Performance

Report

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| Name: | Aegis Sandstrom |
| Commission ID: | 7754 |
| Address: | 44 Whatley Crescent, MOUNT LAWLEY, Western Australia, 6050 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 5 October 2023 |
| Performance report date: | 2 November 2023 |
| Service included in this assessment: | 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 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 was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives, and others.

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

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been 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

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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 |

Findings

Assessment and planning processes consider risks to consumers’ health and well-being, and documentation showed all consumers are assessed on admission to inform the delivery of safe and effective care and services. Staff described how care planning documentation guides them when providing care to consumers, and care needs are updated when consumers’ needs change. Consumers and representatives said they are happy with the care and services consumers receive.

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

# Standard 3

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| Personal care and clinical care | |  |
| 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

An infection prevention and control program aligns with nationally recognised guidelines, applicable governing standards, and the organisation’s policy requirements. Documentation showed staff attend regular infection prevention control training sessions, and oversight and monitoring of staff is undertaken by the infection prevention control lead. Antimicrobial stewardship policies and procedures enable the appropriate monitoring of infections for the prescribing of antimicrobials to reduce antimicrobial resistant infections. Observations showed staff practiced appropriate infection prevention control processes throughout the service, including safe food handling. Consumers are satisfied with the infection control practices adopted by staff.

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

# 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 |

Findings

Staff feel there is sufficient staff rostered to deliver safe and quality care and services. Systems are in place to ensure vacant shifts are covered and rosters are regularly reviewed to ensure enough staff are rostered based on the needs of consumers. Whenever possible, the same agency staff are used to fill vacant shifts to provide consistency in the care and services delivered. Consumers and representatives are satisfied the staffing levels and mix of staff, provide safe and quality care and services.

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

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