Performance

Report

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| Name of service: | Performance report date: |
| Aegis Montgomery | 10 June 2022 |
| Commission ID: | Activity type: |
| 7463 | Site Audit |
| Approved provider: | Activity date: |
| Aegis Aged Care Group Pty Ltd | 3 May 2022 to 5 May 2022 |

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 Montgomery (**the service**) has been considered by Janine Renna, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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, dated 12 May 2022; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others; and
* the provider’s response to the assessment team’s report received on 25 May 2022.

# 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 | | Compliant |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

## Findings

This Quality Standard has been assessed as compliant, as six of the six Requirements have been assessed as compliant.

The service demonstrated consumers are treated with dignity and respect, can maintain their identity, make informed choices about their care and services, and live the life they choose.

The organisation has policies and procedures to guide staff in inclusivity and supporting consumers’ culture and diversity. Consumers undertake cultural and religious practices, including watching online church services, following religious or faith related dietary restrictions and accessing priests.

Consumers are supported to exercise choice, independence and maintain relationships of their choosing, by attending external activities independently, taking social leave to spend time with family and share rooms with their loved ones who also reside at the service. Family and friends are able to regularly visit and take consumers out into the community.

Risk forms demonstrate meetings are held with consumers and representatives to discuss consumers’ preferred care and choices, and support is provided to those whose choices involve an element of risk.

The organisation has policies and procedures to guide staff in relation to consumers’ privacy and staff are made aware of confidentiality requirements on commencement of employment. Consumer information is stored electronically and is password protected, with staff only having access to information appropriate to their role.

Based on the information summarised above, I find the service compliant with all Requirements in Standard 1 Consumer dignity and choice.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

## Findings

This Quality Standard has been assessed as compliant, as five of the five Requirements have been assessed as compliant.

The service was able to demonstrate consumers are partners in ongoing assessment and planning that helps them get the care and services they need for their health and well-being.

Representatives said they have spent time with staff discussing consumers’ needs and preferences and have been involved in planning consumers’ care.

The service undertakes initial and ongoing assessment of consumers’ health needs, goals, preferences and risks on entry, which is used to develop a care plan in partnership with the consumer and their representative. Advance and end of life care is discussed with consumers and representatives on entry or at a later date if they prefer to do so.

Reassessment of consumers’ needs, goals, preferences and risks is undertaken every three months, when their condition or needs change, or when incidents occur in line with organisational policies. For each reassessment undertaken, care plans are updated to reflect up to date information to guide staff in providing safe and effective care and services.

Other organisations are involved in the care of consumers and specialist input is sought where necessary to provide recommendations in relation to consumers’ care and service needs.

Outcomes of assessment and planning are readily available to consumers, representatives and staff.

Based on the information summarised above, I find the service compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

# Standard 3

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| Personal care and clinical care | | Compliant |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

## Findings

This Quality Standard has been assessed as compliant, as seven of the seven Requirements have been assessed as compliant.

Consumers and representatives considered consumers receive personal and clinical care that is safe and right for them.

In relation to wounds, pain, falls, nutrition and hydration, and restrictive practices, documentation showed best practice and tailored care and services were provided to sampled consumers, with high impact and high prevalence risks regularly monitored and reviewed.

Specialist input to ensure effective management of risks associated with care of consumers was evident, however, documentation showed not all specialist recommendations were implemented. For example, documentation showed Consumer A was not taken for daily walks outside as recommended by the physiotherapist and a physiotherapy review was not undertaken for Consumer B following a fracture.

In relation to Consumer A, the provider maintains that physiotherapy interventions were followed. The provider’s response states their therapy assistant time occurred as recommended and is recorded in the pain management chart, however, evidence was not provided to support this occurred.

In relation to Consumer B, the provider’s response states they received 74 engagements with therapy assistants since their fracture occurred, however, evidence was not provided to support this claim.

I have placed weight on information included in the provider’s response indicating Consumer A received care in line with physiotherapist recommendations and Consumer B was reviewed by a physiotherapist following a fracture. The Assessment Team’s report indicated at the time of the Site Audit, management reported the pain management clinic addresses mobility requirements, however, there was no evidence indicating whether the Assessment Team reviewed pain management documentation.

Ongoing assessment and reporting have ensured deterioration or changes in consumers’ physical or cognitive function is identified and responded to in a timely manner. As required, palliative care service input is sought, and additional medication administered to ensure consumers’ comfort and dignity is maintained when nearing end of life.

Information regarding consumers’ condition, needs and preferences is documented and readily available to staff and external specialists to ensure they have sufficient information to provide appropriate care.

The service has processes in place to minimise infection related risks and use of antibiotics, including an annual and COVID-19 vaccination program and pathology testing for consumers with symptoms of infection. The organisation has policies and procedures to guide staff in relation to microbial resistance.

Based on the information summarised above, I find the service compliant with all Requirements in Standard 3 Personal care and clinical care.

# Standard 4

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| Services and supports for daily living | | Compliant |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

## Findings

This Quality Standard has been assessed as compliant, as seven of the seven Requirements have been assessed as compliant.

Overall, the service demonstrated consumers get 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.

Information in relation to consumers’ life history, interests, goals and preferences is captured and used to inform group and one-to-one lifestyle activities, with the aim to maintain consumers’ independence, health and quality of life. Consumers are supported to participate within their community, such as attending religious services, social clubs and swimming.

External specialists are engaged, and spiritual services are available, to provide emotional, psychological and spiritual support to consumers where necessary or desired.

Consumers and representatives were satisfied with the meals provided and said they are of suitable quality and quantity. Various meal and snack options are available to cater for consumers’ dietary needs and preferences.

Equipment is regularly serviced and cleaned and was noted to be well maintained.

Evidence in the Assessment Team’s report indicates Consumer A is not receiving supports that meet their needs, goals and preferences and optimises their health and well-being. The consumer said they cannot participate in most activities due to their sensory impairment and while they enjoy going into the garden, they are not taken as often as they would like. Management said the consumer is taken outside regularly but it is not recorded.

The provider’s response states the consumer participates in cognitively stimulating sensory, social and leisure activities, which is recorded in their pain and social activity charts. The response states these charts demonstrate, for the two weeks prior to the Site Audit, the consumers attendance at both one-to-one and group activities, however, no evidence was provided to support this occurred. The response also states the consumer has not reported any dissatisfaction with participation in activities, however, they would liaise with the consumer and update their leisure care plan accordingly.

In coming to my finding, I have considered the provider’s response which states the consumer’s activities are recorded in their pain chart. I have also considered there was no evidence indicating the Assessment Team reviewed this document when conducting the Site Audit. There is no evidence to demonstrate the consumer raised their concerns with management to ensure care and services are tailored to their needs and preferences. I find the provider’s commitment to liaise with the consumer and update their leisure care plan appropriate.

Based on the information summarised above, I find the service compliant with all Requirements in Standard 4 Services and supports for daily living.

# Standard 5

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| Organisation’s service environment | | Compliant |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

## Findings

This Quality Standard has been assessed as compliant, as three of the three Requirements have been assessed as compliant.

The service demonstrated the environment is safe and comfortable for all consumers.

The environment was observed to be welcoming and easy to understand and the service has processes in place to ensure that on entry, consumers are supported to find their way around the environment.

The environment has been recently renovated, with consumers’ rooms observed to be large, light and bright, and inclusive of personalised decorations, appliances and furniture.

The environment was observed to be well maintained, with internal and external areas easily accessible and allowing for free movement.

Staff explained reactive and preventative maintenance processes and cleaning schedules for the environment and equipment.

Based on the information summarised above, I find the service compliant with all Requirements in Standard 5 Organisation’s service environment.

**Standard 6**

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| Feedback and complaints | | Compliant |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

## Findings

This Quality Standard has been assessed as compliant, as four of the four Requirements have been assessed as compliant.

Consumers said they feel safe, encouraged and supported to give feedback and make complaints, they are engaged in the resolution process and appropriate action is taken. Consumers described feedback and complaints processes and said their feedback and complaints are taken seriously and are responded to in a timely manner.

Management undertake interviews and surveys with consumers and representatives in relation to various aspects of consumers’ care and services to measure satisfaction levels and identify areas for improvement.

Feedback and complaints forms, suggestion boxes and brochures for advocacy and external complaints services were observed throughout the service environment. Management said information regarding language services is not supplied, as all consumers speak English and explained how they have used alternate delivery methods in the past, such as emoji ratings, to accommodate consumers with limited cognitive abilities.

Staff demonstrated an awareness of the organisation’s policies and procedures in relation to open disclosure and confirmed they use open disclosure in practice, have been provided with appropriate training and are confident in their abilities to support consumers in providing feedback and making a complaint.

During the Site Audit, the Assessment Team observed consumers providing verbal feedback and complaints to staff, who were polite and tried to resolve the issues immediately.

Documentation showed feedback and complaints are logged and responded to in a timely manner. Feedback is then analysed and used to inform future improvements to care and service delivery.

Based on the information summarised above, I find the service compliant with all Requirements in Standard 6 Feedback and complaints.

**Standard 7**

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| Human resources | | Compliant |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

## Findings

This Quality Standard has been assessed as compliant, as five of the five Requirements have been assessed as compliant.

Overall, consumers and representatives said consumers get quality care and services from staff who are kind, caring and respectful, and have appropriate knowledge and training. While consumers said they sometimes have to wait for care, they are not greatly impacted.

Staff were observed interacting with consumers in a kind, caring and respectful manner.

Documentation showed several unfilled shifts; however, staff were able to explain how they prioritise tasks to ensure consumer care is not compromised. Recruitment processes are underway, with new staff commencing in due course. Staff informed the Assessment Team that they do not always have time to undertake individual lifestyle activities with consumers but try their best.

Information and evidence in the Assessment Team’s report under Standards 2 and 3 demonstrates staff are competent in providing safe and effective care to consumers. Each role has associated core competencies and job descriptions, which are provided to staff and are monitored through performance appraisal processes.

Training records show all staff have not completed mandatory training and performance reviews as scheduled, however, the service has a plan to complete these and no adverse impacts to consumers were identified.

The organisation’s Continuous improvement plan demonstrates provision of education and counselling to staff when gaps in performance are identified.

One staff advised the Assessment Team their probation period was extended and said they felt supported to improve their performance. Management provided examples where staff have been performance managed.

Based on the information summarised above, I find the service compliant with all Requirements in Standard 7 Human resources.**Standard 8**

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| Organisational governance | | Compliant |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

## Findings

This Quality Standard has been assessed as compliant, as five of the five Requirements have been assessed as compliant.

Overall, consumers and representatives consider the organisation is well run and they have opportunities to partner in improving the delivery of care and services. Consumers provided examples of the various ways they are engaged and have input in how the service is run, including representative and consumer meetings, surveys and informal feedback.

The service’s Continuous improvement plan and consumer meeting Minutes show consumer and representative feedback is used to improve care and services.

The organisation’s governing body promotes and is accountable for the delivery of safe, inclusive and quality care and services by overseeing and monitoring incidents, feedback and complaints, and implementing PRIDE values and a diversity framework.

Effective governance systems are in place in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. Information management systems to record consumer information is accessible to staff, a Continuous improvement plan is in place and includes actions and measurable evaluations, management have the ability to access funding outside of the budget as needed, staff performance is regularly monitored and reviewed, updates to changes in legislation are monitored and disseminated to relevant staff through various channels, and feedback and complaints are analysed to identify gaps in care or improvements to service delivery.

Risk management systems and practices were effective in managing high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents. An incident management system is used to report incidents, which are investigated and analysed, and used to improve care and service delivery. Incidents were noted to be reported within legislated time frames.

The organisation’s clinical governance framework guides staff in relation to minimising the use of restraint, open disclosure and antimicrobial stewardship. Restraint authorities and behaviour support plans are in place for consumers subject to restraint and regular review of restraint was noted by the Assessment Team. Infections are recorded on a register and staff were able to describe how policies and procedures relating to infection management are applied. The organisation has a policy to guide staff in relation to open disclosure and infections.

Based on the information summarised above, I find the service compliant with all Requirements in Standard 8 Organisational governance.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)