Performance

Report

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| Name of service: | Aegis Shoreline |
| Service address: | 2 Kaleep Close NORTH COOGEE WA 6163 |
| Commission ID: | 7475 |
| Approved provider: | Aegis Aged Care Group Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 17 July 2023 |
| Performance report date: | 18 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 Shoreline (**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 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/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 4** Services and supports for daily living | **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)(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 |

Findings

Consumers and representatives confirmed the care and services provided addressed their needs and preferences. Staff were aware consumers’ needs and preferences, which aligned with consumer feedback and consumers’ care plans. Care planning documentation reviewed included consumers’ preferences and current care needs, and personalised information about what was important to them to maintain their health and well-being including information about consumers’ advanced care and end of life wishes.

It is for these reasons I find Requirment (3)(b), compliant.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

Consumers and represnetatives confirmed consumers are satisfied with the variety quality and quantity of food. Staff demonstrated knowledge of individual consumers and described the processes and practices of making sure each consumer was served the correct meal, including those on modified diets and the process to follow if the food was not or only partially eaten. Feedback about food is provided through meetings and comments and complaints. There are policies and procedures in place to ensure nutritional and dietary requirements are met for all consumers in consultation with a dietitian. Observations of the meal service showed consumers were encouraged to eat their meals in the dining room and staff were observed to engage with consumers and not rush their meals.

It is for these reasons I find Requirment (3)(f), 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

Consumers and representatives confirmed the service had enough staff to provide safe and quality care and services. Observations during the Assessment Contact showed consumers were being attended to in a calm and unrushed manner. Staff were observed to be taking their time when providing care, meal assistance and lifestyle support. Consumer satisfaction surveys reviewed showed consumers were satisfied staff attended to their request for assistance via the call bell in a timely manner and their needs were attended to and rosters and allocation sheets showed the majority of shifts being filled.

It is for these reasons I find Requirment (3)(a), 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)