Performance

Report

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| Name of service: | Aegis Anchorage |
| Service address: | 340 Anchorage Drive MINDARIE WA 6030 |
| Commission ID: | 7298 |
| Approved provider: | Aegis Aged Care Group Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 11 April 2023 to 13 April 2023 |
| Performance report date: | 23 May 2023 |

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 Anchorage (**the service**) has been prepared by G.Hope‑Simpson, 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 staff, consumers/representatives and others.
* The Approved Provider’s response to the Site Audit report, received 10 May 2023.
* other information and intelligence held by the Commission in relation.

# 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 were treated with dignity and respect, and were able to make informed choices about their care and services. Staff described building rapport with consumers by investing time to understand their backgrounds and acknowledging their choices. The service’s diversity and inclusivity policy outlined the values and expectations relating to respect for cultural identity and dignity. Care planning documents reflected consumers’ background and culture, and included cultural activities each consumer wanted to maintain. Staff described how consumers’ culture influenced how they delivered care and service.

Care planning documents identified key decisions consumers had made in relation to their care and services, and who was involved in their care. The service supported consumers to maintain their relationships. For example, during the service’s COVID-19 lockdowns families were encouraged to come in and support consumers. The service provided families with personal protective equipment (PPE) and education on infection control and prevention measures during these lockdowns.

Consumers were supported to take risks which enabled them to live their best lives The service undertook risk assessments for consumers who wished to take risks. Care planning documents evidenced the service supported consumers to make informed choices about their care and any accompanying risks.

Information provided was current, accurate and timely, and communicated in a way that was clear, easy to understand and enabled consumers to exercise choice. Staff described how information was provided in various forms, and strategies used to support consumers with difficulty communicating. The Assessment Team observed activities of the day and the Charter of Aged Care Rights displayed on noticeboards throughout the service.

Consumers felt their privacy was respected, expressed confidence in the service to protect their personal information, and described staff practices such as knocking on doors prior to entry. The service’s privacy policy guided staff with maintaining and respecting the privacy of personal and health information for consumers.

# 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

A comprehensive assessment and care planning process was undertaken when consumers entered the service to identify their needs, goals and preferences. Staff described how validated risk assessment tools informed delivery of safe and effective care. Care plans reflected detailed clinical and personal care needs, risk mitigation strategies, behaviour strategies, advance-care and end‑of-life planning and consumer preferences for care delivery.

Care planning documents evidenced the involvement of consumers, representatives and other health professionals in the assessment and planning process. Staff described how they partnered with consumers and representatives in the assessment and planning process. Consumers and representatives confirmed they are involved in consumers’ care planning on admission and on an ongoing basis and they participate in regular care plan reviews.

Consumers and representatives said staff explained information about care and services, they could access a copy of their care and service plan when they wanted to and knew how to do so. Care plans reflected involvement of consumers, their authorised representatives and other providers in assessments and care planning.

Care planning documents were reviewed on a regular basis and updated when circumstances changed, or when incidents occurred.

# 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 they received safe and effective care tailored to their needs, which optimised their health and well-being. Staff were guided by policies and procedures to provide care that was best practice. Care documentation for 10 consumers demonstrated individualised care which was safe, effective, and tailored. The Assessment Team found policies and procedures were in place to guide delivery of care, including for restrictive practices, falls prevention, skin integrity and pressure injuries, However, the service advised that prior to the site audit, a deficiency was identified in the way they had interpreted and applied restrictive practice legislation. The service identified cohort of consumers who were subject to environmental restraint and needed updated behaviour support plans as a result. Management advised the service had obtained consent for the consumers however, at the time of site audit, were still undertaking risk assessments and updating behaviour support plans for each consumer. The Assessment Team reviewed the service’s Plan for Continuous Improvement (PCI) where the deficiency was recorded, and an action completion date applied. Information provided in the Approved Provider’s response, received 10 May 2023, demonstrated that since the site audit, the service had completed the planned improvements. As there was no related negative feedback from consumers or representatives and given the actions taken since the site audit to rectify the issues, I am satisfied the service complies with Requirement 3(3)(a).

Care planning documents identified high impact and high prevalence risks were effectively managed by the service, and strategies were implemented to minimise risks. Management said consumers with multiple high risks and incidents were recorded, analysed and discussed during weekly clinical meetings and corporate division meetings. Consumers and representatives were satisfied risks were well-managed.

Consumers felt confident the service would support them to be free from pain, have those important to them with them, and have their preferences taken into account in their end-of-life journey. Staff described practical ways in which consumers’ comfort was maximised and their dignity preserved at end of life.

Care planning documents reflected the identification of and response to, deterioration or changes in consumers’ conditions and health status. The service had a ‘recognising deterioration chart’ to guide staff when conducting observations. Consumers and representatives reported the service responded to changes in health status in a timely manner.

Information about consumers conditions, needs and preferences were documented and effectively communicated with those involved in the care of consumers. Progress notes and care and service plans provided adequate information to support effective and safe sharing of care.

The service had a network of approved individuals, organisations and/or providers they referred consumers to. Care planning documents reflected referrals to other health professionals were timely and staff understood the process to refer matters to other providers.

Consumers confirmed, and the assessment team observed, staff adhering to appropriate infection control practices at the service. Staff had knowledge of infection prevention and control protocols, and described ways to minimise the use of antibiotics. The service had an Infection Prevention and Control (IPC) lead along with an outbreak management plan to prepare for, identify, and manage outbreaks. The service had a staff and consumer vaccination program for influenza and COVID-19.

# 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 expressed satisfaction with the services and supports provided for daily living which met their needs, goals, and preferences. Members of the workforce provided examples of what was important to consumers and what they like to do which aligned with care planning documents. For example: The service introduced a progressive strength and balance exercise program to reduce falls. The Assessment Team observed consumers attending various activities in the Memory Support Unit (MSU) including a chicken hatchery which was of great interest to consumers.

Consumers felt supported to maintain social, emotional, and spiritual connections which were important to them. Care planning documents contained information about consumers’ emotional and spiritual or psychological well-being and how staff could support them. The service provided an on-site hairdresser and café for consumers.

Care planning documents evidenced consumers were supported to participate within and outside the service environment, keep in touch with people important to them, and do things of interest. The Assessment Team observed local school volunteers engaged in music activities with consumers.

Consumers considered information was adequately communicated between staff. Staff said information, changes, and other requirements for consumers were shared at shift handovers, through care plans and via the service’s electronic care management system (ECMS).

Regular, timely and appropriate referrals were made to other individuals, organisations, and providers of care where required. Care planning documents showed the service collaborated with external services to support the needs of consumers.

Consumers and representatives interviewed expressed a diversity of views on food quality, but confirmed consumers were offered a range of alternatives by staff and have input into the menus. Review of recent consumer and representative meeting minutes identified consumer dissatisfaction with unplanned menu changes which were not communicated in a timely manner. Upon raising with management, assurance was given that menu changes will be communicated more effectively. Care planning documents included information on dietary needs or preferences and hospitality staff described how they were kept informed of these. Meals were prepared and cooked in-house and daily menu and beverage choices were clearly displayed in the service.

Equipment for daily living and lifestyle supports were safe, suitable, clean and well maintained. Consumers and staff said they had access to equipment to assist with daily living activities and knew how to report maintenance concerns. Management advised consumers who bring in their own mobility equipment have the suitability of the equipment reviewed by a Registered Nurse or Allied Health staff.

# 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

Consumers felt at home at the service and considered the environment easy to navigate and clean. The service environment was observed to be clean and tidy, with signage and design features to support consumers with different needs. Consumers were supported to personalise their rooms and they had access to various areas of the service to socialise and relax in throughout the day, such as a newly furbished music room and quiet resting area in the MSU.

Consumers said the service environment was safe, clean and well maintained, and they could move freely both indoors and outdoors. The Assessment Team found however not all consumers had access to the entry door keycode, as outlined previously in Standard 3, requirement 3(3)(a). As information provided in the Approved Provider’s response, received 10 May 2023, demonstrated the service has since rectified the issues, and observations during the site audit showed consumers moving freely throughout the service, on balance I am satisfied the service complies with Requirement 5(3)(b).

Consumers confirmed furniture and equipment was clean and well-maintained. The service had a preventative maintenance schedule, with access to external contractors for maintenance of specialist equipment. Maintenance issues were resolved in a timely manner.

# 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

The service had multiple methods for consumers to provide feedback and make complaints including through meetings, feedback forms, speaking with management and raising any issues of concerns at consumer meetings. However, the Assessment Team observed only one suggestion box located near reception. Upon raising with management, an additional suggestion boxes was installed. Consumers confirmed they were encouraged and supported to provide feedback and make complaints.

Consumers and representatives were aware of the channels available to them for feedback and complaints. Staff supported consumers and representatives to provide feedback, which included providing additional assistance to those with cognitive impairment. Language and advocacy services were available to consumers and representatives as needed. Brochures regarding complaints, advocacy and language services were displayed on noticeboards.

The service had processes to follow when feedback or a complaint was received including the use of open disclosure and an apology when things went wrong. Documentation and consumer feedback confirmed, the service acted in a timely manner responding to complaints and an open disclosure process was applied. Consumers and representatives confirmed the service responded in a timely and appropriate manner when feedback was provided.

The service had systems in place to record and trend complaints, feedback, compliments, and suggestions. All feedback and complaints were reviewed and used to improve the quality of care and services. For example, based on consumer and representative feedback, laundry service staff provided colour coded linen bags to each wing and implemented a revised labelling process which resulted in reduced numbers of lost items and efficiency in time management for staff.

# 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

The Site Audit report brought forward mixed feedback from consumers and representatives in relation to care and services provided. Most consumers and representatives considered there was enough staff, however some felt there was not enough staff during lockdown. Some consumers felt agency staff were less familiar with their needs but said this did not impact on care. Some consumers said call bell response times were slow, however documentation reviewed demonstrated average call bell response time was 2.6 minutes, with 85% of calls answered within 10 minutes. Members of the workforce said staffing levels were sufficient to respond to consumers’ care needs in a timely manner.

Consumers and representatives said staff engaged in a respectful, kind and caring manner, were skilled and knew what they were doing. The Assessment Team observed kind and respectful interactions between staff and consumers. The service had documented policies and procedures to guide staff practice and had implemented the Commission’s Code of Conduct. The service had position descriptions for each role outlining the minimum qualifications and credential requirements. Probity checks and Australian Health Practitioners Regulation Agency registrations were managed and up to date.

Consumers and representatives considered staff perform their duties effectively and are well trained. Staff confirmed they receive orientation, undertake annual mandatory training and have access to ongoing training and education. Training records were managed centrally, and alerts about overdue training were sent to management. Staff described the performance appraisal process, including monitoring through annual performance reviews, and regular observation by management and clinical consultants. Performance appraisals were conducted at 3 months while staff were on probation, again at 6 months, then annually.

# 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 and representatives were engaged in the development, delivery and evaluation of care and services through a variety of avenues, including consumer meetings, case conferences, and submission of feedback forms. Consumers and representatives confirmed they provided input into care and services and raised suggestions which was considered by management.

Management described how the organisation’s governing body promoted a culture of safe, inclusive, and quality care and services. Reports submitted to the board captured information, including but not limited to, clinical indicators, internal and external audits, complaints trends and incidents. The organisation’s executive management and board used this information to identify the service’s compliance with the Quality Standards, to initiate improvement actions, to enhance performance and to monitor care and service delivery.

The service mostly had effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, and feedback and complaints. However, a deficit in relation to regulatory compliance was identified. The Site Audit report brought forward that a deficiency was identified in the way the service had interpreted and applied restrictive practice legislation, as previously outlined in Standards 3 and 5. Prior to site audit, the service had identified a failure to categorise a cohort of consumers without access to a key code, as environmentally restrained. However, by site audit, the service had obtained informed consents, and commenced completing relevant assessments and updating behaviour support plans. During the site audit, consumers and representatives did not express any concerns about the consumers need for support to exit the service. Information provided with the Approved Provider’s response to the site audit report showed that since the audit, the service has rectified the deficiencies. As the service had identified the matter prior to site audit, used a continuous improvement process to rectify the issue and because all other relevant governance systems were effective, on balance I am satisfied the service complies with Requirement 8(3)(c).

The organisation had an effective risk management system to monitor and assess high impact or high prevalence risks associated with the care of consumers. Risks were reported, escalated and reviewed at the service level and by the governing body. Staff had been trained in their obligations to identify and respond to abuse and neglect, under the Serious Incident Reporting Scheme.

The service had a documented clinical governance framework and supporting policies which address antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. Staff demonstrated a shared understanding of these policies and were able to describe how they applied these as relevant to their roles.

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