Performance

Report

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| Name of service: | Aegis Lincoln Park |
| Service address: | 21 Wright Street HIGHGATE WA 6003 |
| Commission ID: | 7066 |
| Approved provider: | Aegis Aged Care Group Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 4 January 2023, 17 January to 18 January 2023 and 31 January 2023 |
| Performance report date: | 9 March 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 Lincoln Park (**the service**) has been prepared by K. Spurrell, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

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

* the assessment team’s report for the Site audit, the Site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives.
* the provider’s response to the Assessment Team’s report received 27 February 2023.
* other information and intelligence held by the Commission in relation to the service.

# 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 said they are respected and treated with dignity; they feel valued and accepted as individuals and supported to maintain their own identities through pursuing their own interests, hobbies and decorating their rooms how they wish. Consumers said can complete tasks independently, such as showering, the service respects this and only supports when necessary. Policy documentation guides the ethos and values of the staff working within the organisation.

Consumers and representatives said care and services are appropriate for their preferences, including cultural backgrounds, and the service respects each culture and consumer individually. Care planning documentation included information of consumers’ cultural diversity and religious affiliations, interventions, and strategies of support for each consumer. Staff described how they support consumers to attend to their religious practices by ensuring consumers are dressed and ready for collection each Sunday morning.

Consumers said care and services are delivered according to their choice and independence and they are aware that they can change this at any time if they choose or if their condition changes. Consumers confirmed the service invites consumers and their representatives to attend regular family care conferences and consumers are supported in relationships and to maintain privacy. Staff were observed offering choices when serving meals and drinks and responding to consumers reply including offering alternatives where the consumer wished.

Consumers said the service understands what is important to each of them, is familiar with individual consumers’ needs; the service is supportive even if some activities be risky however the service has explained these risks, has strategies in place to minimise harm and are aware of consent documentation. Staff identified consumers that choose to participate in activities that involve risk and how the service is supporting them. Care planning documentation evidenced risk assessments had been completed and signed by the consumer/representative and stored on the electronic care management system.

Consumers say they receive information in a way they understand and helps them make their choices. The service has many staff who are bilingual and can consumers in communicating when they were not able to speak English. Publications at the service were accessible in different languages and the service demonstrated how they access interpreter services. Staff provided information on assistive devices to support visually impaired consumers to understand information suited to their needs.

Consumers reported the service respects their privacy in various ways such as shutting doors when attending to consumers, and only talking about private matters with the consumer. Manual documentation was observed to be locked away safely, computers were password protected and locked when not in use, nurses’ stations were locked when not in attendance and staff meetings were held in a private area. The service has policies and procedures in place pertaining to information technology and confidentiality regarding how information should be handled.

# 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

Representatives said they were asked lots of questions about consumers’ care needs and service requirements during assessment and planning processes; consumers were happy with the service, and positive improvements has been observed in the consumers such as eating well and gaining weight. Staff identified high prevalence risks for consumers such as falls, swallowing and choking and were aware of the importance of conducting assessments to inform the safe delivery of care. Care planning documentation evidenced risk assessments were included in intake processes.

Consumers said care is delivered in accordance with those needs and preferences as identified during assessment and planning. Care planning documentation detailed individual consumer preferences for meeting care needs and goals including for end-of-life preferences. The services’ electronic care management system palliative module to guide case conferences with consumers and representatives in discussions regarding end-of-life.

Consumers and representatives said they are involved in every stage of the care planning process including admissions, assessments, case conferences and consumer/representative meetings and various additional external services support consumers health needs. Staff described various allied health services involved in the care of consumers including dieticians, speech pathologists, podiatrists, wound care and dementia providers and mental health services for older people adults. Care planning documentation evidenced that outcomes of assessment and planning are communicated to consumers and representatives, care plans are readily available and accessible to staff on the electronic care management system.

Outcomes of assessment and planning are communicated through partnering in family care conferences and documented in the consumer’s care plan and progress notes. Consumers and representatives confirmed they know about the outcomes of assessment and planning and can request a copy of care plans if they wish. Care planning documentation was observed to be easily accessible to staff via the electronic care management system.

Staff described how reviews of care plans are held regularly every 6 months and also occur in instances such as falls or if the clinical deterioration of a consumer triggers a review. As required medication administration was observed to be documented with a secondary note recording effectiveness. The electronic care management system demonstrated that for each consumer, the latest assessment prompts the user and alerts are issued for overdue assessments.

# 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 are receiving personal care and clinical care that demonstrates best practice and is safe and effective, is tailored to their individual needs and contributes to them feeling the best they can. Care planning documentation included consumer summaries, care plans, complex care plans, progress notes, records and forms reflecting activities of all consumers. Best practice guidelines for staff were observed on the electronic care management system and handheld devices; staff could access the electronic system via handheld devices at any time during their shift.

Consumers were aware of how the service manages high impact and high prevalence risks and confirmed they had received information about environmental restrictive practices in particular in the welcome pack, this explained about legislation rand consent required to do this. Risk assessments were observed in care planning documentation to identify areas of risk, the strategies and interventions to manage effectively and consent forms were in place. High impact or high prevalence risks at the service included falls, pain, restrictive practices, behaviour and weight management.

A representative of a recently deceased consumer said the consumer had had a second home at the service and staff were very responsive to their needs and requests throughout their stay; the consumers’ need to pass away in a home-like environment was met by the service. Care planning documentation evidenced the needs and goals of consumers nearing the end-of-life are met. The electronic care management system evidenced that no consumers were currently palliative, and the service was aware of each consumers end-of-life needs.

Consumers and representatives advised they are contacted when there are changes in conditions. Staff knew how to access care planning documentation for updates on a consumers’ health status. Staff accurately described responding to changes in a consumer such as a where a consumer tested positive for COVID-19, staff identified the consumer was experiencing chest symptoms and not able to verbalise how he was feeling due to a language barrier. Staff engaged an interpreter, initiated a review by the medical officer and contacted the family; pain medication was adjusted as recommended by the medical officer and the changes effectively managed.

Consumers and representatives said their preferences are documented in care plans. Staff said they receive all the information on a consumer’s condition and care by reading the care plan and accessing the electronic care management system. Care planning documentation reflected specific information for each consumer’s needs including dietary preference, behaviour management, mobility considerations, and personal care preferences.

Care planning documentation and progress notes indicated referrals made by staff including records of emails and phone calls with allied health care providers. Staff described how they respond to referrals in a timely manner through observation, review of documentation and interviews with consumers and clinical management.

The service has appropriate management strategies and an outbreak management plan in place to minimise infection risk during outbreaks and to reduce reliance on antibiotics; management conducts internal audits to ensure this process is adhered to. Staff were observed consistently practicing hand hygiene and sufficient supplies were observed in all dispensers. Staff described policies in place to guide infection control and use of antibiotic practices at the service.

# 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 said they receive supports to meet their goals, preferences and needs and they can make choices about their independence, health and quality of life. Care planning documentation included consumer goals and preferences for daily living and staff were familiar with consumers needs based on detailed care planning documentation.

Consumers said they receive supports which support and promote their emotional, spiritual and psychological wellbeing. Staff said they work with consumers to develop an activity schedule which reflects consumer interests. Consumers were observed engaging in a range of activities, including group activities and on-on-one activities with staff.

Consumers said they can participate in the community inside and outside of the service and are supported to maintain relationships. Staff described how they seek feedback about the activities and develop an activity schedule which includes internal and external activities. Care planning documentation showed consumers and their representatives are provided regular updates about the service and the activities provided. A schedule of activities is updated and delivered to the consumers monthly.

Consumers and their representatives said they have consented to information being shared with others about them and feel the staff know them and their preferences. Staff described how the service tells them about a consumer’s condition, needs, goals and preferences as it relates to their own roles, duties, and responsibilities. Care planning documentation showed consumer preferences are recorded and information is shared with representatives in a timely manner.

Consumers and representatives confirmed consumers have received referrals to other organisations for care and services in a timely manner. Staff described the referral processes and were familiar with other organisations utilised by consumers such as volunteer schemes for culturally and linguistically diverse consumers, library services and hairdressing. Care planning documents and hazard reports confirm the service actions referrals in a timely manner.

Consumers confirmed the service provides meals that are varied and of suitable quality and quantity and they always have choices of what they can eat. Staff explained how the menu is developed and how it considers the consumer needs and preference and the quality processes undertaken before serving each meal to a consumer. Kitchen documentation confirmed the kitchen is notified of and maintains an allergen matrix to ensure consumers aren’t served food incorrectly.

Consumers could access a call bell system to alert staff when they require assistance and said they access equipment that is suitable to their individual needs. Staff explained the processes for scheduling cleaning and maintenance, including infection control and responding to urgent equipment needs. Maintenance documentation confirmed scheduled and reactive maintenance and cleaning is undertaken. Equipment throughout the facility was observed to be clean and well maintained.

# 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 facility welcoming, safe and is like being at home. Staff said the service is undergoing a renovation of the kitchen, all bedrooms and bathrooms; some consumers and representatives requested additional adjustments to support consumers changing needs and maintenance of independence. Consumers were observed moving freely and independently throughout the service, and signage to orientate consumers to their rooms was observed throughout the service.

Consumers said the facility is clean and comfortable and well maintained. Consumers confirmed they can access external areas independently as they wish. Staff described their cleaning processes including accessing the locked chemical storage room, Material Safety Data Sheets and schedules for cleaning and maintaining the environment. Records showed the service schedules maintenance and cleaning and audits the environment regularly to ensure the service meets is clean and comfortable.

During the Site Audit the Assessment Team observed that the service was undergoing renovations and found that hazards had been generally well managed or removed where possible. Staff explained how building contractors had ensured building materials were removed from the accessway and clearly marked to prevent risk of injury to consumers or staff. On 27 February 2023, the Approved Provider submitted a response to further support this finding and provided further advice on how the service limits the impacts to consumers while works are being undertaken, including the appropriate handling and management of building and hazardous materials, additional management of fire and smoke detection and precautions taken in relation to electrical and cabling.

# 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 said they are encouraged to provide feedback and make complaints, and the service would offer support where necessary. Staff described various ways consumers and representatives can provide feedback including by using feedback forms and feedback boxes, communicating with various staff and engaging directly with management. The service has policies in place for the implementation of a feedback system and the management of feedback received.

Consumers and representatives said they were aware of additional external avenues for complaint management, however had not required to engage such services as they felt satisfied with the service’s management. Information such as brochures on how to access external advocates and raise a complaint were observed throughout the service at various points. Staff knew of external complaints and feedback mechanisms to support consumers and representatives if necessary.

Consumers and representatives provided examples of when they have provided feedback to the service and confirmed the service had responded appropriately with strategies implemented to address the concerns. Staff were aware of the open disclosure process when an incident occurred and were familiar with how to handle situations where things go wrong. Management advised that all staff receive training on open disclosure including for new staff in the induction process.

The service has a process to reviews all feedback and complaints, which are used to improve the quality of care and services for the consumers; feedback is received through verbal, written, and emailed, these are all recorded and processed accordingly. Management provided documentation on complaints received and demonstrated how the service has responded and taken appropriate action accordingly. Consumers and representatives confirmed their feedback is used to improve the quality of services and care.

# 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 said staff are kind, respectful and deliver services with care. Management said they have processes for engaging staff to fill shifts from their casual pool of workers and agency staff where necessary. Call bell and falls reports evidenced that consumers do not have to wait to receive care and services and staff respond in a timely manner.

Consumers said staff are kind, caring and respectful. Management said they have processes for recruitment and training which ensure the staff uphold the organisations values. Documentation including policies, progress notes, care plans and training records show the organisation strives to employ a workforce that uphold their values.

Consumers and representatives said staff are sufficiently skilled to meet their care needs, and the service works with other organisations to support their specialist needs. Management described how they work with the human resources team using position descriptions and minimum requirements when selecting candidates for roles. The service has documentation relating to Human Resource Management to guide management in managing recruitment processes to ensure new staff are competent.

Consumers said they are confident staff know them and are competent when delivering care. Management had recently identified gaps in staff training and facilitated additional training through internal resources and engagement of external service providers. Training records demonstrated the service maintains recruitment and training processes in accordance with internal policy and industry Standards.

Management described performance management systems utilising a competency framework for assessing, monitoring and reviewing staff competency. On 27 February 2023, the Approved Provider submitted additional advice to support the Assessment Team’s findings, including explanation of the comprehensive performance assessment and development process established within the service, which includes reflective feedback mechanisms and identification of development opportunities. Where some issues of staff poor performance had emerged, the service demonstrated that counselling for performance improvement documentation had been completed. While the Approved Provider acknowledged some of the rolling annual performance reviews were overdue, they provided evidence of a management plan within their Plan for Continuous Improvement to address this. Policy and competency frameworks documentation confirmed assessment and monitoring of new skills occurs regularly.

# 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 input into how care is being delivered to consumers and the service actively identifies opportunities for continuous improvement in service delivery. Management said the service recently identified gaps in the engagement of care plan reviews and family conferences, they have developed a schedule to complete overdue reviews. Care planning documentation evidenced consumer input into evaluation of care and services.

Consumers said they feel safe when receiving care and services. The organisation’s governing body maintains policies and procedures related to cultural safety and diversity. Services were observed being delivered in a culturally safe and competent manner.

The service maintains systems to support effective governance and management of information, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback management. Staff confirmed they can easily access the information they need to perform their roles such as care plans and training. The service identifies opportunities for continuous improvement in a variety of ways including internal and external audits and incident and complaint feedback analysis.

The service demonstrated it has an effective risk management framework in place and risks are reported, escalated, and reviewed by management, executive management, and the governing body. The service demonstrated components of the risk management system, including incident reports, audits and meetings with consumers and staff. Management said their internal audit process identified instances of potential risk which were reviewed and managed in accordance with the organisation’s policies.

The service demonstrated a clinical governance framework to ensure the quality and safety of clinical care, promote antimicrobial stewardship, minimisation of restrictive practices, and use of an open disclosure process. Senior management discussed how clinical governance framework is designed to ensure best practice in service delivery with a view to ongoing continuous improvement. The service has a suite of policies that govern antimicrobial stewardship, restrictive practice and open disclosure.

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)