Performance

Report

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| Name: | Aegis Amherst |
| Commission ID: | 7410 |
| Address: | 75 Amherst Road, CANNING VALE, Western Australia, 6155 |
| Activity type: | Site Audit |
| Activity date: | 6 September 2023 to 8 September 2023 |
| Performance report date: | 26 October 2023 |
| Service included in this assessment: | Provider: 1466 Aegis Aged Care Group Pty Ltd  Service: 19372 Aegis Amherst |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Aegis Amherst (**the service**) has been prepared by Katherine Richards, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

The following information has been considered in preparing the performance report:

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management, and others.

The provider submitted an email on 20 September 2023 stating they accepted the findings within the Assessment Team’s report.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

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

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers said staff treated them with respect, and that staff maintained their dignity. During interview, staff knew consumers’ backgrounds, what was important to them, and their needs and preferences. Observations showed most staff interactions to be dignified and respectful with management taking responsive actions when one staff member was observed being abrupt with a consumer. Care planning documentation captured consumer background, identity, and cultural needs

Consumers said staff understood their cultural and spiritual needs. Care documents showed the service captured information about consumers’ identities, religious customs, beliefs, cultures, and ethnic backgrounds during initial assessment processes. Staff described supports for consumers to stay connected to their culture through celebrations of special days and Harmony day.

Staff described assessment of consumers’ communication needs and sought to understand their preferences for connection and support. Consumers said the service supported them to exercise choice, seek friendships, and maintain their independence. Care plans documented consumers’ preferences for their care, including who was involved in it.

Consumers said they were free to pursue the lives they wanted, and staff listened and respected their choices including supporting them to take risks. Care documents showed that, when a consumer chose to take a risk, staff ensured the consumer was aware of the potential pitfalls of doing so. Staff described receiving training on how to support consumers’ choices involving risks.

Consumers said the service provided them with relevant and timely information. Care planning documents showed evidence of communication exchanges between consumers, representatives, and staff. The service made a range of information available to consumers in its consumers handbook and in pamphlets and posters located around the service. Staff described how they ensured consumers with differing communication needs, due to language, sensorineural deficits, or cognitive changes, were supported to make choices on menu items and activities and participate in consumer meetings and surveys.

Consumers said staff respected their privacy and protected their confidentiality. The service had policies and procedures covering privacy and confidentiality, and it provided staff with regular privacy and confidentiality training. The service required staff to sign confidentiality agreements upon commencing employment. Staff were observed seeking permission prior to entering consumer rooms and posting signage on doors when care was provided to avoid disturbance.

For the reasons outlined above, I find all requirements of Standard (1) Consumer dignity and choice Compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Consumers and representatives said they were aware of risks identified through assessment and planning, and the service developed sufficient management strategies. Care records showed a strong connection between assessment, planning, and care delivery. Staff knew the service’s assessment and care planning process, including its accompanying tools and procedures.

Consumers said the service’s assessment and care planning process addressed their needs, goals and preferences, including for advance care directives and end-of-life care. Care documents showed that staff had documented consumers’ needs, goals, and preferences. Staff described the needs and preferences of consumers which aligned with the current care practices, consumer feedback and care documentation, and discussed how they approached discussions about advance care directives.

Consumers said the service partnered with them, their preferred providers, and their representatives, to assess and plan their care. Staff detailed involvement of relevant parties throughout care planning and delivery. Progress notes, assessment documents, and care plans showed evidence of care partnerships.

Consumers said the service had offered them a copy of their care plans and that they knew how to request an updated version if they wanted to. Staff confirmed they had easy access to consumer care planning documents and that they could provide these to consumers on request. Consumer care plans clearly showed assessment and planning outcomes.

Consumers said staff regularly reviewed their care, including in response to changes of circumstances and incidents. Representatives reported that staff regularly contacted them following reviews, to provide updated information about consumers’ care plans. Staff described processes for regular review and communication of changes. Care plans showed evidence of frequent updates.

For the reasons outlined above, I find all requirements of Standard (2) Ongoing assessment and planning with consumers Compliant.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers said the service delivered personal and clinical care that was safe and tailored to meet individuals’ needs. Staff knew consumers’ individual needs and preferences, and how to deliver care according to those needs. Care documents showed that staff delivered care according to documented strategies. Policies, procedures, and training guide staff in the delivery of best practice personal and clinical care.

Consumers said the service managed high impact, high prevalence risks effectively. Staff knew risks and correlating management strategies for consumers. Care documents showed evidence of risk assessment and planning to develop management strategies and monitoring processes.

Staff described how they identify consumers entering end-of-life care and adapt care to ensure comfort, including management of pain, and dignity needs are met. Palliative care assessment and end-of-life intervention care plan were commenced for consumers in a timely manner and the service involved medical officers, palliative care specialists, and representatives in consumers’ end-of-life care.

Consumers said they were satisfied staff respond promptly to changes of consumer health status. Staff knew the service’s clinical protocols for responding to changes in consumers’ health, and they could cite recent examples that required them to initiate a clinical response. Care records contained evidence of appropriate monitoring and response strategies.

Consumers said staff documented their conditions, needs, and preferences, and this information was known and understood by staff. Staff confirmed that the service’s handover process was effective in transferring up-to-date information about consumers’ conditions. Care planning documents contained adequate information on consumer condition, needs, and preferences to support effective communication.

Consumers said the service’s referrals process was prompt and appropriate. Staff knew the referrals process and the various providers within the service’s referrals network. The service kept records of referrals it made, and these showed timely referrals activity and accurate transfer of relevant information.

Consumers said they were happy with how the service managed COVID-19 outbreaks and infections. Staff explained they received training on infection, prevention and control, and antimicrobial stewardship. The service had a dedicated Infection prevention and control lead, who assisted with all infection prevention control activities, including staff education initiatives.

For the reasons outlined above, I find all requirements of Standard (3) Personal care and clinical care Compliant.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers said the service supported them to do things they were interested in, including activities that optimised their independence, health, and wellbeing. Lifestyle and allied health staff undertook assessments to understand consumer needs and abilities, document supports, and develop appropriate activities. Care records showed the service accommodated consumers’ unique capacities, which included adapting services and supports to optimise independence.

Consumers said they felt supported to maintain important social, emotional, and spiritual connections. During interview, staff could explain how they would identify if consumers needed additional support cite various methods they would use to meet consumer needs. Care planning documents contained information about the consumers' desired spiritual and psychological supports.

Consumers said the service gives them the option to access a variety of additional services to meet their interests. Survey and feedback records showed the service actively sought feedback from consumers about its offerings. Volunteers routinely attended the service to provide additional support to consumers with language needs or specialised interests.

Care planning documentation showed detailed information about consumers’ conditions, needs and preferences were recorded, regularly updated, and shared with others as required. Staff knew the service’s handover processes, and the significance of these for quality care delivery, for example, dietary requirements were communicated to, and known by, kitchen staff.

Care planning documents showed the service made timely and appropriate referrals to other care providers, including for volunteers for consumers assessed as being at risk of isolation. Staff knew the service’s referrals process, and the providers within its referrals network. Consumers confirmed the service’s referrals process was prompt and efficient.

Consumers said they were satisfied with the variety, quality, and quantity of the service’s food. The service had a 28-day rotating menu, which included foods of a variety of cultural origins. A consultant dietitian reviewed the service’s menu to ensure it offered high nutritional value with a ‘resident’s choice’ menu to cater to consumer preferences.

Consumers said provided equipment was clean, suitable, and well-maintained and equipment repairs were completed promptly. Staff said the service’s equipment was safe and suitable for consumers’ needs, and that they had received training on equipment safety. The service maintained audit records that showed its equipment was safe and well-maintained.

For the reasons outlined above, I find all requirements of Standard (4) Services and supports for daily living Compliant.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The service was observed to be welcoming, free of hazards, and with indoor and outdoor spaces that optimised belonging, independence, and function. Consumers confirmed the service was welcoming and easy to navigate. The service’s admission processes included orientating consumers to the layout of the service and helping them decorate their rooms.

Consumers said they were comfortable at the service and that they could move freely around the service. Consumers had access to courtyards and indoor common areas. The service environment was observed to be comfortable, safe, clean, and well-maintained. During interview, staff reported knowing how to lodge maintenance requests which are responded to promptly.

Consumers said they felt safe at the service. They said they were happy with the service’s environment, furniture, fittings, and equipment. Observations showed the service’s, furniture, fittings, and equipment to be safe, clean, and well maintained. The service’s maintenance records showed it had robust systems and processes to respond to maintenance issues.

For the reasons outlined above, I find all requirements of Standard (5) Organisation’s service environment Compliant.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers said they felt comfortable making complaints and providing feedback directly to the service. Staff demonstrated the service’s processes for supporting consumer feedback, which entailed attending to feedback either immediately or by escalating it to clinical management. Management described pathways for consumer feedback, including verbal, written, through meetings, or within the consumer advisory body actions. A review of policies and procedures confirmed a robust complaints and feedback policy and process in place.

Consumers reported knowing about the various external advocacy supports available to them. Staff knew the service’s internal and external complaints processes, including how to assist consumers to access the support appropriate to their circumstances. Staff explained ways they support consumers who may not be able to use usual feedback methods, such as arranging assistance with language translation. The service displayed posters, brochures, and newsletters for advocacy services throughout the facility.

Consumers said the service’s responses to their feedback were appropriate and timely, and they received follow up to ensure satisfaction with the outcome. The Complaints and compliments registers showed actions were timely and appropriate and open disclosure principles were applied. Staff had thorough knowledge of the organisation’s complaints process, including what timeframes for responses were appropriate, and received training in feedback and complaints, incident management and reporting, and use of open disclosure.

Consumers said the service used their feedback and complaints to improve care and services, and they could cite pertinent examples. Staff reported improvements in the areas of clinical care, laundry, meals, and activities in response to feedback and complaints. Management used a dedicated process for analysing complaints and feedback for trends and initiating improvement actions based on this analysis.

For the reasons outlined above, I find all requirements of Standard (6) Feedback and complaints Compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers said the service had enough staff to deliver quality care. Staff confirmed the service had sufficient staff to enable delivery of unrushed, quality care, and they reported that the service had recently hired additional staff. The service had strong interconnectedness with its approved provider’s ‘people and culture’ team, enabling agile workforce planning. Management described monitoring processes to ensure sufficiency of staff with the right skills for consumer needs.

Staff interactions with consumers were observed to be to be caring and respectful. Consumers said staff were kind, caring and respectful of their identity, culture, and diversity. Staff knew which consumers required specific care related to their identity or culture, and how to deliver this care. Management was able to explain the commitment to consumer centred care that is kind, caring, respectful and aligned with each consumer’s identity, culture and diversity, informed by policies and training.

Consumers said overall, the service’s workforce was competent, and staff had the knowledge to perform their roles effectively although some staff were still learning but trying their best. Staff said the service encouraged them to upskill over the course of their tenure, and that it had strict qualification controls as part of its hiring process. Management corroborated this, saying the service conducted thorough checks during recruitment, as demonstrated through record keeping processes.

Consumers said staff were well trained and that they knew how to deliver high-quality care. Policy and procedure documents showed the service had well-established recruitment, onboarding, orientation, training, and review processes. Staff reported having access to numerous training resources that set out the expected standards of care. Management said they have a training matrix for mandatory and annual refresher training and schedule other training based on trends and outcomes from monthly clinical indicator assessments and staff needs and requests.

During interview, management explained the service’s performance monitoring, assessment and appraisal processes, including relating to management of underperformance. The service had policies and procedure documents that set out its employment procedures, expectations and the organisation’s vision, mission, and values. Staff reported they had participated in the service’s performance processes.

For the reasons outlined above, I find all requirements of Standard (7) Human resources Compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Consumers said the service engaged them to help develop, deliver, and evaluate their care. The service’s records showed it used multiple channels for engaging consumers, and that it also sought input from representatives and others involved in consumers’ care. Staff reported deploying various strategies to help consumers provide input into their care. An organisational consumer advisory body has been established with established meetings and communication of outcomes and concerns to the governing body.

Consumers said the service’s governing body remained as a visible authority that took accountability for the service’s care. The service’s policy and procedure frameworks clearly placed the governing body as its accountable authority. During interview, management explained many of the service’s systems designed to ensure delivery of safe and quality care, including auditing and reporting pathways, and the structure of the governing body and subcommittees.

The service’s records showed it had effective organisation-wide governance systems in all applicable domains. During interview, staff and management knew the key principles and oversight models of the service’s governance systems. The service had policies and procedures to guide staff in each aspect of its governance framework.

The service provided staff with best-practice policies, guidelines, and decision tools to support them in identifying and managing risks. Staff knew the service’s methods and resources and had undergone training in them. Care records showed evidence of embedded risk management practices, including within operating systems and as part of operational procedures and meetings. Systems, processes, and training programs are in place to guide staff to identify and respond to abuse and neglect. The service’s incident management system captures detailed information and feeds into organisational reporting for oversight and accountability.

The service had implemented its approved provider’s clinical governance framework effectively, and staff applied the framework when delivering care. The framework included directives to minimise restrictive practices, implement antimicrobial stewardship, and use open disclosure when things go wrong. A range of policies, procedures and guidelines underpinned the service’s governance framework. Training and monitoring processes, including auditing, ensured staff understanding and compliance.

For the reasons outlined above, I find all requirements of Standard (8) Organisational governance Compliant.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)