Performance

Report

**1800 951 822**

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| Name of service: | Aegis Shawford |
| Service address: | 8 Twyford Place INNALOO WA 6018 |
| Commission ID: | 7263 |
| Approved provider: | Aegis Aged Care Group Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 11 July 2023 |
| Performance report date: | 21 August 2023 |

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 Shawford (**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 - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers and representatives; and
* the Performance Report dated 23 March 2023 for a Site Audit undertaken from 15 February 2023 to 17 February 2023.

The approved provider did not submit a response to the Assessment Team’s report.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **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 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |

Findings

Requirement (3)(d) was found non-compliant following a Site Audit undertaken from 15 February 2023 to 17 February 2023 where it was found the service did not demonstrate risks related to consumer choice were identified and appropriate documentation and strategies implemented. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Consumers previously identified as not having consumer choice identified, documented and appropriate strategies in place to mitigate the risk, were reviewed and documentation and strategies implemented.
* An audit on all consumers’ risk assessments and care plans to ensure all consumers exercising choice with an element of risk have been identified and appropriate documentation and strategies implemented.
* Implementation of a register to monitor consumers who wish to take risks.

At the Assessment Contact undertaken on 11 July 2023, documentation showed consumers are supported to exercise choice and take risks to enable them to live the best life they can. Consumers and family members are involved in discussions regarding risks and strategies implemented to minimise the risks. Staff confirmed they had received education on supporting consumer choice and consumers said they can undertake activities they choose and are supported by staff to do so.

For the reasons detailed above, I find requirement (3)(d) in Standard 1 Consumer dignity and choice compliant.

# 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 are in place to ensure safe and effective care and delivery of services to consumers. Risks to consumers’ health and well-being are identified with strategies implemented and documented to reduce consumers’ risk and guide staff practice in providing care and services. Clinical staff described the assessment and planning process and care staff provided examples of how they support consumers according to their care plans. Consumers and representatives felt risks to consumers’ health and well-being were identified and well managed.

For the reasons detailed above, I find requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers compliant.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |

Findings

Requirement (3)(c) was found non-compliant following a Site Audit undertaken from 15 February 2023 to 17 February 2023 where it was found the service was unable to demonstrate complaint management policies and procedures were followed and all complaints were investigated. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Keeping a record of all complaints and feedback provided in the complaints and feedback register.
* Investigating complaints as per service policy.

At the Assessment Contact undertaken on 11 July 2023, documentation showed organisational procedures are followed and appropriate actions taken to resolve all complaints. If the service is not able to reach an agreement acceptable to the consumer and/or representative, the complaint is then escalated to the appropriate person. Consumers said they are satisfied with the way in which complaints are managed and confirmed the service uses open disclosure principles when things go wrong.

For the reasons detailed above, I find requirement (3)(c) in Standard 6 Feedback and complaints compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Requirement (3)(e) was found non-compliant following a Site Audit undertaken from 15 February 2023 to 17 February 2023 where it was found the service was unable to demonstrate regular assessment, monitoring and review of staff performance was undertaken. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Monitoring of the staff appraisal system to ensure performance reviews are scheduled and completed as per the service’s policy requirements.
* Email reminders to staff when performance reviews or training are due.

At the Assessment Contact undertaken on 11 July 2023, the service demonstrated it has a performance review process that includes performance appraisals for new staff following their probation period at 3 months and then ongoing for all staff annually. Staff receive feedback on their performance formally through the structured performance appraisal process and completed appraisals are documented on a central data base to ensure all staff who have not participated are followed up. Information collected from the performance appraisals are analysed to determine training needs and identify gaps in the delivery of care and services.

For the reasons detailed above, I find requirement (3)(e) 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)