Performance

Report

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| Name: | Aegis Sandstrom |
| Commission ID: | 7754 |
| Address: | 44 Whatley Crescent, MOUNT LAWLEY, Western Australia, 6050 |
| Activity type: | Site Audit |
| Activity date: | 31 July 2024 to 2 August 2024 |
| Performance report date: | 3 September 2024 |
| Service included in this assessment: | Provider: 1466 Aegis Aged Care Group Pty Ltd  Service: 4809 Aegis Sandstrom |

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 Sandstrom (**the service**) has been prepared by Denise McDonald, 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 was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others

# 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, as:

Consumers and representatives said consumers identity, culture and diversity was valued and staff treated confirmed with dignity and respect. Staff spoke about consumers in a respectful manner and gave examples of asking for consent and acknowledging consumer choices as ways of being respectful. Care documentation contained information on consumers’ background, life history and interests.

Consumers and representatives said consumers received care which was consistent with their cultural traditions and preferences. Staff demonstrated knowledge of how consumers’ cultural needs influenced the delivery of care and services. Policies and procedures promoted inclusivity, supported diversity and guided staff to provide culturally safe care.

Consumers and representatives said consumers were supported to make decisions about their own care, including when family or friends should be involved in those decisions and married couples were supported to share a room. Care documentation identified consumers’ individual choices around how care is delivered, who is involved in their care and supports needed to maintain connection with others. Staff gave examples of how consumers were supported to exercise choice.

Consumers and representatives said consumers were supported to take risks to live life the way they choose. Staff were aware of the risks taken by consumers and described the strategies required by them to promote consumers safety. Care documentation evidenced consumers were supported to make informed decisions as the benefits and potential harms associated with risk-based activities had been discussed with them.

Consumers and representatives said they were supported to make choices on activities or meals through printed information and verbal reminders. Staff confirmed information was given to consumers through meetings, via newsletters and it displayed on noticeboards. Activities calendars and menus were observed to be available within consumers rooms and displayed on noticeboards to enable consumers to exercise choice.

Consumers gave examples of how staff respected their privacy including by seeking consent prior to entering consumer’s rooms. Staff confirmed they receive training on privacy and confidentiality requirements. Staff were observed to hold handover in a private area, to lock nurse’s stations and care documentation was stored on a password protected electronic care management system (ECMS).

# 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, as:

Care documentation evidenced risks to consumers were identified through the assessment process, with assessment results informing the development of the care plan outlining the care to be delivered by staff. Staff confirmed assessment processes were guided by a checklist, scheduled key assessments and ensured a comprehensive care plan was developed within 28 days of the consumers entry to care.

Consumers, who had chosen to complete an advance care directive (ACD), confirmed this had been provided to staff and staff had discussed their end of life wishes with them. Care documentation reflected consumers current assessed needs, their care goals and preferences. Staff advised end of life was discussed when a consumer enters care, during care plan reviews and when a consumer’s condition changed.

Consumers and representatives said they were continuously involved in assessment and care planning processes. Staff outlined a multidisciplinary approach to care planning which involved the consumers medical officer and allied health professionals, as required. Care documentation evidenced consumers and representatives were involved in regular care consultations.

Consumers and representatives interviewed said assessment outcomes were communicated to them and confirmed having been offered a copy of the consumer’s care plan. Staff understood their responsibilities to keep consumers and representatives informed and knew to give a copy of the care plan to consumers or their representatives. Care plans were observed to be readily accessible via the ECMS.

Consumers and representatives confirmed when an incident occurred or the consumers condition changed, staff reviewed the consumers care plan. Staff confirmed care plans were reviewed monthly and during annual care conferences. Care documentation evidenced when an incident such as a fall occurred, the consumer was reassessed, and care strategies updated if evaluated to be ineffective.

# 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, as:

Consumers and representatives advised consumers received safe and effective personal and clinical care which had been tailored to meet their needs. Staff knew what care was required to be delivered to individual consumers to ensure their wellbeing. Care documentation evidenced staff delivered care, in line with planned directives and managed restrictive practices, wounds and pain in line with policies and procedures.

Staff confirmed, falls and infectious outbreaks were the most prevalent risks for consumers and demonstrated knowledge of consumer’s care strategies to ensure risks were minimised. Consumers and representatives said they felt these risks were effectively managed, confirming falls prevention equipment and strategies were implemented as planned. Care documentation evidenced when falls occurred staff completed post falls monitoring procedures and strategies were adjusted to minimise the likelihood of further falls.

Care documentation, for a consumer who had recently passed away, evidenced consumers were kept comfortable when nearing end of life and their emotional support needs were met. Staff demonstrated knowledge of how to ensure consumers were comfortable and their dignity preserved at end of life. Policies and procedures guided staff on how to provide care for consumers nearing EOL to ensure their wishes were being met.

Care documentation evidenced staff were quick to identify and respond to signs of deterioration or changes in consumer condition. Consumers and representatives said when the consumer was unwell, staff had responded appropriately. Staff described signs which may indicate deterioration and knew their responsibilities to escalate any concerns to ensure the consumer was reviewed promptly.

Consumers and representatives said their needs and preferences were communicated effectively as staff know what care consumers require. Staff confirmed consumer needs, conditions, and preferences were documented in the ECMS and were accessible to others involved in caring for the consumer. Staff were observed to verbally handover information between shifts and a handover sheet recorded consumers care information.

Consumers and representatives said consumers were referrals to other professionals, when required. Care documentation evidenced staff were quick to progress referrals and review of the consumer occurred promptly. Policies and procedures guided staff on referral processes to a range of allied health professionals.

Consumers and representatives said COVID-19 precautions and infection control practices were implemented by staff. Staff were observed to follow hand hygiene prior to and after providing care and ventilation procedures were implemented for consumers with an infection. Policies and procedures guided staff on practices to support antimicrobial stewardship and a management plan supported staff on the role, to control infectious outbreaks.

# 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, as:

Consumers and representatives said their daily living needs, goals, and preferences were supported. Staff confirmed consumer’s individual preferences, likes, dislikes, interests, social, and spiritual needs were assessed on entry and used to inform the lifestyle program. Staff were observed to support consumers to participate in daily living activities and encourage their participation in workshops, exercise groups and movie screenings.

Consumers and representatives confirmed consumers emotional and psychological well-being was supported through staff and volunteers spending one on one time with them. Care documentation reflected consumers spiritual needs and how they wished to pursue any faith-based practices. The lifestyle program promoted access to various religious activities, pet therapy and individual supports.

Consumers and representatives confirmed consumers were supported with their social connections, activities of interest and to participate in the internal and external community. Staff gave practical examples of organising transport for consumers to attend to community events, visit the shops and have social outings with family or friends. Consumers were observed participating in group activities, receiving visitors and exiting the service into the community.

Consumers and representatives confirmed information about consumers’ conditions, needs and preferences were well communicated between staff and other services who support consumers. Staff described the ways in which information is shared between care and catering staff to ensure timely updates were given following changes to a consumer’s needs and preferences. Care plans and dietary information held within the kitchen, were observed to be consistent.

Consumers and representatives said consumers were supported by organisations and services with referrals undertaken in a timely manner, when required. Care documentation evidenced staff were prompt to refer consumers to other services for support to increase socialisation and provide counselling. Staff confirmed access to a range of external support providers and demonstrated knowledge of referral processes.

Consumers and representatives gave positive feedback on the meals offered, confirming consumers preferences were met and they received enough to eat. Staff were knowledgeable of consumers’ dietary needs and preferences, and advised the rotating seasonal menu ensures variety. Meal service was observed to be undertaken in a timely and organised manner with staff available to assist consumers, if required.

Consumers reported their mobility aids were well maintained and kept clean by staff. Staff described processes to ensure equipment was kept safe, clean and well maintained, confirming they had access to sufficient equipment to meet consumer needs. Equipment was observed to be clean and in good condition.

# 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, as:

Consumers said they and their visitors felt welcomed and they were supported to decorate their rooms in their own personal style. Staff advised consumers were provided with a tour to familiarise themselves with the service layout, with maps, diagrams and signs further assisting consumers with navigation. Consumers were observed interacting with each other in the various communal areas and consumers rooms were personalised.

Consumers and representatives said consumers rooms were kept clean, they had access to outdoor areas and maintenance requests were always attended to promptly. Staff confirmed cleaning and preventative maintenance tasks were scheduled, with documentation evidencing these were completed, as required. Consumers were observed moving through a clean, well-maintained environment.

Consumers and representatives said consumers equipment, furniture and fittings within their rooms were cleaned and maintained regularly. Staff knew their role and the processes for cleaning and maintaining equipment, furniture, and fittings. Furniture in communal areas was observed to clean, with fittings and equipment routinely inspected for safety and to ensure it is in good working order.

# 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, as:

Consumers and representatives said they were encouraged to give feedback or make a complaint, and they felt safe doing so. Staff advised consumers were supported to give feedback via meetings, directly with staff and via paper or electronic complaints systems, which they assisted consumers to use if needed. Meeting minutes evidenced consumers were encouraged to give feedback and make complaints with feedback forms and lodgement boxes accessible if feedback wished to be given anonymously.

Consumers and representatives advised they were aware they could access advocates and the Commission to raise and resolve complaints. Staff were knowledgeable of advocacy and language services available and described how these were promoted to consumers. Posters and pamphlets were displayed promoting access to the Commission, interpreter and advocacy services.

Consumers and representatives gave practical examples of how they were financially reimbursed for incorrectly charged medication as actions taken in response to their complaint. Staff demonstrated knowledge of responding to complaints using an open disclosure approach. Complaints documentation evidenced when complaints were made, they were resolved quickly and apologies were given.

Consumers and representatives said their feedback had been used to improve the delivery of personal care. Staff advised feedback and complaints were logged, trended and analysed to inform where improvement was needed. Continuous improvement documentation evidenced actions were planned to improve consumers dining experience and were monitored and evaluated with consumers to ensure an increase in the quality of services provided.

# 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, as:

Most consumers and representatives felt there was sufficient staff to meet consumers care and service needs. While one representative said more staff were needed as they felt there were delays with toileting assistance, this was not evident from analysis of call bell response times. Staff confirmed an appropriate number of staff were allocated to ensure consumer needs were met and replacement of staff occurred in the event of unplanned leave. Rostering documentation evidenced a registered nurse was always on site and agency arrangements were in place if needed.

Consumers and representatives said staff were kind, caring, and always gentle when providing care and services. Staff demonstrated they were familiar with each consumer’s individual needs, identity and were observed interacting with consumers in a positive, caring, and respectful manner. Policies, procedures and guidelines were used to inform staff of expected practice and behaviours in delivering person centred care.

Consumers and representatives gave positive feedback on staff competency and confirmed they had the knowledge to effectively perform their roles. Management advised key competency and required qualifications were outlined in position descriptions, with recruitment and orientation processes used to assess staff were suitable to work in aged care. Personnel records evidenced staff held current registrations and police clearances.

Most consumers and representatives felt staff were trained to deliver the care and services needed by consumers, however, one representative education on dementia care was required. Staff advised they were required to participate in mandatory and supplementary training to deliver care aligned with the Quality Standards including incident management, open disclosure and infection control. Education records evidenced all staff had completed training on dementia specific care and other training was completed, as scheduled.

Management advised the performance of staff was monitored and assessed through formal and informal processes, with an appraisal conducted annually. Staff advised observations and consumer feedback were used to monitor their performance and they had completed their annual performance review. Education records evidenced all staff currently working had completed their appraisal as scheduled and performance management was initiated, when performance concerns were identified.

# 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, as:

Consumers and representatives said they were able to provide feedback on the operations of the service and a consumer advisory committee had been established. Management described meetings, surveys, feedback processes and care plan reviews were used to obtain consumer input and suggestions on how care and services could be delivered. Meeting minutes and care plan reviews evidenced consumers were engaged in the development and evaluation of care and services, including the lifestyle program.

Documentation supported the organisation’s governing body consisted of clinical and non-clinical members, who met monthly to monitor the performance of the service in meeting the Quality Standards and ensure the delivery of safe care and services. Management confirmed regular reports on clinical practice, infection control, incident trends, quality improvements and operational matters are collated and provided to the Board for review. Meeting minutes evidenced the board received regular reporting which supported oversight of the service’s performance against the Quality Standards and informed decisions to improve the quality and safety of services provided.

The organisation had effective governance systems which involved the board, senior management and staff, and supported information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. Management explained the governance systems, which were underpinned by policies, processes and systems to support compliance with the Quality Standards. Observations and documentation evidenced procedural information was translated into practice.

The organisation had effective risk management systems and practices related to managing high-impact or high-prevalence risks to consumers, identifying and responding to abuse and neglect, supporting consumers to live their best lives and managing and preventing incidents. Staff understood risks to consumers and described reporting responsibilities under the SIRS. Staff were guided by policies and processes in identifying and managing risks to consumers, whilst supporting them to live life as they choose.

The clinical governance framework promoted antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something goes wrong. Management and staff understood antimicrobial stewardship, restrictive practices and open disclosure and described how these were applied in care delivery. Documentation evidenced a clinical governance framework was in place and followed by management and staff.

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