Performance

Report

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| Name of service: | Aegis Shorehaven |
| Service address: | 49 Scotthorn Drive ALKIMOS WA 6033 |
| Commission ID: | 7474 |
| Approved provider: | Aegis Aged Care Group Pty Ltd |
| Activity type: | Assessment Contact |
| Activity date: | 25 August 2022 |
| Performance report date: | 28 September 2022 |

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-2).

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 Assessment Contact; the Assessment Contact report 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 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** |

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 | | Not applicable |
| 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

As all requirements have not been assessed the overall finding for Standard 2 is not applicable.

The service was found to be non-complaint during a Site Audit undertaken from 8 June 2021 to 10 June 2021 regarding assessment and planning in areas of risk which included falls and pressure injuries.

The service undertook a range of improvements to address the deficits including updating the work log to reflect the reviews following incidents that were not being undertaken, developing new training plans and staff training and the registered nurse completing the first shower with a consumer to ensure an accurate skin assessment is undertaken on entry to the service.

The Assessment Team found that initially an ongoing assessment is undertaken including consideration of risk, to plan safe and effective delivery of care to consumers. There are systems for reassessment when consumers’ needs change to ensure care and services are effective. Falls are monitored and falls risk and mobility assessments are undertaken by clinical staff, physiotherapist and occupational therapist following consumers’ falls and other assessments are being completed in line with the assessment and planning process.

The service did not provide a response to the Assessment Teams report.

I agree with the Assessment Team that this requirement is compliant. Improvements have been made by the service to ensure assessment and planning is completed, including considering the risks to the consumer’s health and well-being. The information then informs the care plan to ensure delivery of safe and effective care and services.

Accordingly, I find 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 is compliant.

# Standard 3

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| --- | --- | --- |
| Personal care and clinical care | | Not applicable |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

As all requirements have not been assessed the overall finding for Standard 3 is not applicable.

The service was found to be non-complaint from a Site Audit undertaken from 8 June 2021 to 10 June 202. The service was not able to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer, specifically in relation to falls and pressure injuries.

To address the identified deficits by providing falls equipment backpacks for staff to grab in the event of a fall to reduce the time consumers are spending on the floor. Changed responsibilities to ensure consumers sensor mats are in working order to the physiotherapist. Provided additional support through a mentoring program to Clinical Nurse manager and clinical meetings now include allied health staff. Documentation is provided on wound trollies to assist clinical staff to make evidenced based wound decision in relation to wound care.

The Assessment Team reviewed the care files for two consumers who were identified as high falls risks. The post falls management for both consumers was consistent with the services procedures and included individual strategies for each consumer to reduce falls risks. A consumers representative confirmed they were satisfied with the supports put in place to reduce the consumers risk of falling.

A review of pressure injuries showed that effective measures to reduce the discomfort of an end of life consumer and also assisted to ensure the wound did not break down further. Two other consumers wounds were also being managed in line with best practice for effective wound management.

A Behavioural incident was reported in line with the serious incident response requirements and the follow up and open disclosure is used. The safety of both consumers was considered and mitigating strategies were put in place to ensure it did not reoccur. Care plans were updated and regular review has been undertaken to support each of the consumers needs.

The service did not provide a response to the Assessment Teams report.

I agree with the Assessment Team that this requirement is complaint. The service has demonstrated their willingness to meet this requirement by implementing the improvements. The Assessment Teams report demonstrated the changes have been effective including to ensure that consumers experiencing falls have individual strategies and monitored to ensure they are effective and pressure injury and wound care management is effective.

Accordingly, I find requirement 3(3)(b), Effective management of high impact or high prevalence risks associated with the care of each consumer is complaint.

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-2)