Performance

Report

**1800 951 822**

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| Name: | Aegis Woodlake |
| Commission ID: | 7325 |
| Address: | 42 Woodlake Retreat, KINGSLEY, Western Australia, 6026 |
| Activity type: | Site Audit |
| Activity date: | 25 October 2023 to 27 October 2023 |
| Performance report date: | 8 December 2023 |
| Service included in this assessment: | Provider: 1466 Aegis Aged Care Group Pty Ltd  Service: 5890 Aegis Woodlake |

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 Woodlake (**the service**) has been prepared by M Glenn, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives, and others; and
* the provider’s response to the assessment team’s report received 24 November 2023.

# 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

Staff provide care and services that value consumers’ identity, culture, and diversity. Cultural and religious needs are documented, and individual interests, customs and ethnic backgrounds are valued and respected. Observations showed staff to be kind and respectful when interacting with consumers. Consumers and representatives said staff are always respectful, use consumers’ preferred names, and provide care and services as per consumers’ choice and preferences.

Documentation showed consumers are supported to make individual choices regarding their care and to maintain relationships. Consumers and representatives said consumers are given choice about when care is provided, and confirmed their choices are respected.

Consumers described how the service supports them to take risks, and staff were aware of, and support consumers to risks. Mitigating risks assessments are completed and strategies to mitigate risks are implemented to ensure consumers’ well-being and safety.

Staff described the way information is provided to consumers and documentation showed consumers being kept up to date with any changes that occur either by word of mouth, announcements, newsletters, or memoranda emailed to families. Consumers said information is available to them to help make choices about personal and clinical care, food options and lifestyle activities.

Consumers’ privacy is respected by not talking about consumers’ care in front of anyone, conducting handovers in private, and ensuring care is delivered appropriately. Observations showed staff delivering care and services to consumers in a manner that was respectful of their privacy, and the electronic care management system is password protected to prevent any unauthorised access to consumer information. Consumers and representatives said staff respect consumers’ privacy and confidentiality is maintained within the service.

Based on the assessment team’s report, 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

Assessment and planning is conducted on admission to identify risks and inform the delivery of care and services. Consumers’ preferences, current care needs, people important to them and end of life wishes are identified. Consumers and representatives confirmed consumers are asked about their end of life wishes and were satisfied the service identifies risk and plans care accordingly.

External service providers are involved in the care of consumers when required. Consumers and representatives, or whoever consumers wish to be involved, are included in the annual review of care plans or when changes occur. Staff stated they have access to care plans electronically and care plans can be viewed by consumers, representatives, or external health care providers. Consumers and representatives stated they had either seen a care plan or had it discussed with them.

Regular reviews are conducted to assess the effectiveness of consumers’ current care and services, or when a consumer’s circumstances change. Documentation showed that care plans are updated if consumers’ needs changes, or an incident has occurred. Consumers and representatives stated that any changes to consumers’ needs or preferences is discussed with them, and changes are made to their care requirements.

Based on the assessment team’s report, 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

Staff described how they ensure consumers receive care that is safe and tailored to their individual needs. Documentation showed the service uses assessment and planning to ensure consumers’ preferences, needs and goals are considered when providing care. Consumers and representatives are satisfied consumers receive personal and clinical care that supports their health and well-being.

Effective systems are in place to manage and monitor high impact or high prevalence risks. Documentation showed consumers receive care as per their assessed needs, including strategies implemented to manage any identified risks. Staff described consumers at risk and strategies they use to ensure the safety of consumers. Consumers and representatives were satisfied with how the service manages identified risks.

Documentation showed consumers’ comfort and dignity is a priority for staff during the end-of-life phase. Representatives of consumers who have passed were satisfied the service maximised the consumer’s comfort and preserved their dignity.

Staff described signs of deterioration and said they inform clinical staff of any changes in consumers’ health. Documentation showed consumers who required a referral to other service providers had this actioned in an appropriate and timely manner. Clinical staff described the referral process and examples of when a referral would be made. Representatives expressed confidence in clinical leadership, and the care team, and provided examples of when the service has identified a change in consumers’ health and communicated a plan of care or escalation and said consumers can see their general practitioner and other service providers in a timely manner.

Staff were knowledgeable of consumers’ condition, needs and preferences, and observations showed verbal handovers included any changes to consumers’ care needs. Representatives said communication within the service was good and they are informed of any changes to the condition or needs of consumers, and staff know the care needs and preferences of consumers.

Risk of infection is minimised through standard and transmission-based precautions. Policies and procedures are in place to promote appropriate antibiotic prescribing and use to reduce the risk of increasing resistance to antibiotics. Staff described how they prevent transmission of infections and what antimicrobial stewardship principles they use. Consumers feel staff practice good hygiene when assisting them.

Based on the assessment team’s report, I find all requirements in Standard 3 Personal care 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

Consumers’ goals, needs, preferences, and the supports they need to maintain their well-being are documented. Consumers and representatives said consumers are supported with the provision of mobility and adaptive equipment to help optimise their independence and well-being.

Staff described how they provide emotional and spiritual support to consumers and documentation showed consumers being supported in all aspects of their emotional well-being. Consumers are confident their emotional and spiritual well-being is a priority with staff and feel they can talk to staff if something upsets them.

Consumers are supported to participate in the community or engage in activities of interest to them. Observations confirmed consumers have social and personal connections and participate in activities within and outside the organisation’s service environment. Consumers said they are supported to participate in their community and stay connected with people who are important to them.

Documentation showed consumers are provided information to support safe and effective care and are referred in a timely manner when required. Staff described ways in which they share information and keep each other informed of the changing conditions, needs and preferences of consumers. Consumers and representatives said consumers’ needs and preferences are effectively communicated, and referrals are completed in a timely manner.

Observations showed consumers enjoying their meals which were varied and of suitable quality and quantity. Documentation included consumers’ specific dietary requirements. Consumers and representatives said they were satisfied with the variety and quantity of food provided to consumers and can request alternative meals choices.

Equipment was observed to be safe, suitable, clean, and well-maintained. Staff have completed mandatory training and have the necessary skills and abilities to perform manual handling and assist consumers with equipment. Consumers knew the process and were comfortable reporting any issues with equipment. Consumers said they felt safe using equipment which was easily accessible and suitable for their needs.

Based on the assessment team’s report, 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 assessed as compliant as all three requirements assessed have been found compliant. The assessment team recommended requirement (3)(b) in Standard 5 not met.

**Requirement (3)(b)**

The assessment team were not satisfied the service environment enabled consumers to move freely to outdoor areas, however, were satisfied that the environment was safe, clean, well maintained, and comfortable. The assessment team’s report provided the following evidence relevant to my finding:

* Consumers have to ask staff to unlock the door to go outside. If a staff member is unavailable to supervise or a family member is not present, the consumer in unable to visit the outdoor area.
* Consumers mostly spend time outside during activity-based sessions.
* From the two coded doors that facilitate access to the outdoor secure area, the door at the rear of one wing was observed to be locked at all times.
* The service’s continuous improvement plan identified that not all consumers were able to move freely outside from the memory support unit.
* The outdoor area is well appointed with safe paths and fencing, as well as garden beds and a shaded area.

The provider submitted a response to the assessment team’s report, including the following information to demonstrate the service’s compliance with this requirement:

* The door in the dining area that accesses a secure outdoor area has now been unlocked allowing consumers to move freely both indoors and outdoors. This door is now prevented from locking using a door sock.
* The assessment team’s report did not specifically indicate the coded door in the main area was locked at all times suggesting it was not.
* Improvement suggestions have been submitted to central office to ensure safe access to the memory support unit garden area.
* Regular monitoring of the garden area in the memory support unit has been implemented which includes observations of the area every 30 minutes to ensure the safety of consumers.

Based on the information included in the assessment team’s report and the provider’s response, I have come to a different view from the assessment team’s recommendation of not met and find the service compliant with this requirement. I have considered whilst consumers were prevented from moving freely into the outdoor areas during the site audit, I have placed weight on the fact that the service has implemented changes to rectify this. This included unlocking the doors that provide access to outdoor areas, advising staff of the requirements to allow consumers to move freely both indoors and outdoors and providing extra signage to inform families they can go out into the garden whenever they choose. In coming to my finding, I am satisfied the service has undertaken a review of processes and provided evidence to demonstrate the deficits for consumers identified in the assessment team’s report have been resolved.

For the reasons detailed above, I find requirement (3)(b) in Standard 5 Organisation’s service environment compliant.

**In relation to all other requirements in this Standard**, the service environment maximises support for consumers’ independence with limited mobility, sensory loss and a cognitive impairment. Staff described the features of the service environment that are designed to support consumers with a cognitive impairment and observations of the service environment showed that consumers’ rooms have a personal character and feel. Consumers and representatives said the service environment has general spaces to interact with others, encourages a sense of belonging and is welcoming.

Systems are in place to make sure cleaning or maintenance of the furniture, fittings and equipment is undertaken promptly as required. Staff said that equipment is suitable and there is enough equipment to support them to deliver quality services. Furniture and furnishings were observed to be clean and well maintained. Consumers and representatives said the design of furniture and fittings helps consumers to be independent and adds to the comfort of the service environment.

For the reasons detailed above, I find requirement (3)(a) and (3)(c) 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

Staff receive training to support consumers to provide feedback or make a complaint and described ways they support consumers to make complaints. Observations confirmed feedback is encouraged and supported by the service. Consumers and representatives felt supported to provide feedback about care and services, including complaints.

Information regarding advocates, language services and other methods for raising complaints is displayed throughout the service. Most consumers could not clearly describe other services available to them but said the service resolves their complaints efficiently and they do not feel the need to access external advocacy services.

The service records complaints and takes appropriate and timely action in response to feedback and complaints. Staff are encouraged to acknowledge mistakes and follow open disclosure principles in their everyday dealings with consumes and representatives. Documentation showed the service follows organisational procedures and takes appropriate actions to resolve all complaints. Consumers said they were satisfied with the way in which complaints were managed and confirmed that the service uses open disclosure principles when things go wrong.

Management described the process for monitoring complaints and feedback and how this data is used for continuous improvement. Observations showed how items in the plan for continuous improvement are reviewed and documentation showed improvements made based on consumer feedback and complaints. Consumers are satisfied their feedback is used to improve care and services.

Based on the assessment team’s report, 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

Processes are in place to ensure staff are rostered based on the needs and preferences of consumers. Staff are allocated in a way that promotes continuity of care and a proactive approach is used to promptly act on staff shortages. Most consumers and representatives said care or services are not cut short or rushed.

The focus of staff is to provide person-centred care and observations showed staff interactions with consumers were respectful of their identity, culture, and diversity. Consumers and representatives said staff treat consumers with kindness and the staff care about them.

Systems are in place to identify if staff have the right skills, qualifications, knowledge, and competencies with any gaps identified being addressed. Staff attend professional development and training to improve their knowledge so they can effectively perform their roles. Staff provide care and services to cater for consumers’ assessed needs and preferences whilst considering any associated risks. Consumers and representatives feel staff are competent and able to meet consumers’ lifestyle and care support needs.

New staff participate in a site induction when they commence employment at the service which includes mandatory training modules. Training and educational needs are considered and undertaken following feedback received through complaints, audit results, clinical indicators, and performance management reviews. Consumers and representatives said they are satisfied that the organisation trains and supports staff.

Staff performance is regularly monitored and reviewed, and a performance appraisal process is undertaken at the end of a probationary period or where underperformance is identified. The organisation monitors compliance of regular staff performance reviews and completion of mandatory training.

Based on the assessment team’s report, 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

Consumers are engaged in the development, delivery and evaluation of care and services by contributing to meetings and becoming committee members. Consumers described how they participate in the development of care and services.

The senior executive leadership team of the organisation is responsible for promoting a culture of safe, inclusive, quality care and services. A governing board is in the process of being established and will be responsible for the organisation’s strategic direction and policies for delivering care to meet the Aged Care Quality Standards. The service has a range of reporting mechanisms to ensure the senior executive leadership team is aware and accountable for the care and services provided. The organisation’s core values, priorities and strategic directions are promoted and communicated throughout the service.

Staff have access to policies and processes to guide their work and the organisation monitors the service’s performance and legislative changes to ensure it is meeting their obligations. Management described the process to identify and plan where spending is required to continue to meet consumers’ assessed needs. The organisation has an information management structure to manage information and staff are provided accurate and timely access to information specific to their roles. Consumers and representatives said they are encouraged to provide feedback and complete surveys to drive continuous improvement.

The organisation has a risk management framework for the management of high impact or high prevalence risks associated with the care of consumers and to prevent incidents from recurring. Staff described how they manage and prevent risks associated with the care of consumers and consumers’ risks are continually monitored, and appropriate action is taken when a change in a consumer’s condition and/or preference impacts their care needs. The incident management system effectively manages incident trends and identifies risks in relation to the service.

Policies and procedures are in place for antimicrobial stewardship, minimising the use of restraint and open disclosure. Antimicrobial prescribing is monitored by collecting and reporting on specific data and infection control audits. Interventions are trialled before the use of restraint and staff described how they are transparent and apologise when incidents occur.

Based on the assessment team’s report, I find all requirements in Standard 8 Organisational governance 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)