Performance

Report

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| Name of service: | Aegis Lakeside |
| Service address: | 33 Stanton Road REDCLIFFE WA 6104 |
| Commission ID: | 7252 |
| Approved provider: | Lakeside Hostel Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 28 February 2023 to 2 March 2023 |
| Performance report date: | 11 April 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Aegis Lakeside (**the service**) has been prepared by K Richards, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either Compliant or Non-compliant at the Standard and requirement level where applicable.

# Material relied on

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

* the Assessment Team’s report for the 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 supply a response to the Assessment Team’s report.

# 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

Consumers and representatives said consumers are treated with dignity and respect, and staff are familiar with their identity and cultural background. Staff demonstrated familiarity with consumers’ backgrounds, and described actions to support consumers to maintain their identity and culture. Care plans included information on consumers’ identity, backgrounds, preferred names, cultural identity, and what is important to them.

Consumers and representatives confirmed care and services incorporated their cultural background and traditions. Staff were able to describe how they tailor care and services to meet cultural needs of consumers, including connecting consumers with volunteers who can communicate with consumers who speak English as a second language. Documentation demonstrated collaboration with the consumer or representative to accurately capture their cultural preferences.

Consumers said they are supported to make decisions on delivery of their care and services, including who is involved. Consumers felt encouraged to make connections with others and maintain relationships. Staff could explain consumer preferences for care, and awareness of key relationships in line with care planning documentation.

Staff were aware of consumers who chose to take risks, and the service supports consumers’ right to make choices to enhance their independence and well-being. Care planning demonstrated risks were identified through assessment, with development of mitigating strategies, and consumers were provided with sufficient information to make informed decisions.

Consumers and representatives acknowledged receiving timely and accurate information, through verbal and written methods. Information available included newsletters, consumer meetings and/or minutes, menus for meal planning, and activity schedules. Menus were available with pictures to guide selection, and along with activity calendars, printed in large print. Management advised consumers and representatives received notification verbally and through emails when there had been infectious outbreaks.

Consumers and representatives said their privacy is respected, and confidential discussions or treatment take place in the privacy of the consumer’s room or in designated clinical areas. Staff undertake handover in private areas, and consumer information is secured in locked filing cabinets or pass-word accessed computer files in the nurses’ station.

For the reasons detailed above I find Standard 1 Consumer dignity and choice Compliant.

# 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

Consumers’ risks to their health and wellbeing are considered by the service through admission and ongoing assessments. Clinical staff advised high risk assessments were completed as priority for new consumers. Whilst the Assessment Team found some discrepancies to completion of admission assessments, no impact was noted on consumer care, and measures were taken to address overdue assessments with management intending to audit overdue tasks.

Consumers confirmed the service provided care in line with their needs, goals and preferences. Clinical staff described assessment process to ensure preferences were incorporated into care planning, and known and followed by staff. Care plans detailed individual preferences for delivery of care, including advance care directives where the consumers had expressed their wishes.

Clinical staff demonstrated familiarity with referral processes and available services to support the consumer’s health needs, including Allied health professionals and specialist services. All consumer files viewed details who is involved in the consumer’s care planning and review process.

Consumers and representatives confirmed assessment and planning outcomes were communicated and a written copy of the consumer’s care plan was available if requested. Staff said they have access to consumer care plans on their point of care devices, and updates were communicated through handovers. Progress notes did not always contain summary of contact with representatives, and management acknowledged deficiencies in capturing communication undertaken by phone or email, with a reminder sent to staff to be more diligent.

Care and services were undertaken annually or following deterioration or incident. Senior clinical staff review progress notes daily, with emails triggered by key words. Some routine care plan consultations and reviews scheduled for January 2023 were noted to be overdue, with actions taken to book appointments with representatives for finalisation after identification by the Assessment Team. Care plan reviews scheduled for March 2023 had been allocated to clinical staff for completion.

For the reasons outlined above I find Standard 2 Ongoing assessment and planning with consumers Compliant.

# 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

Consumers said they were satisfied personal and clinical care provided is safe, effective, tailored to their needs and contributes to them feeling the best they can. Staff said the organisation has senior clinical consultants who govern and drive best practice, examples of programs designed for consumers to overcome risk through optimising their health and wellbeing. A multi-disciplinary approach was used to support consumers with complex health needs. Consumers with specialised care requirements had management guidance captured in care planning with monitoring of effectiveness.

The service had policies and processes to identify and minimise high impact or high prevalence risks for consumers. The service demonstrated actions to minimise use of chemical restraint through utilising effective non-pharmacological strategies, captured in behaviour support plans that are reviewed regularly. Consumers experiencing falls were monitored and managed in line with policies and procedures.

Staff reported they aim to identify and address the needs of their consumers nearing the end of life as much as possible and will seek external support from palliative care specialists if required. Staff said if additional training is required for particular consumer needs for end of life care, this can be coordinated.

Representatives said they are contacted when there are changes to consumers’ conditions. Staff could describe escalation processes for reporting noticed changes to consumers, and could give examples of actions taken in response to acute and chronic deterioration. Senior clinical staff have been trained in monitoring for early deterioration signs through handover, progress notes, and reassessment processes.

Consumers and representatives said staff know representatives as individuals, and were familiar with preferences. Staff said they could access information about the consumer through reviewing care plans and documentation, handover, communication diaries, electronic message boards and emails. Staff said they could also confer with other staff, including Allied health.

Staff described referral processes and described engagement pathways for internal and external providers. Care documentation demonstrated input from Medical officers, Allied health professionals, and external specialist organisations.

The service has demonstrated their ability to minimise infection risk during outbreaks with appropriate management strategies and practice reducing the reliance on antibiotics. Staff were observed using correct standard and transmission-based precautions, such as hand hygiene. Clinical staff advised they commence investigation and treatment for infection only if the consumer is symptomatic. The service has a current Infection prevention and control lead, supported by the organisation, and has two staff currently undertaking training.

For the reasons outlined above I find Standard 3 Personal care and clinical care Compliant.

# 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 say they receive services and supports for daily living to support choices about their independence, health, and quality of life. Staff described the process for undertaking lifestyle assessments and provided examples of consumer’s goals and preferences.

Consumers said they receive supports to promote their emotional, spiritual, and psychological well-being. Staff gave examples of additional supports coordinated through volunteers and mental health professionals to meet consumers’ emotional and psychological needs. Care documentation included spiritual needs, and strategies including church services and visitors, and telecast services.

Consumers spoke of opportunities to participate in the community within and outside the service organisation, and felt supported to spend time with people of importance to them. Staff said they work with consumers to develop an activity schedule which reflects as many consumer interests as possible and seek consumer input and feedback.

Consumers and representatives said they feel staff know them as individuals and recognise their unique preferences. Communication about consumers was undertaken through handover, reviewing care planning documentation, progress notes and receiving emails and were able to be described by staff across all divisions.

Consumers with referrals to other organisations for services and supports said they have been referred in a timely manner. Staff described the referral processes and provided examples of organisations utilised by the consumers including volunteer schemes for culturally and linguistically diverse (CALD) consumers.

Consumers said the dining experience was positive, stating they always had choices of what they want to eat, the food is tasty, hot, and they received plenty of it. Consumers said their likes could be catered for, even when the texture of the food required modification for safety. Hospitality staff explained how the menu is developed and how it considers the consumer needs. Documentation showed the meals are varied and consumers can exercise choice over the menu, with forms identifying consumer allergies and food preferences available to guide staff.

Consumers said they could access equipment suitable to individual needs. Staff follow a schedule for monitoring and cleaning of personal equipment or were aware to lodge requests for issues through maintenance or appropriate Allied health staff.

For the reasons outlined above I find Standard 4 Services and supports for daily living Compliant.

# 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

Consumers and representatives said they find the service environment welcoming and just like being at home. Way-finding signage is available to orient consumers and visitors to rooms and facilities. Consumers were encouraged to decorate their rooms with personal items of importance. Access was available to accommodate wheelchairs and walking aids to optimise consumers moving independently.

Most consumers and representatives were satisfied with the cleanliness of the service, and management described awareness of those who were not satisfied as well as actions taken in response, including increased monitoring. A perimeter restraint, with coded access, is used for security requiring staff to grant consumers and visitors entry and exit, however, consumers confirming they were supported by staff to leave the service and access the community whenever they choose. Records confirmed staff undertake duties in line with cleaning and maintenance schedules.

Staff could describe reactive maintenance processes and use of a preventative schedule for maintaining furniture, fittings, and equipment. The organisation provides support for maintenance staff, and coordinates contractors where required. Shared equipment was observed to be operational, within service dates, and furniture was observed to be in good order.

For the reasons outlined above I find Standard 5 Organisation’s service environment Compliant.

# 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 were comfortable giving feedback to staff or management about any concerns. Staff demonstrated understanding of the complaint process and could provide examples of how they support consumers and representatives to give feedback. Complaints can be lodged anonymously, with responses provided through open forums, such as newsletters and minutes, along with published reminders encouraging verbal and written feedback.

Consumers said they are provided with information on advocacy and language services, and ways to raise and resolve complaints. Whilst the service does not have a current need, written information is available in other languages, and translation services can be arranged.

Consumers said management acts in response to complaints and feedback, and that they receive an explanation and apology. Staff demonstrated awareness of the open disclosure process by providing examples of when it has been used and felt supported to be able to report incidents and/or errors. Actions taken in response to complaints are documented in the complaints register, along with the satisfaction of the complainant with the outcome.

Consumers said the service uses feedback and complaints to make improvements, and these are communicated within consumer meetings, newsletters, on noticeboards, or through communication with staff. Management could detail processes with examples of using feedback to improve care and services. Improvement activities were incorporated into the service’s continuous improvement plan.

For the reasons outlined above I find Standard 6 Feedback and complaints Compliant.

# 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

Consumers and representatives said they were satisfied with staffing, reporting call bells are occasionally not answered promptly but there was no detrimental impact on consumer care. Management explained rostering processes, including minimising use of agency staff through increasing staff hours, using casual staff, or coordinating with other services within the organisation. Sampled rosters showed shifts were filled, and staff said on the occasion they are short, this is addressed through undertaking extra hours or reallocating duties.

Consumers and representatives stated staff are always kind and responsive to consumer needs, with some staff developing friendships with consumers. Staff were familiar with consumers needs and preferences, and were observed having kind and caring interactions with consumers. Language in documentation was observed to be respectful, and the service has policies and procedures for staff behaviour.

Consumers and representatives said they felt confident staff are sufficiently skilled to meet consumer care needs. Staff spoke of monitoring of competency through mandatory training and skills competency checks, and were aware of their role and scope of practice in line with their position description. Documents demonstrated that staff have the relevant qualifications to perform their duties outlined in their position descriptions.

Consumers and representatives stated that staff know what they are doing, new staff receive sufficient training, and consumers are satisfied with the care they receive. Staff confirmed they receive training, equipment, and support to provide the care and services their consumers require. Staff receive training on the Quality Standards and legislative obligations, including Code of conduct, restrictive practices, and Serious Incident Response Scheme (SIRS).

The service undertakes formal and informal assessment, monitoring and review of staff through observations, supervision, monitoring of feedback and annual performance appraisal. Management acknowledged the service is currently behind in completion of annual performance appraisals for staff and had raised a continuous improvement activity to resolve this by the end of April 2023 with ongoing monitoring of progress undertaken at an organisational level. Management described using the performance appraisal process to support staff to enhance their skills through identifying training opportunities and providing financial support for study fees.

For the reasons outlined above I find Standard 7 Human resources Compliant.

# 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

Consumers and representatives said they have ongoing input in the delivery and evaluation of consumers' care and services and the service encourages their participation when making decisions. The service uses feedback from a variety of mechanisms to identify improvements, as identified in Standard 6. The organisation’s executive management is developing a Resident Voice Policy, which will inform development of a consumer committee with representative from each service within the organisation to consult on or contribute to organisational systems, processes, and improvements.

Consumers confirmed they felt the service provided a safe and inclusive environment with access to quality care and services. Management and staff described the organisations’ governing body processes to monitor and promote safe and inclusive quality care through reporting, direction, and undertaking improvements. Results of audits and clinical indicators are reviewed at organisation level, benchmarked to identify trends, and reported to the governing body.

The service had an effective organisation wide framework to support information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. Information management systems were effective and fit for purpose, allowing staff to easily access information. Opportunities for continuous improvement are identified through monitoring internal audits, clinical indicators, incidents, consumer surveys, observation of practice, and consumer and staff feedback. The organisation is a member of a range of peak industry bodies to enable them to keep abreast of relevant changes, which are incorporated into policies and procedures and communicated to staff.

Risks are reported, escalated, and reviewed by management at the service level and by the organisation's governing body. The service demonstrated components of the risk management system, including incident reports, audits, and meetings with consumers and staff. Risk areas are identified and addressed in policies and procedures which guide the staff’s practice. Staff were familiar with incident management processes and mandatory reporting obligations. Risk management systems enable consumers at the service to live the best life they can.

The organisation has an effective clinical governance framework to ensure the quality and safety of clinical care. Policies, procedures, and staff training guide antimicrobial stewardship, which is overseen by an Infection prevention and control (IPC) lead, with two staff currently enrolled in the IPC course. Staff reported receiving education concerning open disclosure as outlined in the organisation’s policy. An approach to minimising the use of restrictive practices was shared by management and clinical staff, familiar with legislative requirements, policies and procedures.

For the reasons outlined above I find Standard 8 Clinical governance Compliant.

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)