Performance

Report

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| Name: | Aegis Shoreline |
| Commission ID: | 7475 |
| Address: | 2 Kaleep Close, NORTH COOGEE, Western Australia, 6163 |
| Activity type: | Site Audit |
| Activity date: | 20 August 2024 to 23 August 2024 |
| Performance report date: | 30 September 2024 |
| Service included in this assessment: | Provider: 1466 Aegis Aged Care Group Pty Ltd  Service: 26562 Aegis Shoreline |

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 Shoreline (**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 and 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

Consumers and representatives said consumers were treated with dignity and staff respected their culture, identity and diversity. Staff were knowledgeable of consumers’ life stories and demonstrated an understanding of consumers’ needs, preferences, personal circumstances, life experiences, and backgrounds. Policies, procedures, and training guided staff to treat all consumers with dignity and respect whilst valuing their unique and diverse identities and cultures.

Consumers and representatives confirmed staff valued and respected consumers cultural preferences and how they wanted their care and services to be delivered. Staff understood how consumer’s identity, cultural background and individual values influenced the care delivered to them. Staff practice to deliver culturally safe care was guided by policies, procedures and training.

Consumers advised they were supported to make decisions regarding their care, who else was to be involved in their care decisions and which relationships they wished to maintain. Staff gave examples of choices made by consumers’ regarding their care and services, including whether married couples wanted to share a room. Care documentation identified consumers’ individual choices around when care was delivered, who was nominated to be involved in their care and which relationships were important to them.

Consumers advised they were supported to take risks and live life the way they chose. Staff demonstrated awareness of the risks taken by consumers and knew the strategies required to be delivered by them to reduce potential harm. Care documentation evidenced consumers made informed choices following discussion of risk and ate foods outside of dietary recommendations.

Consumers and representatives reported they were kept updated via the newsletter, lifestyle planners displayed in their rooms and verbal updates on upcoming events were given by staff. Care documentation evidenced consumers were assessed to identify the most appropriate communication strategies and demonstrated clear, accurate and timely communication of information to consumers and representatives. Information displayed was observed to be accurate, clear and in an easily understood format, to support consumers’ decision making.

Consumers described how staff respect their privacy by seeking consent prior to entering their room and leaving them undisturbed when they wished. Staff confirmed consumers’ personal information was not discussed in front of other consumers, and their files were secured on password protected computers. Policies, procedures and training on privacy and confidentiality guided staff practice.

Based on the information above, it is my decision this Standard is 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

Consumers and representatives confirmed when consumers entered care, assessments were undertaken to identify risks, and the care plan developed based on recommended strategies to keep the consumer safe. Staff described the care planning process, assessments undertaken and the mitigation of potential risks which informs the development of the care plan. Care documentation evidenced consumers were assessed for risks associated with falls, skin integrity, mobility and pain.

Consumers said they and those they have appointed, had input into the assessment and planning of the current needs, goals and preferences including advance care planning. Staff confirmed they refer to consumers care plans to understand their care needs and preferences. Care documentation included consumer’s personal care preferences, their current assessed care needs and an advance care plan for those who had chosen to complete one.

Consumers and representatives confirmed their ongoing involvement in assessment and planning processes including at entry, during review and in response to changes in care. Care documentation evidenced the involvement of consumers and representatives, medical officers, and other allied health professionals. Consumers were observed to be reviewed by medical officers and allied health professionals with their recommendations included in care documentation.

Consumers and representatives said staff explained the contents of consumers care plans to them and they knew they could request a copy of the care plan, if needed. Care documentation reflected regular contact with representatives to update them of the outcomes of assessment and planning. Staff confirmed care plans, were readily accessible via the ECMS and a copy was provided, when requested.

Consumers and representatives confirmed, and care documentation evidenced, care and services were constantly reviewed, and staff kept representatives informed when consumers care and services, changed. Staff advised care was reviewed and evaluated annually or if clinically indicated and reassessment was triggered when an incident occurred. Care documentation evidenced care and services were reviewed when the consumers circumstances changed and when an incident impacted their needs, goals, or preferences.

Based on the information above, it is my decision this Standard is 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

Consumers and representatives said consumers were receiving personal and clinical care, which was safe, right for them, met their needs and was delivered in accordance with their preferences. Care documentation evidenced wound care and pain management was delivered in accordance with directives, consultants reviewed consumers to optimise their care, however, the frequency of review of psychotropic medication by medical officers, did not occur in line with best practice. Policies and procedures guided staff practice in delivering personal and clinical care which is tailored to the individual needs of consumers.

Consumers and representatives confirmed consumers’ high impact risks including catheters and falls were effectively managed. Staff were knowledgeable of the care strategies required of them to manage catheters, prevent falls and post fall monitoring practices. Care documentation evidence care was monitored to ensure it was delivered in accordance with medical officer directives, however clinical oversight had been increased in response to some deficits in catheter monitoring documentation being identified.

Care documentation for a consumer who had passed away, evidenced their changing needs were recognised and addressed to ensure they were kept comfortable, through administration of pain medication, provision of routine comfort cares and family support. Staff described how care delivery changes for consumers nearing end of life, focusing on ways to maximize comfort and preserve dignity through regular repositioning, pain management, oral care, and emotional and spiritual support. Policies and procedures regarding palliative and end of life care guided staff practice.

Consumer and representatives reported when consumer’s condition changed, or they were unwell staff reacted quickly to ensure the consumer was reviewed. Staff were knowledgeable of the need to monitor consumers routinely to identify any changes to their condition and escalate any concerns to registered staff to inform assessment. Care documentation evidenced staff followed deterioration policies and procedures, were quick to identify deterioration and escalation occurred in a timely manner.

Consumers and representatives confirmed information on consumers condition and needs were effectively communicated between staff, who kept them updated. Staff confirmed care documentation was provided to hospitals and specialists when consumers attended external medical appointments or received treatment. Staff were observed to undertake role-based handovers between shifts, conduct huddles to communicate concerns and to update care documentation via the ECMS to advise of any changes to consumers condition, preferences or needs.

Consumers and representatives said consumers were quickly referred to consultants, specialists and allied health professionals, when required. Staff understood the referral process and confirmed access to a range of range of medical and health professionals to ensure prompt review or assessment of consumers changing needs. Care documentation evidenced staff followed the referral process, with timely, and appropriate referrals made as needed.

Consumers and representatives said a recent COVID-19 outbreak was managed well, with staff seen to implement practices including hand hygiene and use of personal protective equipment to minimise transmission. Staff demonstrated knowledge of care strategies applied which reduced the likelihood of consumers contracting infections and microbials developing resistance. Policies and procedures guided staff on infection prevention and control practices, with management plans advising them of their roles and responsibilities during infectious outbreaks.

Based on the information above, it is my decision this Standard is 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

Consumers and representatives advised consumers were supported to maintain their independence during activities of daily living and confirmed a range of group and individual activities were organised in line with their interests. Staff demonstrated knowledge of the consumers’ needs, goals and preferences, including what was important to them and what they liked to do. Consumers were observed participating in a range of activities which were tailored to their individual preferences and needs.

Consumers and representatives confirmed consumers emotional, spiritual and psychological wellbeing needs were supported. Staff were knowledgeable about consumers faith-based practices and gave examples of spending time with individuals or making calls to family members for those who were feeling low as how they supported consumers emotionally. Consumers, whose faith was important to them, were observed to receive visits from a priest.

Consumers and representatives said consumers were supported to maintain their connection to the community, to do the things they enjoyed and to maintain important relationships. Staff demonstrated knowledge of consumers’ interests, leisure activities and what assistance was required to connect them with their friends or family. Care documentation recorded which relationships were important to consumers, their community connections and what activities they wished to continue to pursue.

Consumers and representatives said information on consumers’ daily living choices and preferences was effectively communicated, giving different staff being aware of consumer allergies as an example. Care staff said they have access to consumers information through the ECMS and were informed of any changes through automated system alerts, handover processes or via direct communication with registered staff. Care and catering documentation contained consistent information on consumer’s conditions, needs and preferences, including allergies and dietary intolerances.

Consumers and representatives confirmed staff were quick to refer consumers to other support services or groups, as required. Staff confirmed arrangements were in place to refer consumers to a range of external service providers, including the library and a men’s shed. Care documentation evidenced consumers were referred promptly to several local churches, pet therapy and to the community visitor scheme, when needed.

Most consumers and representatives gave positive feedback regarding meal variety, quality, quantity and temperature, confirming alternatives were made available in response to intolerances, preferences and daily choice. Staff were knowledgeable about individual consumers preferences, dietary requirements, nutrition and hydration needs. Meal service was observed to be calm and orderly; tables were nicely presented, and staff asked consumers if they were finished prior to removing their plate.

Consumers and representatives said equipment their equipment was kept clean, it had been assessed to ensure its suitability and repairs, if needed were promptly attended. Equipment used for activities of daily living was observed to be safe, suitable, clean and well maintained. Maintenance documentation evidenced preventative servicing and inspection of equipment was undertaken when scheduled.

Based on the information above, it is my decision this Standard is 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

Consumers and representatives said consumers felt comfortable, at home and they were encouraged to personalise their rooms with their own belongings. The environment was observed to have wide corridors with handrails, navigational signage and a variety of indoor and outdoor communal areas to support consumer interaction. Staff were observed to greet consumers and their visitors in a warm manner.

Consumers and representatives said consumers felt safe, they were able to move around as they wished and the environment including consumer’s rooms, was kept clean. Staff advised cleaning and preventative maintenance tasks were scheduled, with documentation evidencing these tasks were completed as planned. Consumers advised requests for maintenance were attended promptly, however, significant delays in responding to garden maintenance and concrete leveling needs were evidenced in reactive maintenance documentation, with these outstanding actions attended to, during the Site Audit.

Consumers and representatives confirmed the fittings and equipment within their room was safe, well maintained and the furniture used by consumers was suitable and comfortable. Maintenance documentation evidenced fittings and equipment were regularly inspected and serviced to ensure they were in good working order and safe for consumer use. Furniture was observed to be clean and in good condition.

Based on the information above, it is my decision this Standard is 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

Consumers and representatives said they were encouraged, supported, and understood how to provide feedback or make a complaint and confirmed they felt comfortable doing so. Staff described various ways feedback and complaints were encouraged including requesting feedback at consumer meetings and by having an open-door policy. Feeback forms and lodgement boxes were readily accessible to support suggestions being given, feedback submission and the raising of complaints.

Consumers and representatives were aware of how to raise complaints externally and the advocacy services available to them. Staff were knowledgeable of complaints support and language services and would assist consumers to access these, if required. Posters and brochures were displayed promoting consumer access to the Commission, advocacy services and alternative strategies were available to communicate this information to consumers with communication or sensory impairments.

Consumers and representatives said their complaints of staff responsiveness to calls for assistance were promptly addressed, resolved and apologies were given. Staff described complaints handling processes which were consistent with application of open disclosure principles. Complaints documentation evidenced actions were quickly taken in response to complaints and an open disclosure process was followed.

Consumers and representatives confirmed their feedback and complaints had been used to adjust how parking spaces were configured, improving consumer accessibility. Staff described how feedback and complaints were documented to enable trending and to inform where improvement was needed. Continuous improvement documentation evidenced actions were planned in response to feedback, and evaluated occurred to ensure improvement had been obtained, prior to closure of the action.

Based on the information above, it is my decision this Standard is 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

Consumers and representatives stated there was enough staff to meet consumers’ needs and confirmed staff attended to consumers care needs in a timely manner. Management advised registered nurses were continuously onsite and strategies including extension of shifts were used in response to unplanned leave, with experienced staff reallocated to buddy any agency staff used to ensure an appropriate mix of staff was available to maintain the quality of care provided. Rostering documentation confirmed an adequate number of appropriately skilled staff were allocated, care minute targets were being met and staff were responding promptly to consumers calls for assistance.

Consumers and representatives confirmed staff interacted with them in a respectful, kind, and caring manner and staff were gentle when providing care. Staff were knowledgeable of consumer’s diverse background, their life history and what was important to them. Staff were observed to engage with consumers and representatives in a respectful and personable manner, including referring to them by their preferred name.

Consumers and representatives felt staff were appropriately skilled to perform their roles and were competent in meeting consumers’ care needs. Management advised staff must meet minimum qualification levels prior to commencement, their suitability to work in aged care was verified and buddy shifts were allocated to ensure their competence. Personnel records evidenced professional registrations, police certificates and vaccination status were monitored for currency.

Consumers and representatives reported they were confident with staff abilities and practices. Staff confirmed having completed mandatory training, they use policies and procedures to inform their practice and supplementary training was provided to improve their knowledge. Education records evidenced staff completed training in restrictive practices, infection control, code of conduct and incident management to deliver the outcomes required under the Quality Standards.

Management advised workforce performance was assessed, monitored and reviewed through observations, audit results, clinical data, probationary and annual appraisals. Staff confirmed regular discussions at staff meetings included areas for improvement based on data trends and participating in a performance appraisal. Personnel documentation evidenced most staff completed formal appraisal, when scheduled and processes were in place to follow up with staff whose appraisal was overdue.

Based on the information above, it is my decision this Standard is 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

Consumers and representatives said they were encouraged to make suggestions on how the service was run, how consumers care was delivered and confirmed a consumer advisory body had been established. Management advised consumers were supported to evaluate and inform care and service delivery through surveys, various meetings and via feedback processes. Meeting minutes evidenced consumers contributed to meal and dining experience improvements.

Documentation supported the organisation’s governing body consisted of clinical and non-clinical members, who met regularly 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 were collated and provided to the Board for review and used to inform their decisions. Meeting minutes evidenced the board received regular reporting which supported oversight of the quality and safety of care provided to consumers.

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.

Based on the information above, it is my decision this Standard is compliant.

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)