to management or encouraging consumers or their representatives to raise concerns directly with management. Staff stated they were aware of external complaints mechanisms available to consumers and confirmed they have offered assistance to consumers with filling out internal feedback forms.

The Assessment Team observed complaints feedback forms, brochures and leaflets situated around the service, available to consumers and representatives.

The Assessment Team found the organisation has monitoring processes in relation to Standard 6 to ensure the service regularly seeks input and feedback from consumers, carers and the workforce, such as customer experience surveys and resident and relative meetings. Input and feedback gained from both processes is used to inform continuous improvements for consumers and the service as a whole.

For the reasons detailed above I find Aegis Woodlake Compliant with all Requirements within Standard 6.

## 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

This Quality Standard is assessed as Compliant as all five specific Requirements have been assessed as Compliant.

The Assessment Team found consumers and representatives interviewed said they receive quality care and services when needed from people who are knowledgeable, capable and caring. The following specific feedback was provided:

* Consumers and representatives said staff know what they are doing and have the skills to provide the care and services needed.
* Consumers and representatives said staff are kind, caring, gentle and willing to assist.
* A representative said there are always staff available to assist consumers.
* A representative described staff as wonderful.

The Assessment Team reviewed policies and procedures in place to guide recruitment, training and performance development processes.

Documents reviewed by the Assessment Team include rosters, allocation sheets, call bell records, audits, and training and performance development records. Rosters confirm registered nurses are onsite 24 hours per day, seven days per week with clinical support provided by clinical consultants. Allocation sheets for the previous two weeks confirmed all shifts were filled and minimal agency staff were required. Call bell records confirm the majority are responded to within five minutes. Audits of call bell response times are completed monthly and slow responses are follow-up. The training schedule and attendance records confirmed a structured training program is in place and the majority of staff have attended sessions relevant to their scope of practice.

During interviews with the Assessment Team staff reported working at the service for many years and demonstrated they knew consumers well. Staff did not express concerns about staffing levels. Management said the recruitment process involves two reference checks and newly employed staff serve a three-month probationary period. Care staff must have a certificate three qualification to be considered for a position. Management confirmed all staff complete service and corporate orientations and induction, and performance appraisals are conducted annually. Staff confirmed they complete mandatory training annually and regular training throughout the year. Regular training includes short toolbox sessions, face to face sessions and online training. Staff meetings are also used to discuss care issues and provide education as deemed necessary.

Throughout the site audit visit the Assessment Team observed staff being respectful towards consumers and respecting their privacy. Staff knocked on doors before entering and were seen supporting consumers living with dementia when they were confused or disorientated.

The Assessment Team found the service has a process in place to monitor consumer satisfaction with, and management of the Requirements within Standard 7 including consumer experience surveys and audits.

For the reasons detailed above I find Aegis Woodlake Compliant with all Requirements within Standard 7.

## 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

This Quality Standard is assessed as Compliant as all five specific requirements have been assessed as Compliant.

All consumers and representatives interviewed by the Assessment Team considered the organisation is well run and that they can partner in improving the delivery of care and services. Consumers and representatives provided the following examples:

* Expressed satisfaction with the frequency of communication provided to both consumers and representatives.
* Both consumers and representatives are involved in the evaluation of care and services process.
* The service engages them in case conferences when entering the service, annually and as required.
* They are satisfied with the care and services provided to them.

The Assessment Team found the service’s governing body ensures systems are in place to support, evaluate and report on the safety and quality of care and services. The leadership team meets on a regular basis to review care and business matters which includes reviewing clinical indicator data to identify trends and areas of risk.

The Assessment Team found the organisation has an effective governance system in place supported by policies and procedures which comply with legislative requirements. The governance system supports all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. The service engages consumers in the evaluation of care and services through multiple means, such as consumer meetings, internal ‘mini’ audits and resident/representative satisfaction surveys to drive continuous improvement processes where required.

The Assessment Team reviewed the service’s clinical governance policies and procedures underpinned by the organisation’s clinical governance framework. Clinical risks are identified, reviewed and managed by the clinical lifestyle and governance team, and subsequently reported to the governing body.

During interviews with the Assessment Team staff advised they had been educated on elder abuse and compulsory reporting; and their responsibilities in the capacity of their roles in relation to both areas. Staff explained antimicrobial stewardship and use of restraint principles in line with policies and procedures, and were able to explain the principles surrounding open disclosure, and the need to apologise when something goes wrong.

The Assessment Team found the organisation has processes in place in relation to Standard 8 to ensure the governing body is accountable for the delivery of safe and quality care and services.

For the reasons detailed above I find Aegis Woodlake Compliant with all Requirements within Standard 8.

## 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.