

**Performance Report**

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| Name: | Aegis Greenfields |
| Commission ID: | 7235 |
| Address: | 95 Lakes Road, GREENFIELDS, MANDURAH, Western Australia, 6210 |
| Activity type: | Site Audit |
| Activity date: | 7 January 2025 to 10 January 2025 |
| Performance report date: | 13 February 2025 |
| Service included in this assessment: | Provider: 1466 Aegis Aged Care Group Pty Ltd Service: 4762 Aegis Greenfields |

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 Greenfields (**the service**) has been prepared by A. Kasyan, 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, their 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 |  |
| 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

This Quality Standard is compliant as 6 of the 6 requirements have been assessed as compliant.

Consumers said they were treated with dignity and staff respected their preferences such as addressing them by their preferred names. Staff demonstrated knowledge of consumers’ backgrounds and described how they tailored care and services in a dignified and respectful manner to meet consumers’ needs and preferences. Interactions between staff and consumers were observed to be dignified and respectful. Care planning documentation included information about consumers’ life history, cultural, and spiritual needs to support the delivery of care and services.

Staff demonstrated an understanding of consumers’ cultural background and explained how they provided care and services in a culturally safe manner. Care planning documentation contained information about consumers which allowed staff to have knowledge and understanding of consumers’ cultural needs and preferences.

Consumers and representatives said consumers were supported to make and communicate decisions about their care, including who was involved in their care and how to maintain relationships of their choice. Staff gave examples of how they supported consumers to make informed choices about their care and services in a way that promoted their independence and maintained relationships of their choice.

Consumers described how the organisation supported them to have choice, including when their choice involved an element of risk. Staff said consumers were supported to understand benefits and possible harms when they made decisions about taking risks. The service maintains a risk register, and risk assessments are conducted, and decisions regarding dignity of risk and strategies to manage these risks are documented in care plans.

Consumers said information was available to help them make choices about their personal and clinical care, food options and lifestyle activities. Representatives reported they were provided with information, including via emails, in a timely manner. Staff were observed informing consumers about daily menu options and scheduled activities, ensuring they were aware of available choices.

Consumers reported their personal privacy was respected by staff. Staff described the practices used to protect consumer privacy such as ensuring privacy curtains were drawn when delivering personal or clinical care. Policies and procedures were in place to support consumer privacy and confidentiality of personal information.

**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

This Quality Standard is compliant as 5 of the 5 requirements have been assessed as compliant.

Representatives confirmed the service was aware of risks to consumers and had risk mitigation strategies. Care planning documentation demonstrated effective assessment and planning to inform the delivery of care, including consideration of risks to individual consumers and mitigation strategies to manage risks to consumers, such as falls.

Consumers reported their care needs and preferences were identified and supported and they are involved in discussions regarding advance care planning and end-of-life wishes. Clinical staff described how the service ensures that assessment and planning reflected each consumer’s current preferences and how they approached conversations around end-of-life care planning. Care planning documentation reflected consumers’ current needs, goals, and preferences in line with feedback, and included advance care directives and end-of-life wishes as appropriate. The service has policies and procedures to guide staff regarding advance care planning discussions

Care planning documentation reflected the involvement of consumers, their representatives, medical officers, and health professionals such as occupational therapists in consumer assessments and care planning. Representatives said they were involved in the assessment and care planning process for consumers. Management described how they partner with consumers and representatives to assess, plan, and review care and services.

Representatives confirmed staff discuss consumers’ care with them and they were offered a copy of the consumers’ care and services plan. Care planning documentation evidenced the outcomes of assessment and planning for each consumer, including changes, reviews, updates, and communication with consumers and representatives. Staff were able to describe the process of documenting outcomes of assessment and planning in the service’s electronic care management system.

Care planning documentation demonstrated care, and services are regularly reviewed for effectiveness, when circumstances change and when incidents impact on the needs, goals, or preferences of the consumers. For example, the service’s occupational therapist and clinical staff explained how the service reviews and evaluates consumer care and services, including in response to incidents such as falls and/or changes in a consumer’s condition.

**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

This Quality Standard is compliant as 7 of the 7 requirements have been assessed as compliant.

Consumers and representatives considered consumers received safe, effective clinical and personal care which met their needs. Staff demonstrated an understanding of consumers’ personal and clinical care needs and described how they tailored care and services to optimise health and well-being. Care planning documentation evidenced consumers received individualised care that was safe, effective, and tailored to specific needs and preferences including but not limited to restrictive practices, behaviour support, catheter care and pain management.

Consumers said known risks to consumers were managed effectively by the service. Care planning documentation evidenced high-impact, high-prevalence risks were identified, assessed, and monitored with strategies in place. Staff described the high impact and high prevalence risks for consumers at the service, such as unplanned weight loss and how these were monitored and managed for individual consumers. Consumer risks are discussed at weekly clinical crossover meetings and at fortnightly multidisciplinary team meetings.

Representatives said they were confident the staff would support consumers receiving end-of-life, including pain management and their end-of-life wishes would be accommodated. Documentation for consumers who had recently passed evidenced palliative care was delivered in a way to support consumers’ end-of-life preferences, pain management and comfort. The service utilises external palliative organisations to support the needs, goals and preferences of consumers nearing end of life. The service has policies and procedures to guide staff on how to recognise and provide care to consumers nearing end of life.

Representatives considered deterioration or changes in consumers were recognised and responded to in a timely manner, as evidenced in care planning documentation. Staff we able to describe signs and symptoms of clinical deterioration and how they respond to deterioration in a consumer’s health, including reporting lines. Policies and procedures supported staff in recognising and responding to clinical deterioration.

Representatives reported that consumers' needs, preferences, or any changes in their condition were well communicated to them. Staff described how they documented and communicated information about consumers within and outside the service to support the delivery of care and services, such as completing documentation including updates following hospital transfers and sharing verbal information during handover periods. Consumer care files reflected that information about consumers was documented and shared with others as appropriate.

Representatives considered referrals were completed in a timely and appropriate manner and consumers had access to relevant health professionals. Documentation evidenced referrals were completed in a timely and appropriate manner and were completed in consultation with consumers and representatives. Clinical staff described other providers of care available to consumers, including but not limited to a range of health professionals and specialists.

The service had an infection prevention and control lead, processes and protocols to minimise infection related risks and staff had completed infection control training. The service monitors infections and reviews antimicrobials prescribed to ensure appropriate prescribing occurs. Documentation and interviews with clinical staff confirmed the service maintains an infection register for all infections at the service with a monthly analysis being conducted. Observations evidenced infection prevention and control measures were implemented.

# 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives considered the service catered for their needs and preferences in a way which enhanced their quality of life. Therapy staff could describe strategies and options to deliver services and supports for daily living that reflect the diverse needs and characteristics of consumers and confirmed activities were designed with consumers’ input. Care planning documentation identified the individual needs, goals, and preferences of consumers.

Consumers considered their emotional well-being was supported. Staff described how they tailored services and supports in line with consumers’ well-being needs, such as supporting consumers to participate in projects and activities and referrals to Older Person Mental Health services. Staff explained how they would identify changes in consumers’ well-being and what they would do in response, such as reporting concerns to registered staff. Care planning documentation evidenced that consumers’ emotional needs were considered and included individualised strategies to fulfil these needs.

Consumers advised they were supported to participate within their communities, have friendships and personal relationships, and do things of interest. Staff described the services and supports in place to promote consumers’ social interaction and relationships, such as bus trips, and exercise groups. Consumers were observed interacting with other consumers and family members. Care planning documents noted consumers hobbies and interests, and people important to them.

Representatives said information was effectively shared to support consumers daily living needs. Staff explained the processes in place to communicate information about consumers including information shared during handover processes and information accessible on the service’s care management system. Care planning documentation for consumers sampled provided adequate information to support safe and effective care related to services and supports for daily living.

Consumers said they were supported by providers of other care and services and referred to individuals and other organisations when needed. Care planning documentation identified appropriate referrals to other organisations and services such as an external recreational service. Care planning documentation demonstrates the service communicates with other individuals, organisations, or providers to support the diverse needs of consumers including external leisure organisations.

Overall consumers and representatives were satisfied with the meals at the service. Staff had access to consumers dietary information to provide suitable meals for consumers. Staff were observed providing assistance for consumers as required during mealtimes, menu boards displayed daily meal options, and alternative meals were available to consumers upon request. Management reported, and documentation confirmed, they are in the process of improving the quality of meals.

Equipment used to support consumers, including lifting hoists, walking aids, and shower chairs, were observed to be clean and in good condition. Maintenance staff explained how equipment is maintained at the service. Staff advised any maintenance requests in relation to equipment are addressed in a timely manner.

# 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

This Quality Standard is compliant as 3 of the 3 requirements have been assessed as compliant.

Consumers and representatives expressed their satisfaction with the service environment and said it was welcoming. Signage was observed throughout the service to assist consumers and others to navigate the environment.

Representatives said consumers were able to move freely between the indoor and outdoor areas of the service and garden areas were well maintained. The service environment was observed to be clean, and courtyards, gardens and communal areas had adequate seating and shaded areas. Consumers were observed moving freely around the internal and external areas of the service.

Consumers said the service keeps furniture, fittings and equipment clean and in good working order. Furniture and equipment in communal areas, bathrooms and outside areas were observed to be clean, safe and well maintained. Maintenance staff were guided by work schedules and documentation identified reactive maintenance requests were attended to promptly and preventative maintenance was completed as per an established schedule. Maintenance staff could describe the process for staff submitting maintenance requests and advised the service is in the process of transferring the paper-based system to an electronic system.

# 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

This Quality Standard is compliant as 4 of the 4 requirements have been assessed as compliant.

Management advised of the various avenues available for consumers and representatives if they wished to make a complaint or provide feedback. These avenues included, consumer and representative meetings, providing verbal feedback, feedback forms and surveys. Documentation evidenced consumers and representatives receive information on how to provide feedback, and the information is included in the service’s consumer handbook/admission pack. Information was observed throughout the service environment informing consumers of feedback and complaints options.

Brochures, posters for external complaints, advocacy, and translation services were observed to be displayed throughout the service. Staff members were aware of advocate services and said they refer consumer and representative complaints to clinical staff and management. Information regarding external advocacy agencies was evidenced in the consumer handbook.

Representatives said they were satisfied how the service responds to concerns raised. Staff demonstrated their awareness of complaints management and open disclosure processes. Documentation identified feedback and complaints were resolved in an appropriate and responsive manner and open disclosure was practiced.

Management described the service’s processes for continuous improvement and provided examples of where consumer feedback and complaints have resulted in improvements to care and service delivery. Review of documentation, such as consumer meeting minutes and the service’s Continuous Improvement Plan, demonstrated activities were created to improve care and services.

# 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

This Quality Standard is compliant as 5 of the 5 requirements have been assessed as compliant.

Consumers and representatives reported there were enough staff at the service to meet consumers’ needs, and staff responded promptly to consumers requests for assistance. Management advised the service has a registered nurse on each shift providing 24 hour coverage, and rosters were regularly reviewed to ensure adequate and appropriately skilled staff to meet consumer needs. Staff said they had enough time to complete their duties, and management described strategies employed to replace staff on planned and unplanned leave including extending staff shifts and using the service’s casual pool of staff. Management advised that from mid-January 2025, afternoon and evening care staff shifts will be extended in response to review of call bell response time data.

Consumers said staff are kind, caring and respectful. Staff were observed interacting with consumers in a positive, caring, and respectful manner and demonstrated familiarity with consumers’ identity and culture. Staff described completing mandatory training programs annually and felt supported to perform their roles competently. Management confirmed, and review of staff records demonstrated, the service maintains position descriptions which establish responsibilities, knowledge, skills, and qualifications for each role. Staff records identified professional registrations and national police checks are monitored for compliance and up to date.

Staff considered they are appropriately trained, supported, and equipped to perform their roles. Management described various training and development opportunities provided to staff including an induction program, face to face training and access to online training modules. Mandatory training records evidenced training is provided on a range of topics with high completion rates.

The service demonstrated effective processes for the assessment, monitoring, and regularly reviewing the performance of each member of the workforce. Staff confirmed and documentation verified that they participate in an annual performance review and can request additional training. The organisation has policies and procedures in place to guide management on the review and monitoring of staff performance, including performance management if required.

**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**

This Quality Standard is compliant as 5 of the 5 requirements have been assessed as compliant.

Management provided examples of the various ways the service engages with consumers and representatives and supports them to provide feedback and suggestions used to inform improvements to care and service delivery. Consumers described the various ways the service involves them in the delivery and evaluation of care, such as through consumer meetings, and feedback and complaints mechanisms. Review of documentation, including meeting minutes and surveys demonstrated that consumers and representatives were encouraged to participate in the development and improvement of care and services.

Management described their organisational governance framework and how the governing body was involved, and accountable for the delivery of safe, quality care and services such as through relevant meetings including the Clinical Governance Committee. Documentation evidenced the governing body maintained oversight of the service by reviewing reports which covered various aspects relating to the performance and delivery of care and services, such as clinical indicators. Compliance with the Quality Standards is monitored at site level and reported to the Board.

A reporting structure, policies, procedures, supported organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback, and complaints. Financial governance procedures support the changing needs of consumers, for example providing pressure relieving devices such as air mattresses for consumers at risk of pressure injuries.

Effective risk management systems and practices were supported by a risk management framework, and policies describing the management of high-impact, high-prevalence risks associated with the care of consumers, the identification and response to abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents. Staff demonstrated knowledge of the risk management framework, including reporting responsibilities, and described various risk minimisation strategies in place. The service maintains a risk register and monitoring of risks was undertaken by management, who compiled monthly reports which are analysed and shared with clinical staff, and the governing body used to identify areas for improvement.

The service had a documented clinical governance framework and policies in relation to antimicrobial stewardship, restrictive practices, and open disclosure. Staff demonstrated an understanding of the clinical governance framework and provided practical examples of how antimicrobial stewardship, minimising the use of restraint and open disclosure was implemented within their daily tasks. For example, the service maintains a restrictive practice register that supports and guides staff in the responsible use of restrictive practice and reflects current legislative and regulatory requirements. Records show that the organisation has a systematic approach to clinical auditing and data analysis that supports improvements in clinical care, with clinical oversight from the governing body.

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)