Aegis Karalee

Performance Report

68 Lyall Street   
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**Commission ID:** 7448

**Provider name:** Aegis Aged Care Group Pty Ltd

**Site Audit date:** 21 June 2022 to 23 June 2022

**Date of Performance Report:** 29 July 2022

# Performance report prepared by

Michelle Glenn, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The following information has been taken into account in developing this 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 consumers, representatives, staff, management and others.
* The provider did not submit a response to the Assessment Team’s report.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

The Quality Standard is assessed as Compliant as six of the six specific Requirements have been assessed as Compliant.

All consumers sampled considered that they are treated with dignity and respect, can maintain their identify, make informed choices about the care and services they receive and live the life they choose.

Consumers stated staff are kind and caring, they are treated with dignity and respect and their cultural identity valued. Care files sampled included individualised information relating to consumers’ personal history, preferences for care, friends and family of special significance, activities of interest, and aspects of their lives which are of particular importance in relation to their identity, culture and diversity. Care files also identified issues that may impact on consumers’ feelings of cultural safety. Staff provided examples of consumers identified as having experienced complex social issues and trauma and how this impacts the consumer’s feelings of safety, and described management strategies to assist consumers with specific tasks. Staff were observed to speak to consumers respectfully and demonstrated knowledge of consumers’ individual backgrounds, needs and preferences.

There are processes to ensure each consumer is able to exercise choice and independence, including making decisions about their own care and the way care and services are delivered. For consumers sampled, staff described how each consumer is supported to make informed choices about their care. Where a consumer has cognitive issues limiting their capacity to make informed choices, staff liaise with the nominated representative or Guardian. Consumers confirmed they are able to make decisions about how they wish to live their life. Where a consumer chooses to engage in an activity with an element of risk, consultation with consumers and/or representatives occurs, risk assessments outlining risks and contributing factors are completed and management strategies are developed. Staff described processes initiated to enable consumers to engage in activities where risk has been identified.

Consumers confirmed information is provided and communicated to them to enable them to make choices about the care and services they receive. Consumers receive information through a number of avenues, including meeting forums and noticeboards. Staff descried how information is provided to consumers and how they assist consumers to understand the information. There are processes to ensure each consumer’s privacy is respected and personal information is kept confidential.

Based on the Assessment Team’s report, I find Aegis Aged Care Group Pty Ltd, in relation to Aegis Karalee, to be Compliant with all Requirements in Standard 1 Consumer dignity and choice.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*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.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*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.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Quality Standard is assessed as Compliant as five of the five specific Requirements have been assessed as Compliant.

All consumers sampled considered that they feel like partners in the ongoing assessment and planning of their care and services.

Care files sampled demonstrated a range of assessments which consider personal, clinical and lifestyle aspects of care are completed on entry and on an ongoing basis. A range of validated risk assessment tools are also used to inform care planning. Information gathered from consultation with consumers and/or representatives and assessment processes is used to develop individualised care plans which incorporate each consumer’s needs and preferences and strategies to manage identified risks. All representatives stated they were in regular contact with staff and were involved in discussions relating to care planning and identification of risks.

Consumer files clearly identified and addressed consumers’ needs, goals and preferences relating to care and services, and there are processes to identify consumers’ preferences relating to advance care planning and end of life planning. Review processes ensure information remains current and reflective of consumers’ current care and service needs. End of life discussions occur with consumers and representatives in the first week of entry and are revisited when the consumer’s condition changes. The service works in partnership with a palliative care consultancy team who provide care planning support and direct assistance for consumers approaching end of life. All representatives stated staff contact them regularly to ensure consumers’ current needs and goals are being addressed in line with their preferences.

Care files demonstrated staff work with the consumer and/or representative to ensure care and service provision is in line with consumers’ needs and preferences. Involvement of other providers of care, including Medical officers and Allied health professionals was also noted. All representatives felt involved in assessment and planning on an ongoing basis.

There are processes to ensure the outcomes of assessment and planning are communicated to consumers and documented in a care plan which is readily available to staff to guide provision of care and services and to consumers on request. While printed copies of care plans are not provided to consumers, staff are available to go through the electronic care plan with consumers and representatives at any time. Consumers and representatives are regularly updated through email and phone contact when assessments have been conducted. All representatives indicated they are satisfied they are kept informed of the outcome of any assessments and with associated changes to the way consumers’ care is to be delivered.

There are processes to ensure care plans are up-to-date and meet consumers’ current needs, including in response to incidents and changes in consumers’ health condition. Care files included regular reviews by the Medical officer and Allied health and resulting recommendations had been incorporated into care plans. All representatives said they were involved in discussions relating to review of care plans following incidents or changes in consumers’ general condition.

Based on the Assessment Team’s report, Aegis Aged Care Group Pty Ltd, in relation to Aegis Karalee, to be Compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

### Requirement 2(3)(b) Compliant

*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.*

### Requirement 2(3)(c) Compliant

*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.*

### Requirement 2(3)(d) Compliant

*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.*

### Requirement 2(3)(e) Compliant

*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.*

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Quality Standard is assessed as Compliant as seven of the seven specific Requirements have been assessed as Compliant.

The Assessment Team found most consumers sampled considered that they receive personal and clinical care that is safe and right for them.

Assessments of an individual consumer’s health and well-being are undertaken by registered nursing staff, based on validated tools, and drive interventions based on best practice care. Care plans sampled demonstrated appropriate, individualised management and monitoring strategies had been implemented for restrictive practices, pain and skin integrity. Staff described how the organisation supports them to deliver personal and clinical care that is best practice and meets the needs of each consumer. Most consumers and representatives were satisfied with the clinical and personal care consumers receive.

High impact or high prevalence risks associated with the care of consumers are identified through assessment processes and management strategies are developed and documented in care plans to ensure care and services are delivered in line with consumers’ assessed needs and preferences. Care files demonstrated appropriate assessment and management of risks relating to behaviours, falls and swallowing difficulties. Staff demonstrated an awareness of the high impact or high prevalence risks for consumers sampled and discussed specific strategies to mitigate the risks.

The service has processes to identify each consumer’s needs, goals and preferences in relation to end of life. Clinical staff described how the service works closely with a palliative care consultancy team to ensure the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. One representative expressed satisfaction with the care and support provided to the consumer, indicating their comfort was maintained.

Where changes to consumers’ health are identified, care files demonstrated, assessments and monitoring processes are implemented and referrals to Medical officers and/or Allied health professionals initiated. Where changes to consumers’ care and service needs occur, there are processes to ensure these are communicated to staff.

An effective infection prevention and control program is in place which in line with national guidelines, and the service has a designated Infection prevention and control lead. The service demonstrated appropriate application of standards and precautions used to minimise the risk and prevent transmission of infections to consumers, including in relation to COVID-19. Clinical staff described practices to ensure appropriate antibiotic use and there are processes to monitor infection rates.

Based on the Assessment Team’s report, I find Aegis Aged Care Group Pty Ltd, in relation to Aegis Karalee, to be Compliant with all Requirements in Standard 3 Personal care and clinical care.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*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.*

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

### Requirement 3(3)(d) Compliant

*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.*

### Requirement 3(3)(e) Compliant

*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.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*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.*

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

The Quality Standard is assessed as Compliant as seven of the seven specific Requirements have been assessed as Compliant.

The Assessment Team found overall, consumers sampled considered that they get the services and supports for daily living that are important for their health and well-being and enable them to do the things they want to do.

Assessment processes assist to identify each consumer’s needs, goals and preferences for daily living with information gathered used to develop a lifestyle program which is tailored. Consumers felt they received services that support their daily living, they are satisfied the service meets their needs for lifestyle supports and staff respect and encourage their independence, health and well-being. A number of programs are provided which focus on consumers’ emotional and psychological well-being. Consumers stated their emotional, spiritual and psychological needs are met by staff and external providers, when they feel low they can ask staff for support and they have access to pastoral care and therapy assistants who are available to visit and spend time with them.

Consumers are provided with appropriate services and supports for daily living, including participating in their internal and external communities, doing things of interest them and maintaining social and personal relationships within the service and in the community. An activities planner is maintained and the lifestyle program is regularly reviewed, incorporating feedback gained from consumers during activities, as well as observations of participation to develop further iterations of the lifestyle planner. Consumers stated they are supported to do the things they love to do and maintain their connections.

Consumer files demonstrated information about consumers’ conditions, needs and preferences is documented and communicated within the service and with others where responsibility is shared and, where required, appropriate and timely are referrals are initiated. Consumers indicated their condition, needs and preferences are known by staff and they do not need to repeat their preferences.

Meals are prepared and cooked fresh on site in line with a seasonal menu which incorporates consumers’ feedback. Care files reflected consumers’ dietary needs and/or preferences, including allergies, likes and dislikes. Where issues with consumers’ nutrition and hydration needs are identified, Allied health input is sought. Observations of meal service showed consumers eating their meals and advising their enjoyment. Staff were observed explaining food choices to consumers and asking their choices and preferences for both food and drinks. Consumers indicated they are happy with the food and enjoy the dining experience. They stated they have a number of choices for each meal and if they are hungry or thirsty, they have access to snacks and drinks between meals

There are processes to ensure equipment, required to support delivery of services, is clean, safe and suitable for consumer use. Allied health staff undertake assessments where consumers are identified as requiring equipment to ensure the individual needs of consumers are met. Internal monitoring processes ensure equipment provided is maintained. Consumers indicated they feel safe when staff use equipment to assist with their care and service needs and the equipment is always clean and well maintained.

Based on the Assessment Team’s report, I find Aegis Aged Care Group Pty Ltd, in relation to Aegis Karalee, to be Compliant with all Requirements in Standard 4 Services and supports for daily living.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*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.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*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.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

The Quality Standard is assessed as Compliant as three of the three specific Requirements have been assessed as Compliant.

The Assessment Team found overall, consumers sampled considered that they feel they belong in the service and feel safe and comfortable in the service environment.

The service environment was observed to be welcoming, optimising each consumer’s sense of belonging, independence, interaction, and function. Communal and outdoor spaces are available for consumers to engage with each other and visitors. Consumer bedrooms were personalised, enhancing consumers’ sense of belonging. Consumers and representatives described the service as being welcoming, homely and comfortable.

The service was observed to be safe, clean, well maintained and comfortable and the service environment supports free movement of consumers both indoors and outdoors. The service is comprised of three wings, each with communal sitting areas. There are a number of outdoor areas which were observed to be safe and accessible to consumers. There are processes to ensure regular cleaning of consumer rooms and common areas is undertaken. All consumers said they found the environment to be safe and clean, and maintenance issues raised are actioned quickly

There are processes to ensure furniture, fittings and equipment are safe, clean, well maintained, and suitable for the consumer. Preventative and reactive maintenance processes are in place and staff described how they report and manage maintenance issues. Contracted services are utilised to maintain and inspect aspects of the environment and equipment. Consumers said they found the furniture, fittings and equipment to be well maintained and clean and they feel safe when using the equipment.

Based on the Assessment Team’s report, I find Aegis Aged Care Group Pty Ltd, in relation to Aegis Karalee, to be Compliant with all Requirements in Standard 5 Organisation’s service environment.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The Quality Standard is assessed as Compliant as four of the four specific Requirements have been assessed as Compliant.

All consumers sampled considered that they are encouraged and supported to give feedback and make complaints, and appropriate action is taken.

Consumers and representatives indicated they find management approachable and felt comfortable to raise any concerns directly with management and staff. Staff described how they respond to complaints or feedback raised by consumers and/or representatives, including escalating any concerns to the management team. Consumers are encouraged and supported to raise feedback and complaints through various avenues, including meeting forums, surveys, care and service review processes and through direct engagement with staff and management. Resident meeting minutes demonstrated consumers are supported and encouraged to provide feedback and raise concerns through these forums.

Consumers are provided with information about internal and external feedback and complaints mechanisms, advocacy and language services, including through consumer meeting forums. Written materials on internal and external complaints avenues, advocacy and language services was also observed to be displayed throughout the service. Consumers and representatives were satisfied they had other methods to raise complaints.

Management described processes for addressing feedback and complaints, including use of open disclosure principles. Feedback received is maintained electronically enabling data to be tracked and trends to be identified. Management provided examples of actions taken in response to complaints and documentation sampled demonstrated appropriate actions had been taken and an open disclosure process applied. Consumers and representatives indicated complaints raised about care and services are responded to in a timely manner and the issues are resolved appropriately. Additionally, consumers and representatives stated staff and management apologise when things go wrong and check in with them to ensure any issues raised are resolved to their satisfaction.

Management described how feedback and complaints are reviewed and monitored to ensure concerns are actioned and opportunities for improvement identified. Improvements in response to feedback, including to meal services and post incident communications were demonstrated. Consumers sampled were confident feedback and complaints raised were used by management to improve care and service delivery.

Based on the Assessment Team’s report, I find Aegis Aged Care Group Pty Ltd, in relation to Aegis Karalee, to be Compliant with all Requirements in Standard 6 Feedback and complaints.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Quality Standard is assessed as Compliant as five of the five specific Requirements have been assessed as Compliant.

The Assessment Team found overall, consumers sampled considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

The service has processes to ensure the workforce is planned and the number and skills mix enables the delivery of quality care and services. Management described how the service ensures staffing levels are sufficient and how staff are allocated to ensure the changing needs of consumers are met. There are processes for planned and unplanned leave. Most staff felt they had enough time and support to complete their tasks, however, some stated it gets very busy if shift/s are unable to be covered. Staff indicated this does not have any impact on consumers as staff continue to deliver high quality care and services or prioritise daily tasks. This was confirmed through documentation which demonstrated shifts are filled and consumers’ call bells are answered in a timely manner. Consumers and representatives indicated they were satisfied there were enough staff to deliver care and services to consumers in the way they wished.

Staff interactions with consumers were observed to be kind, caring and respectful. Consumers confirmed staff are always kind and caring and treat them with respect when delivering care and services.

The service has processes to ensure the workforce have the skills and knowledge to effectively perform their roles. Staff are recruited based on qualifications, skills and experience. Job descriptions for each role describe scope of practice for the role, expectations relating to core competencies and capabilities and key performance indicators. Consumers are confident staff are skilled, they receive care and services that met their needs and they feel safe being cared for by staff .

A training matrix is maintained and staff complete training relevant to their role. New staff members must complete mandatory training and in-house buddy shifts with experienced staff on commencement and all staff receive ongoing training, including mandatory training components. Staff described the various training sessions they have attended and how they access training. Where deficits in staff knowledge or practice are identified, additional training is provided. Consumers felt staff were good at their jobs, know what they are doing and felt they had enough training.

The service has a staff performance framework which ensures staff performance is regularly assessed, monitored and reviewed. Staff performance appraisals are conducted during the probationary period and then at regular intervals. Auditing processes and review of quality indicators assist the service to identify any potential issues relating to staff performance with required training initiated as a result. Where poor staff performance is identified, performance management processes are implemented to address issues raised. Staff confirmed they have regular discussions about performance and they are able to discuss their career goals and training needs through this process.

Based on the Assessment Team’s report, I find Aegis Aged Care Group Pty Ltd, in relation to Aegis Karalee, to be Compliant with all Requirements in Standard 7 Human resources.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Quality Standard is assessed as Compliant as five of the five specific Requirements have been assessed as Compliant.

The Assessment Team found overall, consumers sampled considered that the organisation is well run and they can partner in improving the delivery of care and services. Consumers are engaged in the development, delivery and evaluation of care and services through meeting forums, feedback processes, surveys and care and service review processes. Consumers indicated management and other staff consult with them directly to ask their likes, dislikes and preferences for care, and check in at regular intervals to review the care they receive.

The governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The organisation is governed by a Board which is supported by a Chief executive officer. The organisation’s governing body meets with Chief executive officer fortnightly to discuss clinical indicator analysis and trending across the organisation, with a current focus on workforce and COVID-19 management. The Board and Chief executive officer are kept informed of all critical incidents, investigations and outcomes, along with the performance of the service through regular performance reports on all aspects of care and services. This enables the Board to satisfy itself that the service is meeting the Quality Standards.

The organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. There are processes to ensure these areas are monitored and the Board is aware and accountable for the delivery of services.

The organisation demonstrated effective risk management systems and practices in relation to managing high impact or high prevalence risks; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can and managing and preventing incidents, including use of an incident management system.

The organisation has policies and procedures to guide staff practice in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Management and staff sampled were aware of organisational policies and procedures relating to these aspects and through evidence presented in other Standards, described how they implement these within the scope of their roles.

Based on the Assessment Team’s report, I find Aegis Aged Care Group Pty Ltd, in relation to Aegis Karalee, to be Compliant with all Requirements in Standard 8 Organisational Governance.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*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.*

### Requirement 8(3)(d) Compliant

*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.*

### Requirement 8(3)(e) Compliant

*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.*

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.