Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Aegis Murdoch |
| Commission ID: | 8261 |
| Address: | 16 Fiona Wood Road, MURDOCH, Western Australia, 6150 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 18 July 2024 |
| Performance report date: | 6 August 2024 |
| Service included in this assessment: | Provider: 10133 Aegis Health Pty Ltd  Service: 27488 Aegis Murdoch |

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 Murdoch (**the service**) has been prepared by M Glenn, 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 assessment contact (performance assessment) – site report, which was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management and others.

The provider did not submit a response to the assessment team’s report.

# Assessment summary

|  |  |
| --- | --- |
| Standard 2 Ongoing assessment and planning with consumers | Not fully assessed |
| **Standard 3** Personal care and clinical care | **Not fully assessed** |
| **Standard 7** Human resources | **Not fully assessed** |
| **Standard 8** Organisational governance | **Not fully assessed** |

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 2

|  |  |  |
| --- | --- | --- |
| 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 |

Findings

Consumers and representatives said consumers feel safe in the service and receive care and services which meets their needs. Care files sampled demonstrate a range of assessments are undertaken to identify consumer risks, with mitigation strategies implemented to ensure delivery of safe and effective care and services. Observations of consumers show strategies, such as for pressure area care and falls management are in place, where required.

Based on the assessment team’s report, I find requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers compliant.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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 |

Findings

Personal and clinical care is tailored to consumers’ needs, optimises their well-being, and is provided in line with medical directives. Care files demonstrate provision of best practice, tailored personal and clinical care, including in relation to mobility, falls management, skin integrity and wounds. Management and staff interviewed described how they provide best practice care to consumers in line with their assessed needs, goals, and preferences, and staff described the care consumers need to optimise their well-being. Consumers and representatives interviewed said consumers receive tailored personal and clinical care, and they feel confident staff are providing a good standard of care.

Based on the assessment team’s report, I find requirement (3)(a) in Standard 3 Personal care and clinical care compliant.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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 |

Findings

Most consumers are satisfied with the number and mix of staff available, and staff interviewed said staffing levels are sufficient and they don’t feel rushed to complete their duties. A monthly report is created for head office to demonstrate the number and mix of the workforce, such as staff ratios, care minutes, resignations and staff leave, and any gaps in service delivery that need rectifying. Staffing levels are regularly reviewed, with the mix of staff required to deliver safe and quality care and services considered when allocating shifts. There are processes to manage planned and unplanned staff leave. Fifteen new care staff have been recruited and the service will start offering shifts in a staggered approach for when additional consumers are admitted ensuring adequate staffing levels as the need increases.

Based on the assessment team’s report, I find requirement (3)(a) in Standard 7 Human resources compliant.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | |  |
| 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 |

Findings

There are effective risk management systems and practices in place. High impact or high prevalence risk data is identified through clinical assessments and incident reviews, with resulting data analysed and used to create reports which are discussed at various meetings, including board meetings. Incidents, including near misses are recorded and analysed, with strategies reviewed and recorded to assist to prevent or mitigate harm to consumers. Incident reporting processes support mandatory reporting through the serious incident response scheme, with documentation demonstrating appropriate investigation and implementation of measures to protect consumers from abuse and neglect. There are processes to support consumers to live the best life they can, including to take risks if they wish to. Related policy documents guide staff in the assessment of consumer risks, with risk mitigation strategies discussed with consumers and/or representatives to ensure consumers can make informed decisions.

Based on the assessment team’s report, I find requirement (3)(d) in Standard 8 Organisational governance compliant.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)