

**Performance Report**

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| Name: | Aegis Murdoch |
| Commission ID: | 8261 |
| Address: | 16 Fiona Wood Road, MURDOCH, Western Australia, 6150 |
| Activity type: | Site Audit |
| Activity date: | 29 October 2024 to 31 October 2024 |
| Performance report date: | 27 November 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 Katherine 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 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 submitted an email dated 21 November 2024 stating they would not be providing a response to the Site Audit 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

This Quality Standard is assessed as compliant as 6 of the 6 requirements have been found compliant.

Consumers and representatives described how consumers were accepted, valued, and treated with dignity and respect. Staff explained how understanding individual needs of consumers supported well-being. Staff were observed treating consumers with dignity and respect.

Care planning documentation outlined consumers’ cultural backgrounds and matters of importance. Staff described how cultural needs of consumers influenced provision of care and services. Consumers and representatives explained cultural safety was ensured through understanding and meeting cultural needs of consumers.

Consumers and representatives reported consumers were supported to make decisions, choices were respected, and important relationships were recognised. Care planning documentation reflected consumer decisions, choices, and preferences. Staff described how they enabled consumers within decision making processes and were observed offering choices.

Staff explained processes to support consumers who wished to take risks, including development of strategies to minimise harm. Consumers described risks they were supported to take, along with mitigating strategies. Policies, procedures, and training provided guidance to staff to support consumers wishing to take risks, including undertaking a dignity of risk assessment.

Consumers and representatives outlined methods by which information was communicated, including through meetings, newsletters, emails, or calls. Staff said they adapted communication methods to meet needs of consumers. Activity calendars included picture examples to enhance consumer understanding.

Consumers and representatives confirmed consumer privacy was respected through knocking and seeking consent before entering rooms, and ensuring care was delivered behind closed doors. Staff explained methods of securing confidential information about consumers, and ensured discussions about personal information were held in private.

# 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

This Quality Standard is assessed as compliant as 5 of the 5 requirements have been found compliant.

Staff explained the assessment process for new consumers, with use of validated assessment tools to identify risks and develop corresponding strategies. Consumers and representatives said care delivery was well planned as staff took time to know consumers, discuss actual and potential risks, and explain appropriate interventions. Care planning documentation for a new consumer evidenced clinical assessments were completed in line with entry procedures.

Consumers and representatives said consumers’ needs, goals, and preferences were reflected within care planning documentation. Staff explained needs, goals, and preferences, including for end of life care, were captured within care and services plans. Care planning documentation was tailored to individual needs of consumers.

Consumers and representatives said they were actively involved in assessment and planning, and this was reflected within care planning documentation. Staff confirmed involvement of a range of providers within assessment and planning processes, including allied health staff and specialist services, with advice incorporated into consumers’ care and services plans.

Staff confirmed they could access care and services plans and described how they ensured the outcomes of assessment and planning processes were shared with consumers and representatives. Consumers and representatives said changes in care or incidents were communicated promptly.

Care planning documentation reflected regular review of effectiveness of care and services for effectiveness, including following incident or change of circumstances. Staff explained policies required annual review of care and services, however, the first consumer entered in May 2024 and therefore routine review has not been required to date. Consumers and representatives verified staff undertook review if they expressed a change of goals or preferences.

# 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

This Quality Standard is assessed as compliant as 7 of the 7 requirements have been found compliant.

Consumer and representatives reported consumers received personal and clinical care tailored to their needs. Policies and procedures informed staff of best practice care provision. Staff described how they ensured care strategies were personalised to consumers to optimise well-being.

Staff demonstrated awareness of high impact or high prevalence risks for consumers and mitigating strategies. Care planning documentation evidenced effective monitoring and management of risks, with specialist input where indicated.

Staff were knowledgeable about provision of end of life care for consumers. Care planning documentation for a late consumer demonstrated engagement of palliative care specialists, with provision of comfort care and emotional support.

Consumers and representatives verified staff recognised changes in consumer health and took appropriate action to manage deterioration. Staff described ways they recognised change or deterioration of consumer condition, and said they would follow documented management pathways.

Consumers said staff were well informed about care needs. Staff described methods of sharing information about consumers, including handover, meetings, and within documentation. Care planning documentation was accessible to staff, including allied health providers, with recommendations from providers incorporated into consumers’ care and services plans.

Staff explained referral processes for internal and external providers, with timely submission evidenced within care planning documentation. Consumers and representatives confirmed referrals were timely and appropriate to the consumer’s need.

Consumers and representatives gave examples of actions taken by staff to reduce infection risk, including washing hands. Staff demonstrated understanding of infection prevention and control practices, including for management of consumers with long term infection risks. The Infection prevention and control lead explained actions to manage outbreaks of differing illnesses.

# 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

This Quality Standard is assessed as compliant as 7 of the 7 requirements have been found compliant.

Staff described how they promoted consumer independence to meet needs, goals, and preferences. Care planning documentation captured consumer needs, goals, and preferences for daily living.

Consumers said staff recognised when they needed emotional support. Care planning documentation captured spiritual and emotional needs of consumers. Staff described how the activity program design was tailored to promote emotional, spiritual, and psychological supports for consumers.

Consumers explained how they were supported to do things of interest, individually and in group activities. Staff outlined how they supported consumers maintaining connections with community and people of importance. Care planning documentation reflected consumer interests.

Staff said information about consumers was readily available within care planning documentation or shared verbally within handover and meetings. Consumers reported staff were well informed of changes without need to repeat information.

Consumers verified referrals were made to providers to support them to meet their needs. Staff explained how referrals were made in consultation with consumers and representatives.

Consumers gave positive feedback about the variety, quality, and quantity of provided meals, and snacks were readily available if hungry. Staff explained the menu was informed with consumer input and dietitian review of nutritional content, with alternate options available to meet consumer preferences.

Sufficient equipment was available to meet consumer needs, and consumers reported it was safe, suitable, clean, and well maintained. Assessments for equipment were undertaken by allied health staff to ensure suitable for consumer needs.

# 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

This Quality Standard is assessed as compliant as 3 of the 3 requirements have been found compliant.

Consumers and representatives reported the service environment was comfortable, with opportunities to personalise consumer rooms and common areas to support interaction. Opportunities were available to book a private dining room for family functions. Signage supported independent navigation between areas. Staff explained the importance of ensuring the environment was welcoming for consumers and visitors to support a sense of belonging.

Consumers described the service environment as clean and comfortable, with opportunity to spend time in indoor and outdoor communal areas. Staff were observed cleaning private and communal areas, explaining they were guided by established monitoring and cleaning schedules.

Management explained processes to ensure furniture and equipment was safe, clean, and well-maintained, including through safety checks, staff training, and reporting processes. A preventative maintenance schedule demonstrated ongoing monitoring and maintenance actions, and consumers said reported issues were promptly addressed.

# 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

This Quality Standard is assessed as compliant as 4 of the 4 requirements have been found compliant.

Consumers reported awareness of complaint processes and said staff sought and welcomed feedback. Staff said they were provided training and would assist consumers make complaints or give feedback, if required, using formal or informal avenues. Information on feedback and complaint processes was provided within welcome packs and ongoing communication with consumers.

Staff explained processes for accessing advocacy and interpreter services. The consumer welcome pack included information on advocacy and complaint services, and consumers confirmed awareness of available supports.

Consumers gave positive feedback on how complaints were managed. Staff demonstrated awareness of complaint processes in line with policies and procedures, including the Open disclosure policy. Documentation within the register included the complaint, progress, and outcome.

Consumers provided examples of how their feedback or complaints had resulted in service improvements. Management explained monitoring and reporting of feedback and complaints to identify and address concerns. Entries within the continuous improvement plan identified actions developed following consumer feedback and complaints.

# 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

This Quality Standard is assessed as compliant as 5 of the 5 requirements have been found compliant.

Consumers, representatives, and staff described sufficiency of the workforce to meet consumer needs. Management detailed how they planned and managed the workforce to ensure delivery of quality care and services, with systems to plan workforce numbers and skills to meet consumer needs. Rostering demonstrated consideration of complex needs of consumers and monitoring and exceeding of care minute targets.

Management outlined how staff were trained in the core values of the organisation, which supported positive interactions with consumers. Consumers and representatives said consumers were treated with kindness, care, and respect. Interactions between staff and consumers were observed to be respectful of consumers’ identity, culture, and diversity.

Consumers and representatives reported confidence in the knowledge and competency of staff. Documentation evidenced staff received comprehensive training key skills, with qualifications, knowledge, abilities and responsibilities outlined within a position description.

Staff said they received relevant training and support to perform their roles. Management described onboarding processes for new staff, including training and buddy shifts. Documentation evidenced staff received education on a range of topics to support the Quality Standards.

Management explained the organisation’s formal appraisal process to evaluate staff performance, however, noted the service is less than a year old and therefore staff have not been through the full cycle. Documentation demonstrated identification and management of underperformance or staff failing to comply with policies and practices.

# 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**

This Quality Standard is assessed as compliant as 5 of the 5 requirements have been found compliant.

Consumers and representatives described methods of engagement in the service including the organisation’s Consumer advisory body, local Resident Voice group, and formal and informal feedback processes. Consumer meeting minutes recorded discussion of surveys and service evaluations. Documentation demonstrated matters from the Consumer advisory body were shared with the Board for evaluation.

The role, purpose, and responsibilities of the Board were documented within a charter, with Board members holding relevant experience to maintain oversight and accountability. A range of reporting mechanisms informed the governing body of the service performance and were assessed against the organisation’s quality care objectives. Meeting minutes captured discussion, evaluation, and outcomes of performance indicators.

Organisation wide governance systems for key areas incorporated recorded organisational objectives, strategies, policies, and performance indicators. Information systems enabled staff access to access consumer information, meeting minutes, policies, and other resources through a secured technology system. Financial governance included setting of budgets with monitoring expenditure and processes for extraordinary requests to meet consumer needs.

The risk management framework included policies, procedures, training, incident reporting, and monitoring. Staff described how they identified risk and monitored effectiveness of mitigating strategies. Incident reporting included record of investigation and actions and was monitored by the Board. Training records evidenced staff were informed of obligations to identify and respond to abuse and neglect.

Clinical data was analysed to identify opportunities for improvement with monthly reporting to the Board. Clinical governance was supported through training, policies, procedures, and monitoring to ensure provision of quality clinical care. Staff demonstrated understanding of best practice clinical care, including antimicrobial stewardship and processes to reduce or minimise use of restrictive practices. Quality of care meeting minutes included evaluation and discussion of clinical care provision, actions, and education requirements.

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)