

**Performance Report**

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| Name: | Aegis Hermitage |
| Commission ID: | 7328 |
| Address: | 5 Cottage Close, ELLENBROOK, Western Australia, 6069 |
| Activity type: | Site Audit |
| Activity date: | 15 October 2024 to 17 October 2024 |
| Performance report date: | 26 November 2024 |
| Service included in this assessment: | Provider: 1466 Aegis Aged Care Group Pty Ltd Service: 6842 Aegis Hermitage |

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 Hermitage (**the service**) has been prepared by N Chahal, 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, older people/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

Staff at the service are respectful and treat consumers as individuals. They understand consumers’ cultural backgrounds, preferences and choices and use their preferred names. Staff members who speak the same language as consumers of culturally and linguistically diverse backgrounds regularly engage with them, and staff understand the preference of some consumers to receive personal care from female staff. Respect is demonstrated for diverse faiths and spiritualities and consumers’ associated practices.

Consumers are supported to continue their chosen religious and spiritual practices, staff ensuring they have access to items they require and providing privacy for practices such as prayers. Such needs are recorded within consumer care plans. There was evidence staff support consumers to continue treasured traditions where possible. Care staff receive training in culturally safe practice and nutrition and meal planning, including cultural and religious preferences.

Consumers have choices and can make decisions about their care and services. Staff support them to maintain friendships and relationships of importance, for example ensuring privacy for couples living at the service, supporting friends to dine together, and providing a friendly environment for visitors. Care plans are regularly reviewed, and consumer choices and preferences updated.

Consumers are supported to take risks where this enables them to maintain independence and live lives of their choosing. Consumer choices are assessed for risk on entry to the service and reassessed annually or as consumer preferences or capacity for decision-making change. Risks are discussed with consumers and risk mitigation strategies implemented. Examples include consumers choosing to smoke, choosing to self-manage complex care needs, and choosing to use equipment which poses a risk to wellbeing.

Information is provided to consumers and representatives in written, visual, and spoken form. Examples include monthly newsletters, the consumer handbook, a monthly lifestyle planner, seasonal menu booklets, and information provided at consumer and representative meetings. Staff modify their communication styles to ensure those with cognitive impairment or other communication challenges can understand, employing pictures and cue cards to assist.

Consumer privacy is respected, and consumer information is kept confidential. Staff understand how to maintain confidentiality, for example by ensuring documents are not left in public spaces and ensuring conversations cannot be overheard. Staff knock and request to enter before entering consumer rooms, and close doors when attending to personal care. There is a privacy policy in place to guide staff on the collection, management, use and disclosure of personal information.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 1.

# 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

Staff are aware of consumer risks and associated risk mitigation strategies. An admission planner is used to ensure timely completion of admission assessments. Assessments capture and consider risks relating to consumer health and wellbeing, for example risk of pressure injury and risks associated with consumer self-management of care.

Assessment and planning identifies consumer needs and incorporates consideration of advance care planning. Assessments and care plans are updated with changing care needs. Consumers’ end of life wishes are recorded on entry to the service, and support is provided for consumers to develop advance care directives.

Consumers and representatives are partners in the assessment and care planning process. Relevant medical officers and allied health professionals are also involved in reviews. Feedback indicated consumers and representatives are contacted for care consultations and representatives feel fully informed.

Regular updates and care consultations are provided to consumers and representatives, and the results of assessment and planning are documented in consumer care plans. However, not all consumers recalled being offered a copy of their care plan. Management indicated care plans are live, changing documents and as a result regular consultations are offered as an alternative, to provide consumers with updates.

Care and services are reviewed regularly and when changes occur. Consumer care plans are reviewed 3-monthly, annually, and following changes including hospital discharge, incidents, and noted deterioration. There was evidence of physiotherapy assessment and review of mobility following falls with hospital admission.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 2.

# 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

Care provided at the service optimises consumer well-being. Wound care is provided in accordance with assessed needs and care plans, incorporating wound charting, hygiene charting, and medical officer reviews. Positive representative feedback was received in relation to the management of skin integrity. The Assessment Team found deficits in the updating of skin assessments; in response to feedback management updated consumer documentation and amended the service’s Plan for Continuous Improvement (PCI) to reflect plans to ensure skin assessments are kept current. A validated pain assessment tool is used at the service and pain management interventions are provided which are aligned to individual needs. Both pharmacological and non-pharmacological pain management strategies are employed, and consultations occur with physiotherapists and medical officers. There is a restrictive practice policy in place to guide staff on minimising its use. Staff know consumers well and are familiar with their triggers for changed behaviours and strategies to support consumers. Restrictive practice is implemented in accordance with legislative requirements. The Assessment Team identified an opportunity for enhanced assessment processes regarding equipment use and the potential for unrecognised restrictive practice. Management acknowledged the feedback and in response amended the service’s PCI.

There are effective processes in place to manage high-impact and high-prevalence risks including skin conditions and falls. Consumers and representatives are satisfied with the care in these areas. The service has taken active measures to reduce falls by working with allied health professionals and medical officers. Wound consultants are involved as needed for wound management. Staff follow the organisation’s guidelines and appropriate falls prevention strategies and wound care measures are implemented.

The care provided to consumers nearing the end of life meets their needs and preferences and maximises comfort. Pain management and other comfort care strategies are implemented to ensure consumers are kept comfortable and their dignity maintained. A palliative care team is involved as needed and allied health professionals also assist with comfort care measures. There is a policy in place to guide palliative and end of life care.

Deterioration in consumer condition is recognised and a timely response provided. Nursing staff are alerted, and mobile assessment and treatment services are called upon to provide urgent assistance to consumers experiencing a decline or change in their health status. Review of consumer care documentation also evidenced the involvement of allied health professionals. The service has a policy on recognising deterioration which outlines staff responsibilities and procedures to be followed.

Consumer information is communicated via clinical handover sheets, progress notes and care plans, which incorporate documentation from staff at the service as well as external organisations. Handover meetings, one-to-one discussion between staff are emails are also utilised. Representatives receive detailed updates.

Consumers have access to medical officers, contracted allied health providers and external health organisations as needed. There was evidence of referrals to physiotherapists, speech pathologists, podiatrists, dietitians and others.

The service implements appropriate strategies to manage infection-related risks and to promote appropriate prescribing of antibiotics. Staff undergo training in infection control and the service has relevant policies and procedures along with an outbreak management plan.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 3.

# 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 and representatives are satisfied with the support received by consumers to meet their goals and maximise their independence. Consumers enjoy a wide range of activities on offer at the service, including group and one-on-one activities. Consumers have lifestyle care plans which are reviewed regularly to ensure consumer preferences are considered in the planning of activities and individual support programs. Evaluation of the lifestyle program occurs through monthly meetings, surveys, and written and verbal feedback. There is a specific program of activities provided to consumers residing in the service’s memory support unit. Positive consumer feedback was provided regarding the service’s regular competitions and celebratory events.

Support is provided for the emotional, spiritual and psychological well-being of consumers. Staff are familiar with consumers’ emotional and spiritual needs which are captured within care planning documents. External services are accessed for additional support as needed, including Dementia Support Australia, churches, and older adult mental health services. Pastoral care workers frequently visit the service and church services are provided onsite.

Consumers are supported to do things that interest them, participate in the community and maintain relationships. People of importance are recorded in consumer care planning documents along with life journeys and interests. Examples were provided of staff assisting consumers to engage with their hobbies, supporting consumers to spend time with family outside the service, and providing outings for consumers to various places in the community.

Staff have access to the information they require to provide safe and effective care. Lifestyle staff, physiotherapists and occupational therapists meet regularly to discuss consumer engagement with planned activities, and other staff receive verbal and printed handovers outlining consumer needs and preferences. Additional targeted documents such as dietary sheets and dietary requirements lists are provided to relevant staff, and all staff can access consumer care plans for comprehensive information. Communication from external providers is also stored with consumer care planning documentation.

Consumers are referred to other organisations as needed. These include representatives of religious faiths, Dementia Support Australia, and local organisations such as cultural community groups and specific interest groups. The service has policies and procedures in place to guide staff in making external referrals.

Most consumers and representatives are satisfied meals and snacks provided at the service are of good quality with a variety of options available. Positive consumer feedback was provided in relation to the cooked breakfast options in particular. The service has a rotating 4-week seasonal menu and all meals including texture-modified meals are cooked fresh onsite. Consumers confirmed they can ask for an alternative to the set menu if they wish. Consumer dietary requirements and preferences are recorded within care planning documents and staff are familiar with consumer needs. International standards are used to ensure the safe preparation of texture-modified meals. The onsite cafe has snacks and light food options available 24 hours a day.

Shared equipment is sanitised between uses and consumers are satisfied with equipment maintenance. A preventive maintenance schedule is maintained, and staff lodge maintenance requests as needed. Physiotherapists review consumer mobility and transfer needs and check equipment to ensure it is fit for purpose. Slings are allocated to individual consumers and laundered as needed. The service has identified the cleaning of wheelchairs and wheeled walkers is an area for improvement and is current addressing this issue.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 4.

# 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

The service environment is welcoming, clean, and uncluttered, with multiple communal areas that support consumer engagement. Consumers and representatives provided positive feedback about the service environment. Management and consumers confirmed that rooms can be personalised to feel like home. This was supported by the Assessment Team’s observation of consumer rooms with personalised furniture, photos, and sentimental items.

The Assessment Team observed that the service is clean and well-maintained. Consumers confirmed the service environment is safe, homely, and comfortable, and they can freely access other areas of the service. The service has robust cleaning and maintenance processes, including schedules for regular cleaning and preventative and reactive maintenance. The Assessment Team noted deficits in the service's smoking area, which were immediately addressed by management during the Site Audit.

Consumers and representatives confirmed satisfaction with the prompt maintenance processes. The Assessment Team observed a range of equipment available to support the consumers' varied mobility needs. The equipment, furniture, and fittings were also observed to be clean and well-maintained. One consumer expressed dissatisfaction with the accessibility of the call bell. In response, management acknowledged the feedback and confirmed strategies to improve call bell accessibility.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 5.

# 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 confirmed they feel comfortable providing feedback and making complaints. The service has an organisational policy to guide staff practice on feedback and complaints. Management and staff described encouraging consumers to raise feedback through various avenues, including verbal feedback and feedback forms.

The service promotes consumer awareness of advocacy and language services. This was supported by consumer interviews confirming attendance at an information session on advocacy services. Consumers also demonstrated awareness of different methods to raise complaints. The service includes details about advocacy and language services in their complaints policy, consumer information pack, and ‘resident agreement summary’.

Consumers and representatives confirmed that appropriate action is taken in response to their feedback. Staff and management demonstrated knowledge of the complaints management process, including the use of open disclosure principles. The Assessment Team sighted documentation reflecting that the service is taking appropriate action in response to complaints and implements open disclosure principles.

There is evidence demonstrating that the service reviews feedback and complaints to improve the quality of care and services. The menu style and format have been recently reviewed to include more information in response to consumer feedback. The Assessment Team reviewed the feedback register and PCI, demonstrating that improvements are made based on feedback.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 6.

# 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

There is evidence of consumer and representative interviews confirming satisfaction with staffing levels and describing that generally they do not wait too long for care and services. The service reviews the master roster on a fortnightly basis, and unplanned leave is covered by permanent or agency staff. The service has an organisational policy to ensure no shifts go unfilled. The Assessment Team observed staff responding to call bells in a timely manner throughout the Site Audit.

Consumers and representatives confirmed that staff are very kind and caring. Staff are allocated to consumers based on preferences to ensure continuity of care. Care documentation reflected consumers’ needs to assist staff in understanding the consumer's identity and culture. The Assessment Team observed staff discussing consumers respectfully.

The Assessment Team sighted staff files and documentation demonstrating that the workforce is competent and has appropriate qualifications, vaccination records, and police checks to perform their roles. Consumers confirmed that staff perform their duties effectively and they are confident staff have the skills to meet their care needs. Staff described the onboarding and orientation process, including completing competencies and mandatory training such as abuse and neglect, dementia, code of conduct, and the Serious Incident Response Scheme (SIRS).

Consumers and representatives expressed confidence in the ability of staff to deliver quality care and services. The service has orientation programs, role-specific training, and annual mandatory training, including manual handling, infection control, and identifying abuse. The Assessment Team sighted training records demonstrating staff are in the process of completing annual mandatory training.

The service demonstrated that staff performance is regularly reviewed and monitored. The service conducts annual staff performance reviews. There are processes in place to escalate and address performance issues with human resources and employee assistance program support as appropriate. The Assessment Team sighted records of annual staff performance reviews, evidencing performance evaluation against the position description, alignment with organisational values, and identification of training needs.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 7.

# 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**

The service demonstrated it has effective systems to involve consumers and representatives in the planning, delivery, and evaluation of care, lifestyle, and services. There is an organisational Quality Care Advisory Board (QCAB) meeting in place, attended by consumers from various services. Management described that trends identified from issues raised in the QCAB meeting are actioned appropriately. Consumers and representatives confirmed they are engaged in care planning and service provision and are kept informed of any changes occurring in the service.

The service has governance structures and processes in place, including operational and clinical governance frameworks and quality, safety, and organisational governance committees to oversee risks and implement preventative measures. A review of the board meeting agenda demonstrated discussions on quality indicators, feedback, and compliance topics. Staff have received training on inclusion and diversity. Consumers and representatives confirmed feeling safe with the quality of care and services provided.

There is evidence from documentation reviews and staff and management interviews demonstrating that the service has effective governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. The service has a comprehensive electronic care management system, with digital locks to ensure appropriate access and consumer confidentiality. Continuous improvement opportunities are identified from a range of sources, including consumer feedback/complaints, incident reports, performance appraisals, and clinical indicators. Financial governance is overseen by management and reported to the governing body. There is evidence of effective workforce governance through the planned and monitored workforce. The service monitors and incorporates feedback and complaints into its PCI and remains up to date with regulatory requirements through regulatory bulletins from government departments and service industry advisory groups.

There are effective risk management systems and practices in place, as evidenced by assessment of the clinical care provided, staff interviews, and documentation review. The service assesses and manages consumer risks, trains its staff in relation to abuse and neglect, and maintains an effective incident management system. Serious risks including SIRS incidents are escalated, as required allowing the service to monitor the effectiveness of interventions at the level of the individual consumer and broader service.

The service has a clinical governance framework which outlines antimicrobial stewardship, restraint, and open disclosure. Staff demonstrated an understanding of restrictive practices and were aware of the services related policies.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 8.

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)