Performance

Report

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| Name: | Aegis Shorehaven |
| Commission ID: | 7474 |
| Address: | 49 Scotthorn Drive, ALKIMOS, Western Australia, 6038 |
| Activity type: | Site Audit |
| Activity date: | 2 July 2024 to 4 July 2024 |
| Performance report date: | 15 August 2024 |
| Service included in this assessment: | Provider: 1466 Aegis Aged Care Group Pty Ltd  Service: 26561 Aegis Shorehaven |

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 Shorehaven (**the service**) has been prepared by T Wilson, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 29 July 2025.

# 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 compliant as six of six Requirements have been found compliant.

Consumers and representatives confirmed they are treated with dignity and respect and staff know their backgrounds and what is important to them. They said they can exercise choice and make decision about their care including choices that involve risk. The information they receive was said to be timely and accurate and they are satisfied their privacy is respected and personal information is kept confidential.

Staff understand consumers individual backgrounds, including people important to them, their identity and individual choices. Staff could describe how they provide culturally safe care and support consumers to take risks, including the strategies to minimise the risks. Staff use different communication methods to ensure information is understood and provided examples of how they ensure consumer information is kept confidential and privacy maintained.

Care planning documents reflect consumer cultural backgrounds and detail their individual choices, including who they want to be involved in their care. Risks are recorded, reviewed and monitored and contain strategies to minimise the risk. Observations included policies and procedures for cultural diversity and information displayed in the service including the weekly activity calendar, events on for that day and advocacy and complaints information.

It is for these reasons I find 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 |
| 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 compliant as five of five Requirements have been found compliant.

Consumers confirmed they can discuss their current needs and preferences with staff, and they are comfortable to discuss their end of life wishes with them. They work in partnership with the service and care planning is discussed to ensure it aligns with consumer needs.

Staff could describe the entry for consumers, including the use of a checklist and assessment tools to determine consumer needs and mitigate risks. Staff described how they work in partnership with consumers, families and other providers of care to ensure needs are met. Staff could also describe the process to review consumer care plans regularly or when incidents or changes may impact the goals needs a preferences of consumers.

Care planning documentation showed assessment are complete to identify risk for consumers and strategies are documented to assist staff to manage the risks. Consumer wishes for end of life care are documented and reviewed then updated if things change. Documentation shows regular care meetings also occur with consumers and representatives and information is updated to reflect any changes following incident or changes.

It is for these reasons I find Standard 2 Ongoing assessment and planning with consumers, compliant.

# 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 compliant as seven of seven Requirements have been found compliant.

Consumers said they are satisfied with the clinical and personal care they receive, and the way staff assist them to manage risks. Consumers confirmed they are assisted to access external services and staff know their needs and how they like care to be delivered. Consumers observed staff undertaking hand hygiene protocols where appropriate. A representative confirmed staff were very caring and supportive towards to his relative whilst providing palliative care.

Staff could describe the care needs for all consumers allocated their care and the main risks for consumers, including how they managed. Staff described how they work with a variety of providers and the families to ensure the palliative care of consumers follows their wishes and they are kept comfortable and dignified. Deterioration is managed through staff reporting changes which is followed up to ensure consumers receive the care they need. Staff said they discuss the care and clinical updates for each consumer which was observed during the Site Audit. Staff said they have adequate personal protective equipment and have received training in antimicrobial stewardship and minimising infection.

Care documentation shows that care provided is safe and effective and aligned to consumer needs. Documents showed, meetings are held regularly between service staff and the general practitioner, nurse practitioner and allied health team to identify and discuss consumer care plans. Referrals to general practitioners, nurse practitioner, and other health practitioners occur when a consumer’s health status is changing, or deterioration is identified. The service uses handover documents for improved communication, which includes important information and updates. There are policies and procedures to guide staff in with clinical care, infection prevention and antimicrobial stewardship.

It is for these reasons I find Standard 3 Personal care and clinical care, compliant.

# 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 compliant as seven of seven Requirements have been found compliant.

Consumers and representatives confirmed the service assists them to maintain their independence and quality of life and services and supports are available to assist with spiritual and emotional wellbeing. They are happy with the support provided to participate in the service community, and the service provides activities so they can do things of interest. Consumers confirmed they have been referred for additional services and the equipment supplied suits their needs and is safe and clean. Most consumers said they are served meals of suitable quality and quantity, they are offered choice, and their dietary requirements are met.

Staff described how they support consumers to participate in activities to enhance their wellbeing and how they support consumers psychological wellbeing. Consumers’ social relationships, preferences, and interests are supported by staffs and staff confirmed they are informed of changes to consumer needs through daily team huddles, progress notes, emails, communication books, handovers, and meetings. Staff demonstrated knowledge over consumer preference and choices in relation to nutrition and confirmed they know what action to take if any equipment becomes faulty.

Consumer wellbeing plans included what is important to them and their goals and information in emotional, spiritual and psychological wellbeing. Care files provide staff with the individual supports for each consumer to support consumers with socialisation and things of interest to them. Documentation demonstrated that care plans, including lifestyle plans, are updated and provide current information to staff and they record referrals made to external providers. Care documentation provides accurate information about nutrition and hydration, and the information is accessible to staff serving meals to consumers. Consumers were observed enjoying a variety of activities throughout the Site Audit.

It is for these reasons I find Standard 4 Services and supports for daily living, compliant.

# 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 compliant as three of three Requirements have been found compliant.

Consumers and representatives are satisfied the service is welcoming and comfortable and they can decorate their rooms with personal items. Consumers find the service safe, clean and well maintain with comfortable internal and external areas and the furniture fixtures and fittings, clean, comfortable and well maintained.

Staff described the process of identifying, reporting, logging a maintenance request and how they ensure the service is kept clean and confirmed the equipment the equipment for consumers is safe and suitable for their needs.

There is a maintenance book for staff, consumers and representatives to log maintenance requests and a maintenance schedule for preventative maintenance. Consumers were observed to be using the indoor and outdoor areas along with signage to direct consumers and visitors around the hallways which were observed to be clutter free. Furniture, fittings and equipment was observed to be safe and clean.

It is for these reasons I find Standard 5 Organisation’s service environment, compliant.

# 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 compliant as four of four Requirements have been found compliant.

Consumers confirmed they know how to provide feedback and raise complaints. Consumers are satisfied with the action taken by the service to resolve issues and staff are open and transparent with them. Consumers know how to access advocacy services and other methods to raise complaints as there are brochures in the foyer.

Staff described how they assist consumers to raise feedback and what they do when they receive it. Staff were able to describe the complaints processes and could identify when matters needed to be escalated.

A brochure on feedback and complaints is given to all consumers on admission and are displayed around the facility in reception and on hallway tables. The service’s organisational policies, systems reflect their commitment to encouraging, seeking and analysing feedback from consumers. There are policies and procedures in place for complaints management including open disclosure principles.

It is for these reasons I find Standard 6 Feedback and complaints, 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 |
| 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 compliant as five of five Requirements have been found compliant.

Consumers confirmed there are enough staff to meet their needs and they feel safe and well cared for at the service. Staff were described by consumers as being kind and caring and respectful of peoples culture. Consumers said they are confident that staff knew what they were doing, and are well trained.

Staff said they are able to complete their duties and there is a mix and match of staff members to meet consumer needs. Staff described the process of knowledge and skill acquisition they undertook to become competent to assist consumers with a range of care and services and confirmed regular training is undertaken. Staff described the process of knowledge and skill acquisition they undertook to become competent to assist consumers with a range of care and services and how the performance system assists with their development.

Documentation confirmed staffing levels are reviewed regularly and allocations consider the mix of staff required to deliver safe and quality care and services. All staff have relevant registrations, current police clearances and relevant visa requirements which are monitored through an electronic management system.

There are position descriptions for all roles that define qualifications and skills required and outline the responsibilities and accountabilities for each staff member including reporting lines. Training is delivered through online modules, face-to face, a buddying system for new staff and ongoing support via individual performance appraisals. There are systems in place to ensure performance management processes are initiated following feedback from consumers and staff, and where incidents have occurred and at regular review periods.

It is for these reasons I find Standard 7 Human resources, compliant.

# 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 compliant as five of five Requirements have been found compliant.

The Assessment Team found Requirement (3)(d) non-compliant as three incidents of verbal abuse and rough handling were not recorded or followed up by staff, and management were not advised which prevented them from taking necessary actions.

One care staff reported they had witnessed verbal abuse on one occasion and a colleague being rough during assists with hoist and transfers on another. The first occasion was reported to a registered nurse but they believe it was not followed up or escalated. The second occasion they told a physiotherapist who provide one to one training with the staff member and re-educated staff through meetings about manual handling. The third incident was another care staff who said they were assisting a consumer who appeared upset and said that a staff member had thrown a nightgown at them. They reported it to a registered nurse who said they would let the clinical nurse manager know but could not recall who the registered nurse was.

The Assessment Team did not see where the alleged incidents were recorded, investigated or escalated in accordance with the organisation’s incident management policy. The Assessment Team provided feedback to the organisation and service management, who were receptive to the feedback, and immediately commenced investigating the alleged incidents and introduced remedial actions which included investigation of the incidents and reporting the incidents to the serious incident response scheme (SIRS). Education was also provided to staff on incident report and SIRS on site with further sessions planned for other staff.

The provider responded on 29 July 2024 disputing the recommendation of not met as they state the organisation that has a Clinical Governance Framework that manages high impact high prevalence risk, responds to the abuse and neglect of consumers, with an effective incident management system and they support consumers to live the best life they can.

They assert the Assessment Team report contradicts itself in many areas specifically in relation to the management of high impact high prevalence risk where they state in other Standards it says they manage it effectively yet in relation to Requirement 8(3)(d) they do not. They provided commentary on how the risk management system works and provided documented evidence to show it in action.

In relation to the 2 incidents from the one care staff member an investigation was undertaken to determine what occurred and there was discrepancy in the information provided for the first incident and nothing could be confirmed. However, a SIRS report was lodged immediately management knew of the incident. Investigation of the second incident found that it was not reported to the physiotherapist but to a registered nurse and the response included the SIRS report for the incident.

The third incident reported by another staff member was also investigated and reported to SIRS once management were aware what had occurred. The allegations were presented to a staff member, but they could not be substantiated. All documentation in relation to the investigation and reporting of the incidents were included in the provider’s response.

Following discussion of the incidents with the Assessment Team, continuous improvement has been introduced which includes tool-box training with all staff on compulsory reporting and SIRS and providing staff with a report receipt to show their concerns are recorded and reported appropriately.

I have considered both the Assessment Team report and the providers response, and I have come to a different view than the Assessment Team.

The providers response was comprehensive and provided evidence to show there is a governance system to oversee incident management and high impact high prevalence risk. Once the service was aware of the incidents immediate action commenced to ensure the incidents were appropriately managed, including reporting where necessary, investigation of the matters and counselling of staff. Information was provided to show staff are trained in incident and SIRS reporting and regular reminders occur including reminding staff of their obligations. There are polices to guide staff and procedures to follow for all types of incidents.

The three incidents do not show there is a systemic failure of staff reporting and investigating incidents appropriately. One was reported as it should have been and the two other incidents, the nurses they had reported them to, could not be identified by the staff reporting the incidents. The dates of the incidents are not certain which makes it more difficult to determine what happened following their reports. All the reports were about one staff member who has been counselled about their performance previously. I am satisfied the provider took appropriate action once they were aware of the incidents and have put in place steps to ensure this does not occur again.

It is for these reasons I find Requirement (3)(d) compliant.

In relation to the remaining Requirements (3)(a) (3)(b) (3)(c) and (3)(e):

Consumers and representatives confirmed they have input into the delivery of care and services, and they receive care that is safe and right for them. Consumers said staff are responsive, caring, and respectful in their interactions which is in line with the Quality Standards.

The governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery with processes in place to ensure they receive and can respond to any risks that arise.

There are effective organisational wide governance systems for information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints accompanied by range of policies and procedures to ensure effective governance systems and communication is maintained.

The organisation has a clinical governance framework and appropriate governance structures and mechanisms to ensure effective clinical governance with clinical policies and procedures to guide staff to provide the best practice clinical care.

It is for these reasons I find Standard 8 Organisational governance, compliant.

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)