Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Aegis Stirling |
| Commission ID: | 7277 |
| Address: | 32 Spencer Avenue, YOKINE, Western Australia, 6060 |
| Activity type: | Site Audit |
| Activity date: | 29 November 2023 to 1 December 2023 |
| Performance report date: | 5 January 2024 |
| Service included in this assessment: | Provider: 1466 Aegis Aged Care Group Pty Ltd  Service: 5727 Aegis Stirling |

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 Stirling (**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; 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
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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 confirmed staff treated consumers respectfully and they felt valued. Staff were observed to treat consumers with dignity and respect, and were knowledgeable of consumers’ choices, experiences and cultural preferences. Care documentation evidenced each consumer’s identity, culture and choices were captured.

Consumers and representatives advised care and service delivery were tailored to their needs and culture. Staff explained how they altered care and services to ensure it was safe for each consumer. Care documentation captured consumers’ cultural needs and preferences.

Consumers and representatives said they were supported to maintain intimate relationships and to make choices about their care. Staff advised consumers were encouraged to identify those important to them and gave practical examples of how they support consumer choice. Care documentation contained consumer’s care decisions and interventions to support their independence.

Care documentation demonstrated risks were assessed, and consumers were provided with information to make informed decisions regarding how they wished to live their life. Consumers confirmed they were supported to leave the service independently as they wished. Policies and procedures promoted consumer’s right to engage with risk.

Consumers and representatives said information received enabled them to make choices and kept them up to date. Staff confirmed consumers were given information verbally and through various written means. Menus and activities calendars were observed displayed on notice boards and a public address system was used to ensure timely communication.

Consumers said they were confident their information was kept confidential, and their privacy maintained. Staff were observed to knock on the bedroom doors prior to entering and closing office doors when discussing personal information about consumers. Policies and procedures guided staff practice on the protection of consumer information.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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

A checklist was used to guide staff to complete a range of validated assessment tools to identify risks to consumers. Care documentation evidenced assessments were completed as scheduled and interventions were planned to ensure consumers health and well-being. Staff demonstrated an understanding of the relevant risks to individual consumers and the strategies in place to mitigate these risks.

Consumers and representatives said their needs, goals and preferences, including for advance care were discussed upon entry. Staff demonstrated knowledge of consumers care needs and preferences. Care documentation evidenced consumer’s needs, goals and preferences, including for advance and end of life care were captured.

Consumer’s representatives advised they were included in assessment and care planning processes. Staff confirmed consumers, representatives, allied health and medical professionals, were consulted in care plan development. Care documentation included input from health professionals.

Consumers and representatives confirmed they were offered copies of care plans and the outcomes of assessment and planning were communicated to them. Care plans were observed to be readily accessible through the electronic care management system. Care documentation evidenced consumers and representatives were notified of assessment outcomes.

Consumers and representatives said care and services were reviewed upon their request. Staff advised care plans were reviewed every month. Care documentation evidenced routine reviews occurred as scheduled and following an incident, current care interventions were evaluated and adjusted accordingly.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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

Care documentation evidenced consumers received care which was tailored to their needs, with wound and pain management aligning with planned care directives. Consumers and representatives gave positive feedback regarding personal and clinical care received by consumers. Policies and procedures, guided staff practice including when the use of a restrictive practice was required.

Policies and procedures guide staff practice on the management of high impact and high prevalent risks. Staff demonstrated knowledge of the risks to individual consumers and the responsive interventions in place to manage those risks. Care documentation evidenced management of risks such as falls, diabetes and weight loss, occurred in line with directives.

Representatives said, and care documentation evidenced, for a consumer who had recently passed away, their end of life preferences were met and they were kept comfortable, through administration of end of life medications. Staff demonstrated knowledge of how to provide end of life care and confirmed they had access to palliative care specialists, if required.

Consumers said staff acted promptly when their condition declined. Care documentation evidenced consumers’ health was monitored to ensure early identification of changes. Staff demonstrated knowledge of escalation pathways should the signs or symptoms of deterioration be detected.

Consumer representatives said they had no concerns regarding communication of information between staff and the health professionals, involved in the consumer’s care. Care documentation evidenced information on consumer’s conditions, needs and preferences was recorded. Staff were knowledgeable of consumers’ needs and confirmed changes to consumer’s care was communicated through handover.

Consumers said they were referred to health professionals as appropriate. Care documentation evidenced referrals were undertaken promptly when consumer condition changed. Staff demonstrated knowledge of referral processes.

Consumers and representatives said most staff apply appropriate strategies to prevent and control infections, however some staff were not observed to wash their hands between touching consumers. Staff were knowledgeable of antimicrobial stewardship practices. Policies and procedures guided staff practice in managing outbreaks and screening for potential infection.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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 said they received services and supports which met their needs and aligned with their preferences. Consumers were observed participating in various leisure activities which had been adapted to support their independence. Care documentation contained the supports required for consumers to undertake the activities of daily living they desired.

Consumers and representatives said their emotional, spiritual and psychological well-being was promoted. Care documentation reflected the emotional support needs of consumer and recorded their religious preferences. Staff gave practical examples of supporting consumer’s emotionally through one on one conversations about their culture and family.

Consumers felt supported to participate in the internal and external community, with practical examples given of how relationships were facilitated. Care documentation identified the relationships of significance to consumers and their preferred activities of interest. Consumers were observed to participate in various activities including community outings.

Consumers advised their service and support needs were met consistently as staff know their preferences. Staff described how information is shared between various departments via the consumer’s file on the electronic care management system and handover. Care documentation evidenced consumer’s needs and preferences for activities of daily living were recorded.

Consumers confirmed they were referred to volunteer organisation to support their cultural needs. Care documentation evidenced external organisations and providers were contacted promptly, when required. Staff demonstrated knowledge of other organisations who may be contacted to provide services and supports for consumers.

Consumers said they enjoyed the meals and were able to request alternatives if they didn’t like what was on the menu. Care documentation outlined, and staff were knowledgeable of, consumer’s dietary needs and preferences. Consumers were observed to receive meals aligned with their dietary modification needs and individual requirements.

Consumers said equipment provided was suitable for their needs and it was kept clean. Staff confirmed they had access to equipment to support consumers who needed it. Maintenance documentation evidenced equipment was inspected and serviced to ensure it was safe for consumer use.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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

The service environment was observed to be welcoming, well-lit and consumer’s rooms were personalised. Consumers advised the layout was easy to understand and they felt comfortable. Staff advised consumers were encouraged to customise their rooms and to provide input into decorating the service environment.

Consumers said communal areas and their rooms were cleaned routinely, they were able to move about freely including leaving the service as they wished. Staff confirmed assisting consumers, who need support, to mobilise to various areas including the outdoors as they desired. Maintenance documentation evidenced routine inspection and servicing was completed as scheduled.

Consumers said the furniture, fittings and equipment used by them was in good working order and repairs were attended to promptly. Staff described cleaning shared equipment both before and after every use. The call bell system was observed to be in operational order, and any issues relating to the call bell system were promptly resolved.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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 confirmed they felt comfortable to provide feedback or make complaints to management and staff. Staff were aware of the avenues available to consumers and representatives to provide feedback and described the ways they supported consumers to lodge complaints. A locked feedback and suggestions box was observed to be accessible if consumers and representatives wanted to lodge complaints anonymously.

Consumers and representatives confirmed they were made aware of, and had access to advocates, language services and external complaints agencies. Staff were aware of the advocacy and translation supports available for consumers. Management and staff advised they advocate for consumers to ensure their complaints are resolved, and their feedback is acknowledged and documented.

Staff understood complaints processes, including the use of open disclosure when responding to complaints. Consumers and representatives indicated appropriate action was taken in response to complaints, and staff utilised an open disclosure process in dealing with complaints. Complaints documentation evidenced timely and appropriate actions were taken in response to complaints, and an open disclosure process was applied.

Consumers and representatives confirmed their feedback and complaints were used to improve care and services. Management described how feedback and complaints were trended, analysed and used to improve the quality of care and services. Staff gave practical examples of improvements made in response to feedback from consumers.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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 confirmed there were a suitable number of staff to enable the delivery and management of safe and quality care and services. Management confirmed there had been ongoing recruitment within the service, with a recent influx of staff across all areas of the service. A review of the service’s staffing roster, call bell data and care minutes evidenced there were a sufficient number of staff to meet the needs of consumers.

Consumers and representatives expressed staff were kind, caring and respectful of consumers’ identity, culture and diversity. Staff demonstrated familiarity with consumers’ identity, culture and backgrounds, and were observed to speak kindly to consumers.

Staff advised they complete competency assessments to ensure they have the necessary skills to perform their roles. Consumers and representatives stated the workforce was competent and had the knowledge to perform their roles and meet their care needs. Management confirmed they conducted thorough checks of staff during the recruitment process, including reviewing their professional registrations and police checks.

Consumers and representatives advised staff were well trained and effectively performed their roles. Staff described the training and professional development they received on an ongoing basis which supported the delivery of outcomes required by the Quality Standards. Training records evidenced staff completion of required training was monitored.

Management stated annual appraisals were used to monitor workforce performance. Staff advised they had discussed their professional development needs as part of their appraisal, and personnel records confirmed staff appraisals had been completed as scheduled.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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 attended consumer meetings where they are encouraged to contribute suggestions or give feedback on the menu and activities program. Management confirmed care and services provision is evaluated during care reviews, meetings, and the feedback process. Meeting minutes confirmed the establishment of a consumer advisory body with their input sought on staffing retention, meals and laundry.

Management outlined the service’s reporting, auditing and meeting processes which ensured the governing body’s accountability, and the delivery of safe and inclusive care and services. Consumers and representatives advised the service was accountable for safe, inclusive care and services which was evidenced by regular case conferences and frequent communication. A review of clinical incident data indicated issues were discussed with executive management and escalated further when required.

The service utilised an organisation wide electronic information management system which ensured information was stored in a secure manner and was accessible to staff. A review of the service’s continuous improvement plan confirmed a range of improvement actions were documented and informed by the provision of feedback by consumers. Management outlined funding for additional items to support the delivery of care to consumers was always promptly approved.

Management described risk management systems and practices in place to manage the high impact or high prevalence risks associated with the care of consumers, including pressure injures, wound care and clinical deterioration. The service had policies and procedures in place outlining the identification of abuse and neglect of consumers to guide staff practice. The service’s incident management system provided a detailed description of each incident as well as the follow up actions, and evidenced the governing body, maintained oversight of incidents.

The service evidenced a clinical governance framework and supporting policies in place which addressed antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated a shared understanding of the service’s open disclosure process, and the application of these processes to incidents. A review of care documentation confirmed compliance with the service’s clinical governance framework.

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)