Performance

Report

**1800 951 822**

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| Name of service: | Aegis Bassendean |
| Service address: | 27 Hamilton Street BASSENDEAN WA 6054 |
| Commission ID: | 7864 |
| Approved provider: | Aegis Aged Care Group Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 13 September 2023 |
| Performance report date: | 12 October 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 Bassendean (**the service**) has been prepared by M Glenn, 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.

# Material relied on

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

* the assessment team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives and others; and
* the provider’s response to the assessment team’s report received on 19 September 2023 acknowledging the recommendation made by the assessment team.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

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 3

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| Personal care and clinical care | |  |
| 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 |

Findings

The service demonstrated effective management of high impact and high prevalence risks associated with the care of consumers, including risks associated with management of falls, skin integrity, wounds, pain, and unplanned weight loss. Staff follow the service’s policies and procedures and apply measures to mitigate the level of risk to consumers, whilst supporting their independence and self determination to make their own choices. Staff described the main risks for consumers and how these risks are managed. Consumers and representatives said staff provide clinical care to consumers which is safe and right for them.

Staff described how care is prioritised and how they monitor and escalate signs of pain or distress. Training is provided to staff in relation to palliative and end of life care, and policies and guidelines are in place for symptom control, including the use of pain flow charts. Documentation showed evidence of palliative care discussions, including preferences for end of life care, being addressed on admission, when there is a change in condition or at the consumer’s or representative’s request.

Based on the assessment team’s report, I find requirements (3)(b) and (3)(c) in Standard 3 Personal care and clinical care compliant.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

Reporting processes, assessment and review of care needs and incident data ensures the analysis of quality care indicators, incidents, and mandatory reporting data. Documentation showed incident reports are discussed at meetings and are used to report to the leadership team and Board. The plan for continuous improvement showed the service analyses and uses data to improve care and services delivered to consumers. Staff described the actions they take if abuse or neglect of a consumer is suspected, and incident reporting and elder abuse training is a mandatory part of onboarding. Consumers are supported to live their best life and regular discussions with consumers enable them to do the things they wish.

Based on the assessment team’s report, I find requirement (3)(d) in Standard 8 Organisational governance compliant.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)