Performance

Report

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| Name of service: | Aegis Carrington |
| Service address: | 27 Ivermey Road HAMILTON HILL WA 6163 |
| Commission ID: | 7874 |
| Approved provider: | Carrington Aged Care Facility Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 12 December 2022 to 14 December 2022 |
| Performance report date: | 11 January 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 Carrington (**the service**) has been prepared by M. Nassif, 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.

# 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 | | Compliant |
| 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 that they are treated with dignity and respect. Care planning documents identified consumers’ backgrounds, identities, and cultural practices. Staff described how they respect consumers, for example, knowing topics to avoid when talking to consumers and using their preferred names.

Consumers confirmed care provided at the service is consistent with their cultural preferences and traditions. Care planning documents reflected cultural preferences of consumers. Staff identified consumers from culturally diverse backgrounds and described how they tailor care to meet the specific cultural needs and preferences of consumers.

Staff demonstrated knowledge of what was important to consumers including who was to be included in decision making regarding care. Consumers said they are supported to exercise choice, to make connections with others and encouraged to be independent. Care planning documents identified who consumers choose to involve in their care and how they would like their care delivered.

Consumers said they are supported to take risks and continue to do the things that they enjoy. Care planning documents demonstrated risks are adequately identified by the use of risk assessments and included risk mitigation strategies and well-informed choice of consumers. Staff said they are aware of the consumers who take risks, and the service supports their right to make choices that enhance their independence and well-being.

Consumers said they were provided with timely and accurate information. Relevant information was observed to be in a clear and easy to understand format to consumers and provided through a variety of channels, including paper-based booklets.

Consumers felt their privacy is respected and their information is kept confidential. Staff and management articulated how consumers’ privacy was protected. Staff were observed knocking on consumers' doors and gaining consent before entering their rooms.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

Staff described the pre-admission processes including various assessments and review. Care planning documents demonstrated assessment and planning is undertaken and this included consideration of risks to consumer’s health and well-being.

Staff demonstrated an understanding of the consumers’ needs and preferences, in line with care planning documents. Assessment and care planning documents were individualised to consumer needs, identifying various signs and symptoms prior to commencement of end of life care. Consumers confirmed that the service had discussed and documented their preferences for their end of life care.

Care planning documents identified consumers were consulted in assessments and care planning and included input from other health professionals. Staff described the referral pathways and process involved to initiate consultation and management for external services.

Management reported that consumers are always involved in their care planning and decisions related to their preferences. Care planning documents evidenced that outcomes of assessment and care planning are documented, and staff have access to it. One consumer expressed confidence that the service will provide them with a copy of their care plans when requested.

Care planning documents demonstrated they are evaluated as per the organisation’s expectations. Staff advised that the reviews are conducted on a regular basis and in response to deterioration of consumer health.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 reported they are receiving care that demonstrates best practice, is safe, effective and tailored to their needs. Care planning documents reflected consumers receive individualised care that is tailored, safe and effective. The service’s care electronic devices contained applications that outline best practices and standards and these were available to staff.

Care planning documents evidenced consistent assessments and planning to address individual consumer’s risks and the review process. Staff specified individual consumer’s risks and strategies in place to mitigate these. Consumers subject to restrictive practices had appropriate consent and reviews in place.

Care planning documents contained the statement of choice documentation including instructions for end of life care. The service had policies and procedures in place in relation to palliative care and end of life care.

Care planning documents reflected any changes to consumer’s condition were identified and responded to in a timely manner. The service had policies and procedures in place in relation to management of deterioration.

Consumers stated that staff were aware of their care needs and preferences and they do not have to repeat themselves even when a new staff member cares for them. Care planning documents reflected changes in consumers care and services are documented in electronic care management system and included input from other health professionals. Staff were observed accessing these and handover documentation.

Staff described the process for referring consumers to other health professionals and follow up including the incorporation of new assessment advice into care planning documentation. This was confirmed through observations. The Welcome Pack for consumers entering the service described the varied health professionals consumers have access to.

Staff described the service’s management plan and strategies to address infectious diseases outbreaks. Staff and management were observed to be practicing hand washing with multiple hand wash stations throughout the service. Staff confirmed they had completed various training which included, but not limited to, education on Hand Hygiene, Infection Control and the application and removal of Personal Protective Equipment.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 receive supports which meet their goals, preferences and needs. Consumers reported they can make choices about their independence, health and quality of life. Care planning documents reflected strategies and options to deliver services and supports for daily living that reflected the diverse needs of consumers.

Consumers said they receive supports to promote their emotional, spiritual and psychological wellbeing. Care planning documents confirmed, consumers’ emotional, spiritual, and psychological needs are considered and supported. Staff described how they support the emotional, psychological, and spiritual well-being of consumers and provide examples of activities scheduled to reflect this.

Consumers said they are supported to participate in the community inside and outside of the service. Records showed the service provided a variety of activities to suit varying consumer needs.

Consumers reported they have provided consent to information being shared with others about them. Care planning documents evidenced the service maintains processes for the notification of consumer needs and preferences. Staff described how they are informed about a consumer’s condition, needs, goals and preferences as it relates to their own roles, duties, and responsibilities.

Care planning documents evidenced the service collaborated with external providers to support the diverse needs of consumers. Consumers said referral to external organisation and providers of other case and services occur in an efficient manner. Staff described processes they have undertaken with consumers and their representatives to find additional supports and services.

Consumer feedback was positive stating they received varied quality meals. Care planning documents confirmed consumers’ dietary requirements and preferences are documented and were consistent with consumer feedback. Staff were aware of consumers’ nutrition and hydration needs and preferences.

Staff explained the processes for scheduling cleaning and maintenance. Equipment provided was observed to be clean, and well maintained.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 they find the service welcoming, safe and just like being at home. Internal and external environment was observed to be in good state of repair.

Consumers said the facility is safe, clean and well maintained. Staff described the processes in place to ensure scheduled and reactive maintenance is completed in a timely manner. Documents confirmed this occurred.

The furniture, fittings and equipment were observed to be clean, well maintained and used safely. Staff demonstrated the processes for cleaning, ordering of chemicals for cleaning and how maintenance requests are logged.

# Standard 6

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| Feedback and complaints | | Compliant |
| 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

Staff provided practical examples of how they support consumers and representatives and others to make a complaint or give feedback. Consumers and confirmed that they are encouraged to and are comfortable to give feedback and make complaints. The service had a policy and used systems, procedures and templates to ensure consumers, their representatives, the workforce and others feedback is received and actioned in a timely manner.

Staff described the avenues for consumer feedback and complaints and how they would support them. Consumers said they are provided with information on advocacy, language services and ways to raise and resolve complaints. Management provided an overview of advocacy and specialist services made available to consumers.

Consumers said management acts in response to complaints and feedback, and that they receive an explanation and apology. Staff demonstrated awareness in the open disclosure process and provided examples when they have followed the open disclosure process to consumers and representatives when an incident occurred.

Management detailed processes by which feedback provided is used to improve services and provided examples. Consumers and representatives said that they felt the feedback and complaints provided was used to improve the quality of care and services. The service had a continuous improvement plan which included areas of improvements as a result of feedback from consumers.

# Standard 7

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| Human resources | | Compliant |
| 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 expressed satisfaction with the response to consumer requests for assistance and the quality of care provided. Staff confirmed they felt supported by management and said there are aware that management is committed to recruiting more staff to meet the needs of consumers at the service. Management demonstrated the workforce is planned and has processes in place for planned and unplanned leave to deliver safe and effective care to consumers.

Consumers reported that staff are respectful of their identity, and diversity and understand their background and cultural preferences. Staff interactions with consumers were observed to be kind and staff were observed referring to consumers by their preferred names.

Consumers felt staff were sufficiently skilled to meet their care needs. The service had documented position descriptions that included, qualifications and knowledge requirements for each role. Staff felt they were competent to provide the care the consumers needed at the service. Management outlined processes for ensuring the workforce are competent and has the qualifications or knowledge to effectively perform their roles.

Consumers and representatives stated that staff knew what they are doing, and they are satisfied with the care they receive. Staff confirmed they are trained, equipped, and supported by the service. Management explained all staff must undergo a series of checks, registrations and performance reviews to ensure staff is recruited, trained, equipped, and supported to deliver care and services.

Staff described how performance appraisals occur and confirmed they discussed their development needs in the review. Management said they review performances through observation and supervision of staff practice and monitoring and feedback processes of the service.

# Standard 8

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| Organisational governance | | Compliant |
| 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 have ongoing input in how care and services are delivered and felt the service encourages their participation when making decisions. Meeting minutes evidenced that consumers are actively encouraged and engaged in the care and services they receive. Staff stated they understood the importance of engaging the consumers in the delivery of their care.

Management elaborated on how the governing body promotes a culture of safe, inclusive, and quality care and services. For example, analysis of audits and clinical indicators are reported at the Board level and benchmarked across all services in the organisation to identify and address wider trends.

The service demonstrated it had effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. For example, the service has its own budget that is managed by management and overseen by an operational and finance manager. Management discussed expenditures to support the changing needs of the service.

The service has a risk management framework which included policies describing how high impact or high prevalence risks associated with the care of consumers are managed, the abuse and neglect of consumers is identified and responded to and incidents are managed and prevented. Staff described, and training records demonstrated, that identifying and responding to elder abuse forms part of their mandatory yearly training schedule.

The service had organisational policies relating to antimicrobial stewardship, minimising the use of restraint, and open disclosure as evidenced through observations and care planning documentation. Staff provided examples of the relevance of these policies to their work.

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)