Performance

Report

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| Name of service: | Aegis The Pines |
| Service address: | 167 Ponte Vecchio Boulevard ELLENBROOK WA 6069 |
| Commission ID: | 7244 |
| Approved provider: | Aegis Aged Care Group Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 28 February 2023 to 2 March 2023 |
| Performance report date: | 17 April 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 The Pines (**the service**) has been prepared by M Dubovinsky, 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.

# 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.
* A response to the assessment team’s report was not received.

# 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

The Quality Standard is Compliant as six of the six Requirements have been assessed as Compliant.

Consumers sampled stated they are treated with dignity and respect and they feel accepted and valued. Staff are aware of consumers’ culture and diversity and were observed engaging with consumers respectfully. Policies and procedures guide staff practices in respecting consumer diversity.

Care and services are culturally safe. Consumers stated staff deliver personal care that makes them feel comfortable and safe. Staff were able to describe how they deliver personal care to support cultural safety. Care planning documentation showed consumers’ individual experiences, expectations and needs are discussed and recorded when consumers enter the service.

Generally, consumers confirmed they are supported to exercise choice and independence and have been included in making decisions about the delivery of their care. While one consumer stated they weren’t supported in making decisions the service is actively working with them to address the consumer’s concerns. Staff described how they support consumers in their decision-making process.

Consumers confirmed they are supported to take risks to enable them to live their life as they choose. Where a consumer has chosen to engage in an activity with risk, the service demonstrated appropriate consultation and risk mitigation strategies were in place. Staff provided examples of consumers taking risks and how they were supported to do this safely such as supporting consumers to smoke.

Consumers and representatives stated information is provided through a range of mechanisms to ensure the information is current and accurate. This includes information through consumer meetings and through written material such as the activity schedule. Observations by the Assessment Team showed a range of information is provided to consumers and representatives such as information on noticeboards, in consumer rooms and dining rooms such as the activity calendar and menus.

Consumer privacy is respected and kept confidential and paper-based information was observed to be stored securely. The service provides training and information to all staff at induction on consumers’ rights of privacy and confidentiality and staff sign a confidentiality agreement confirming their understanding.

Based on the evidence documented above, I find all Requirements in 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

The Quality Standard is Compliant as five of the five Requirements have been assessed as Compliant.

The service has a scheduled assessment processes to identify risks to the consumer’s health and well-being to inform the delivery of safe and effective care and services. Validated risk screening assessment tools are used to identify care and service needs, this includes risk screening tools such as a Falls Risk Assessment Tool. Staff were able to describe completing assessments based on a six-week schedule. Care planning documentation showed assessments include considerations of risk.

Assessment and planning address the consumer’s current needs, goals and preferences. Assessments are completed in consultation with consumers and include information on advanced care planning. Consumers confirmed discussions in relation to advance care planning and in relation to preferences for personal care.

Assessment and planning occur in partnership with consumers and others. Documentation showed the involvement of consumers, representatives and other clinical and non-clinical personnel. Care planning documentation showed staff regularly discuss assessment and planning with consumers.

Outcomes of assessment and planning are communicated in a care plan. Consumers and representatives confirmed having access to a care plan. In addition, the Assessment Team observed staff members accessing care plans.

Care and services are reviewed regularly with documentation showing care and services have been reviewed when required. Consumers and representatives confirmed review processes including following incidents or changes. Staff confirmed review processes which included reassessment following falls.

Based on the evidence documented above, I find all Requirements in 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

The Quality Standard is Compliant as seven of the seven Requirements have been assessed as Compliant.

The service has processes in place to ensure that each consumer gets safe and effective personal and clinical care. Consumers and representatives sampled confirmed they are satisfied they get effective personal and clinical care. This included receiving personal care, assistance with medications and wound care. Staff stated they have access to policies and procedures to guide them on best practice and apply this to the care they deliver. Documentation demonstrated that care is in line with best practice, tailored to consumers’ needs and optimises their well-being.

High impact or high prevalence risks associated with the care of consumers are effectively managed. Staff were able to identify consumers at risk and what strategies they use to keep the consumers safe. Documentation viewed demonstrated consumers at risk have strategies documented and care is delivered to manage those risks including risks related to pressure injuries, psychotropic medications, falls and malnutrition. Consumers and representatives sampled stated they were satisfied with the management of their clinical risks which included management of falls and restrictive practices.

The service has process to guide staff and seeks input from palliative care specialists to ensure the comfort of consumers at the end of life. Documentation viewed confirmed consumers nearing end of life have their needs recognised and addressed. Representatives said they were satisfied with the provision of end of life care for consumers. Staff were able to describe how they provided care and services for consumers nearing end of life in line with consumer preferences.

The service demonstrated that consumers who have a change in condition are recognised and monitored and responded to. Consumers and representatives confirmed changes are addressed in a timely manner. Clinical staff were able to describe being aware of signs of deterioration. Care staff were able to describe for consumers who experience dementia, how they monitor them for changes in pain.

Information about a consumer’s condition is documented in an electronic care plan. Handover processes ensure staff are informed following changes. Documentation viewed showed other clinical service providers were being referred to and informed. Staff were able to describe knowledge of consumers’ needs, preferences and risks.

A range of health professionals attend the service including medical officers and allied health professionals. Consumers confirmed a range of health professionals attend the service and address their clinical and personal care needs. Documentation viewed showed referrals are undertaken to address consumers’ personal and clinical care.

Systems and processes support effective management of infection related risks. Consumers and representatives confirmed they were satisfied with the management of infection related risks. Documentation viewed showed effective processes in relation to reducing antimicrobial resistance and incident forms are used to monitor and trend infections in the service.

Based on the evidence documented above, I find all Requirements in Standard 3 Personal 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

The Quality Standard is Compliant as seven of the seven Requirements have been assessed as Compliant.

Consumers and representatives sampled were satisfied they receive safe and effective services and supports for daily living that meets their needs, goals and preferences and optimises their independence, well-being and quality of life. Care planning documentation viewed showed allied health staff are involved in developing exercise programs to support consumer independence. In addition, allied health staff are involved in planning activities to support consumer independence and well-being. Staff were able to describe individual consumer goals to optimise consumers’ independence and well-being.

Services and supports promote each consumer’s emotional, spiritual and psychological well-being. Staff were able to describe being aware of individual needs, goals and preferences in relation to emotional, spiritual and psychological well-being. Documentation viewed showed consumers have a lifestyle profile which contains information on spiritual support. In addition, documentation showed referral processes to promote consumers’ emotional and psychological well-being. Staff were able to describe how they support consumers’ experiencing psychological distress.

The service demonstrated it supports consumers to participate in the community within and outside the service’s environment and they are supported to maintain relationships that are important to them and consumer are supported to do things that are of interest to them. Management described how consumers are supported to participate in the local community including attending local shops and using the bus. Staff described how they support consumers to develop relationships by supporting consumers to sit with each other and supporting married couples. The activity program shows a range of activities offered to support consumers to do things of interest.

Processes ensure information about the consumer’s condition, needs and preferences is communicated within the organisation and with others where responsibility is shared. Staff confirmed being informed of relevant information through the electronic care plan and handover processes. A range of referrals occur to individuals, other organisations and providers of other care and services. This included referrals to a range of allied health and mental health professionals.

Consumers confirmed meals are varied and of suitable quality and quantity. Observations of meal service confirmed meals provided are consistent with consumers’ dietary requirements. Kitchen staff confirmed processes to obtain feedback on the menu and meal services. Equipment provided to consumers is safe, clean and well maintained. A maintenance schedule ensures equipment is appropriately maintained and is safe for consumers. A range of equipment was observed to be provided to consumers including modified cutlery, pressure relieving devices and walking aids.

Based on the evidence documented above, I find all Requirements in 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

The Quality Standard is Compliant as three of the three Requirements have been assessed as Compliant.

Consumers and representatives stated the service environment is welcoming and easy to understand. Consumers’ rooms were observed to be personalised. In addition, the layout of the service supports consumers’ independence with all corridors leading to communal dining areas.

Consumers and representatives were satisfied the environment was clean, comfortable and well maintained. Consumers were observed accessing various areas of the service including the indoor and outdoor environment. Maintenance staff confirmed process to ensure the environment was well maintained. Cleaning staff were observed to be regularly cleaning high touch areas and cleaning the inside of the service.

Consumers and representatives were satisfied with the furniture provided. Observations of the service environment indicated furniture, fittings and equipment are clean and well maintained. Staff said overall, they have access to sufficient equipment to undertake their roles. Feedback was provided to the Assessment Team in relation to insufficient manual handling equipment with management stating they would investigate. Maintenance staff were able to describe how they monitor and had undertaken preventative and reactive maintenance.

Based on the evidence documented above, I find all Requirements in 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

The Quality Standard is Compliant as four of the four Requirements have been assessed as Compliant.

All consumers and representatives sampled stated they are supported to provide feedback and make complaints. A range of mechanisms support consumers and representatives to provide feedback which include opportunities at consumer meetings, on entering the service and scheduled consumer conference meetings. Documentation showed consumers are providing feedback and this is being documented in the feedback register.

Consumers and representatives confirmed they are aware of how to raise feedback externally. Staff are aware of internal and external complaints and feedback processes, including advocacy and translation services. The consumer meeting minutes and the consumer handbook contains information on advocacy and external feedback processes.

Appropriate action is taken in response to complaints and staff are aware of open disclosure practices. Feedback documentation confirmed feedback is recorded, actioned and addressed. One representative and one consumer were not satisfied in relation to the laundering of clothes, meals and activities. Management confirmed they are aware and are following up individually.

Feedback and complaints are reviewed and used to improve the quality of care and services. Recent improvements following increased complaints in relation to lost clothing resulted in implementing additional processes. Staff were able to describe improvements made because of feedback and complaints and are kept up to date of changes verbally, through meetings or by the service’s newsletter.

Based on the evidence documented above, I find all Requirements in 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

The Quality Standard is Compliant as five of the five Requirements have been assessed as Compliant.

Consumers and representatives confirmed they are satisfied with the mix and level of staff at the service however provided feedback in relation to staff turnover. Management described processes such as reviewing call bell data to identify opportunities for improvement in staffing. Recent improvements included implementing lifestyle activities later in the afternoon to support consumers’ care and service needs.

Consumers and representatives said staff are kind, caring when providing care and services. The Assessment Team observed staff interacting with consumers in a kind and respectful manner. Staff demonstrated knowledge of consumers’ identity, culture and diversity.

Consumers and representatives said they felt confident staff were skilled to deliver care and services that meets their needs. Management monitor staff competency through direct observation, a review of staff performance appraisals, feedback from senior staff, review of incidents and monitoring of clinical indicators. The organisation has an electronic training platform which monitors and records the completion of clinical competencies and mandatory training.

The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. New staff complete a probationary period and buddy shifts and a performance assessment. Staff stated they had recently completed toolbox training on a range of topics including manual handling, medication management, changed behaviours and swallowing problems. Records showed relevant staff are registered and have their registration monitored.

Records confirmed staff performance is monitored and reviewed on a regular basis. Staff interviewed confirmed being involved in a performance assessment. Management were able to describe how they identify deficits in performance and internal performance management processes.

Based on the evidence documented above, I find all Requirements in 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

The Quality Standard is Compliant as five of the five Requirements have been assessed as Compliant.

Consumers are engaged and supported in the development, delivery and evaluation of care and service. Consumers confirmed being involved in consumer meetings and providing feedback through surveys on a range of topics including on meals, activities and personal and clinical care. Management provided examples of consumer involvement including consulting with consumers in relation to the choice of carpeting. Consumer meeting minutes showed consultation with consumers on a range of improvements.

Consumers and representatives expressed the service as being inclusive and safe. Education records confirmed staff are provided training on the Quality Standards. The organisation promotes cultural safety and inclusion through a range of principles including positivity, respect, integrity, dignity and excellence. Staff are educated on these values and expectations at induction to support the delivery of care and services.

The organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance, and feedback and complaints. Consumer information is managed through an electronic client management system. Continuous improvements are identified through a range of mechanisms and recorded on the plan for continuous improvement. The facility manager oversees the annual budget and has delegations to oversee expenditure. The organisation has workforce governance processes which include a range of policies and procedures and a human resource department. The organisation is informed of changes in legislation through a range of mechanisms, including subscription services and peak bodies. Policies and procedures support staff in identifying, actioning and monitoring feedback.

The organisation has effective risk management systems and practices relating to the management of high impact or high prevalence risks associated with the care of consumers and identifying and responding to abuse and neglect of consumers. The organisation has an incident management reporting system to ensure relevant reports are completed according to legislative requirements and to inform the organisation of any trends or risks. Consumers are supported by the organisation to the live the best life they can to ensure they maintain their independence in a safe manner. The organisation has a risk management framework, supported by policies and procedures. Staff were aware of these policies and procedures to support effective risk management.

The organisation has a clinical governance framework, and associated policies and procedures, relating to antimicrobial stewardship, minimising the use of restraint and open disclosure. The organisation undertakes monthly reports of infection data to identify opportunities for improvement in relation to antimicrobial stewardship. Chemical restraints are reviewed three monthly in consultation with the medical officer to minimise the use of restraint.

Based on the evidence documented above, I find all Requirements in 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)