Performance

Report

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| Name: | Aegis Balmoral |
| Commission ID: | 7872 |
| Address: | 29 Gardner Street, COMO, Western Australia, 6152 |
| Activity type: | Site Audit |
| Activity date: | 5 December 2023 to 8 December 2023 |
| Performance report date: | 22 January 2024 |
| Service included in this assessment: | Provider: 3307 Balmoral Aged Care Group Pty Ltd  Service: 4879 Aegis Balmoral  Short Term Restorative Care (STRC) included. |

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 Balmoral (**the service**) has been prepared by M Kalra, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives, and others.
* other information and intelligence held by the Commission in relation to the service.

# 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 and representatives said consumers are treated with dignity and respect. Consumers maintain their identity by sharing stories of things that are important to them and displaying personal items in their rooms such as photos of their family. Staff described how they treat consumers with dignity and respect and showed an understanding of consumers’ needs, preferences, personal circumstances, life experiences, and cultural backgrounds, consistent with care planning documentation.

Consumers confirmed the service recognised and respected their cultural background and provided care consistent with their cultural traditions and preferences. Staff explained how they tailored care and services in a culturally safe manner. Policies, processes, and education supported staff to deliver culturally safe care and services. Consumers said, and care planning documentation confirmed consumers are supported to choose who they wish to involve in their care and how they would like their care and services delivered. Consumers said they are encouraged to make connections with others and are supported to maintain relationships of their choice. Staff described how they supported consumers to make decisions.

Consumers and representatives stated the service supports consumers in taking risks to enable them to live the best life they can. Staff demonstrated knowledge and awareness of consumers who take risks and their provision of support to maintain consumer’s independence and well-being. Care planning documents contained risk assessments and risk mitigation strategies to support consumers to do the things they wanted to do.

Consumers said, and care documentation confirmed consumers are informed by regular emails, phone calls and newsletters as to what is happening at the service or when changes to care and services occur. Staff explained how they communicated information in an easy to understand and accessible manner, including for consumers with poor cognition or sensory difficulties. Observations showed information was available to consumers in a clear and easy to understand way to support decision making.

Consumers said their privacy is respected and personal information is kept confidential. Staff described consumers’ information was stored in password protected electronic care management system. Care documentation also reflected individualised requirements for privacy as preferred by individual consumers with consents gained for photography, celebration of birthdays and identification in newsletters.

# 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 confirmed they are involved in the assessment and care planning processes upon entry to the service and on an ongoing basis. Staff explained how assessment and planning process considers risks to consumers’ health and well-being, to inform the delivery of safe, effective care and services. Care planning documents demonstrated individual risks to consumers were assessed using evidence-based assessment tools and included risk mitigation strategies.

Management said they discuss consumers’ care preferences and described how they involved consumers and representatives in discussions relating to advance care and end of life planning. Care planning documents identified and addressed consumers’ current needs, goals, and preferences, including advance care and end of life planning. Care planning documentation showed evidence of case conferences and the involvement of a range of external providers including medical officers, pharmacists, physiotherapists, and dietitians.

Consumers and representatives confirmed they have access to other providers of care as they need it. Staff said care plans are formulated in consultation with consumers and their nominated representatives, medical officer, and other allied health specialists. Staff provided examples of how they communicate consumers’ needs and preferences to ensure care plans are up to date and reflective of consumers’ needs. Care documentation including progress notes and case conferences showed outcomes of care planning and assessments are communicated to consumers or their representatives.

The service has a schedule for care plan reviews comprising immediately post completion of the admission assessment process, then monthly reviews and following changes in consumers’ needs and preferences. Staff stated they utilise policies and procedures which guide review on managing falls, wounds, and indications of clinical deterioration. Care documentation confirmed staff complete a suite of reassessments when a consumer enters or returns to the service from hospital, to identify if any changes have occurred which impact upon on consumer’s needs, goals or preferences.

# 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 and representatives reported being satisfied with personal and clinical care consumers were receiving and stated staff have the knowledge to manage consumer’s care and services. Staff provided examples of how they provided clinical care in a safe and effective manner, guided by policies, procedures, and training. Restrictive practices were generally appropriately managed in accordance with legislative requirements, as evidenced through review of care documentation. However, one form of restrictive practice was incorrectly classified by the service.

Care plans identified consumers with high impact or high prevalence risks, and staff described how these risks are managed. Care plans, progress notes, charting, and validated assessments confirmed skin integrity, wound care, pain management, falls, and other complex clinical care needs were managed effectively. For example, in relation to pressure injury management, care documentation showed initial and ongoing skin and wound assessments were conducted and care was tailored to individual needs of each consumer and aligned with best practice guidelines, including having wound description, photographs, dressing regime and regular medical officer reviews.

Staff explained how they altered their care to support consumers nearing end of life, including enabling consumer’s comfort, monitoring pain, managing symptoms, and preserving their dignity. Care planning documents showed consumers and family are supported by external palliative care services to ensure consumers’ needs, goals and preferences are captured. Care documentation for a named consumer who passed away at the service evidenced involvement of the consumer’s representative and demonstrated the consumer was regularly reviewed and monitored for signs of pain and discomfort.

Consumers and representatives said the service recognised and responded to changes in consumers’ condition in a suitable and timely manner. Management stated they utilised several avenues to identify changes in the consumer’s condition, including written and verbal handovers, daily review of progress notes, scheduled reviews, incident reports, clinical charting, and feedback about consumers’ condition. Documentation demonstrated consumers were regularly monitored, and appropriate action was undertaken in response to changes in consumers’ health condition. The service has a deterioration policy, a deterioration assessment tool, and a suite of clinical pathways to guide staff practice.

Consumers considered staff were aware of their preferences and needs. Staff explained how they communicated relevant information about consumers care and services through verbal and written handover processes, meetings, care documentation and electronic notifications. Consumers said and care documentation confirmed the service referred consumers to appropriate providers, organisations, or individuals which met their care needs. Care documentation evidenced referrals for optometry, dentists, geriatricians, dementia support specialists, and palliative care.

Documentation showed how the service monitors, analyses, and reports on infections and antimicrobial usage monthly. Staff said they completed regular training on infection control practices and described how to minimise the transmission of infections. Documented policies, procedures and a pandemic plan support the minimisation of infection related risks, including antimicrobial stewardship and standard and transmission-based precautions. The service also has organisational infection control and prevention specialists to aid, audit staff practices and provide education.

# 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 they received safe and effective services and support for daily living that met their needs, goals, and preferences. Care planning documentation confirmed what is important to consumers and what they like doing to optimise their quality of life, health, well-being, and independence. Lifestyle staff said they ran activities across the service 7 days a week. There were several exercise and walking groups for all levels of ability, and care staff supported consumers to attended activities, concerts, and special cultural days at the service.

Consumers said their emotional, spiritual, and psychological well-being was supported. Staff explained how they supported consumers’ emotional, psychological, and spiritual well-being, including providing consumers with one-to-one support. Care planning documentation for consumers contained information about their emotional, spiritual, or psychological well-being and how staff can support them.

Consumers said they were supported to maintain personal and social relationships and participate in the community. Documentation demonstrated and staff described how they worked with other organisations, community members, and groups to help consumers pursue their interests, undertake social activities, and maintain connections. Staff explained information about consumers was shared though handover processes, electronic documentation system, and by liaising with registered nurses. Consumers and representatives felt the service managed communication regarding the consumers’ condition, choices, and preferences effectively.

Consumers and representatives confirmed timely and appropriate referrals to individuals and others were facilitated by the service. Staff said they identified individual community ties with consumers and facilitated ways to enable consumers to maintain those connections. Care planning documentation evidenced collaboration with external services to support the diverse needs of consumers, including referrals to several local churches, the local library and community visitor scheme.

Consumers reported being satisfied with the variety, quality, quantity, and temperature of meals. Staff demonstrated knowledge of consumers’ dietary needs and preferences, and ways to support consumers’ dining experience. The chef confirmed the menu was checked by a dietitian before being sent to the service and the service held a ‘food focus’ meeting to discuss the menu with consumers. Review of food focus meeting minutes showed consumers’ input regarding menu changes was included and addressed.

Consumers said the service provided them with equipment, which was clean, suitable, and met their needs. Maintenance staff described how maintenance requests were logged, prioritised, and signed off when completed. Equipment used for activities of daily living were observed to be safe, suitable, clean, and well-maintained.

# 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 and representatives said consumers feel comfortable and at home at the service. Consumers can personalise their rooms with furniture, photos, and items important to them. Observations showed signage throughout the service was clear and easy to read. Staff described how consumers on all levels were free to move independently throughout the service and opened doors supported consumers’ access to the communal garden areas. Management and staff said they felt consumers and visitors feel welcome and at home in the service.

Consumers and representatives said the service is kept clean, well-maintained, and they can move freely and independently around the service both inside and outside. The cleaning staff and management explained the cleaning schedules and how the cleaning regimen was increased during the COVID-19 pandemic and subsequent infection outbreaks to ensure high touch points were cleaned regularly. Maintenance staff provided details of the service’s preventative and reactive maintenance schedules and documentation which were all up to date. Staff described the process for documenting and reporting maintenance issues. Consumers and visitors were observed moving freely throughout the service.

Consumers and representatives said the equipment provided by the service is well-maintained, safe, and clean. Management and maintenance staff advised the furniture, fittings and equipment are assessed for suitability before purchase to meet consumers’ personal and clinical needs. Care staff said they ensure consumers’ call bells are working and are always placed within consumer’s reach. Observations showed lounge chairs, outdoor furniture, standing machines and hoists were safe, clean, well-maintained, and suitable for consumers.

# 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 and representatives said they feel encouraged and supported to provide feedback and make complaints by speaking with staff and management, during the resident and relative meetings and using feedback forms. Staff described feedback and complaints process in place which is underpinned by robust organisational policies and procedures. Observations showed feedback forms were displayed for consumers to use, locked suggestion box at reception, and resident and relative meeting minutes which documented feedback, complaints and compliments received.

Consumers and representatives said they were aware of other avenues for raising a complaint, and they were comfortable raising concerns with management and staff. Staff described how they acted as advocates for consumers by communicating concerns to management on their behalf, contacting family members for support if they wished, and assisting consumers to complete feedback forms as required. Staff and management were aware of how to access interpreter and advocacy services for consumers. The service displayed multi-lingual information on advocacy and language services on noticeboards.

Consumers and representatives confirmed staff and management addressed their complaints in a timely manner and apologised when things went wrong. Staff demonstrated an understanding of the open disclosure process. Review of feedback and complaints register evidenced use of open disclosure and timely management of complaints, consistent with the service’s feedback and open disclosure policy. Consumers confirmed their feedback and complaints were used to improve the quality of care and services. Management described complaint trends were reviewed, entered in the plan for continuous improvement, improvement actions were taken and evaluated for effectiveness.

# 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 and representatives said there were enough staff in all areas of the service. The service has a 24/7 registered nurse, and staff confirmed there were sufficient levels of staff. Management explained how they collaborated with the ‘people and culture’ team for recruitment and discussed requirements for registered nurses and care staff based on changes in consumer acuity. Review of rosters, call bell data and care minutes confirmed sufficiency of staff in all areas of the service. Consumers and representatives said staff were kind and caring when providing care to consumers. Staff were observed to interact with consumers in a respectful manner and were familiar with consumers’ individual needs and identity.

Consumers and representatives said staff performed their duties effectively, and they were confident that staff were skilled to meet their care needs. Management said they conducted thorough checks during recruitment, including checking the Banning Orders Register, professional registrations, visa status and national police and criminal history checks. Competencies were assessed during orientation, the initial probation phase and yearly where required. Position descriptions included key competencies and qualifications that were either desired or essential for each staff’s role, and staff were required to have relevant qualifications.

Staff said they have access to online, face-to-face workshops and toolbox training. Management said they used a training matrix for mandatory and annual refresher training and other training was scheduled based on trends and outcomes from a range of audits, clinical data, staff needs and requests. Management described the processes used to regularly assess, monitor, and review the performance of staff, which included competency assessments and annual appraisals. Staff demonstrated an awareness of the service’s performance development processes. A review of documentation identified performance appraisals and competency assessments were scheduled and conducted every year.

# 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 they were engaged in the development and delivery of care and services, including through care planning reviews, feedback and complaints, resident and relative meetings, consumer surveys and audits. The service has implemented consumer-focused organisation-wide policies, procedures, and schedules to ensure the engagement of consumers in the development and evaluation of care and services. Documentation demonstrated consumers and representatives were supported to provide feedback, with relevant actions completed in response.

The organisation has seven operational groups, and each group has an executive manager reporting directly to the Chief Executive Officer. Each operational group has operating procedures, relevant sub-committees if required, and policies and procedures. Management described the interconnected role of the executive management with all parts of the organisation, including direct links through executive management to each service, underpinning accountability for the delivery of safe, inclusive, quality care and services.

The organisation had effective governance systems in place. The organisation’s electronic documentation system included policies and procedures, consumer clinical information, medication management system, training, and education records. Opportunities for continuous improvement were identified and actioned. Financial, feedback and complaints and workforce governance systems were suitably addressed. Regulatory compliance was addressed through regular correspondence from meetings and external bodies.

A documented risk management guide and policies supported the service in identifying and responding to high-impact, high-prevalence risks associated with the care of consumers, identifying, and responding to abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents. The service’s incident management system demonstrated incidents were identified and responded to, with incidents reports under the Serious Incident Response Scheme (SIRS) as appropriate.

The organisation’s clinical governance framework outlined all aspects of managing risk and delivering care and services, referencing relevant organisational policies and procedures, legislation, and other regulatory and clinical best practice standards. The service’s policies and procedures for antimicrobial stewardship was supported by regular training and audits. Staff had been educated on policies and provided examples relevant to their work, including appropriate use of antibiotics, use of open disclosure, and minimising the use of restrictive practices.

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)