Aurrum Norah Head

Performance Report

60 Soldiers Point Drive
NORAH HEAD NSW 2263
Phone number: 02 4397 1122

**Commission ID:** 0234

**Provider name:** Aurrum Pty Limited

**Assessment Contact - Desk date:** 29 October 2021 to 5 November 2021

**Date of Performance Report:** 6 December 2021

# Performance report prepared by

E Woodley, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(d) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff, consumers, representatives, and others.
* the provider’s response to the Assessment Contact - Desk report received 24 November 2021.

# A picture containing text, invertebrate, hydrozoan  Description automatically generatedSTANDARD 3 Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The Assessment Team also examined relevant documents.

All consumer representatives interviewed by the Assessment Team said consumers get the care that meets their needs. They expressed satisfaction with the communication they receive when there are changes to consumer’s care needs.

Staff interviewed demonstrated knowledge of the consumers they are directly involved in caring for, and demonstrated awareness of recent changes to consumer’s condition.

However, the Assessment Team identified gaps in the ongoing management and monitoring of consumers who experienced changes in their condition as a result of ongoing medical conditions and/or incidents.

One of the seven specific requirements have been assessed as Compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(d) Compliant

*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.*

All consumer representatives interviewed by the Assessment Team provided positive feedback regarding the care consumers receive at the service. Staff interviewed were able to describe how they escalate information about a change or deterioration in a consumer’s condition. However, the Assessment Team identified gaps in the ongoing monitoring of two consumers following a fall, specifically when changes in the consumer’s condition were identified. For another consumer who experienced deterioration in their condition and leaking from their wound, the Assessment Team found the service did not implement other methods of measuring fluid overload, and inconsistencies with monitoring of the consumer’s fluid restriction.

In their response the approved provider demonstrated that for the two consumers who experienced falls, additional monitoring and escalation to the registered nurse and/or the consumer’s medical officer occurred when changes in the consumer’s condition were recognised, to inform a timely response.

For the other consumer identified in the Assessment Team’s report, the approved provider demonstrated that monitoring of the consumer’s wound and fluid restriction was completed in line with recommendations from the consumer’s medical officer, and in response to a change in the condition of the wound. While there were some gaps in the documentation of, and adherence to, the consumer’s fluid restriction, the approved provider demonstrated changes in the consumer’s condition were responded to by the service.

While for some consumers the service did not increase monitoring in response to a recognised change in the consumer’s condition, the monitoring, observations, and escalation were completed in line with service procedures and directives from the consumer’s medical officer. Overall, the service demonstrated deterioration or change in a consumer’s condition was recognised and responded to in a timely manner.

I find this requirement is Compliant.

# A picture containing text, invertebrate, hydrozoan  Description automatically generatedSTANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

To understand the consumer’s experience and how the organisation understands and applies the individual requirement within this Standard. The Assessment Team spoke with representatives of consumers about staff numbers, response to call bells, and the timeliness of medication administration. The Assessment Team interviewed staff and reviewed a range of records including staff rosters.

Consumer representatives interviewed by the Assessment Team considered that consumers get quality care and services when they need them and from people who are knowledgeable, capable, and caring. Most representatives interviewed said consumers get the care that meets their needs, and they stated that call bell response times are meeting their expectations but occasionally may have to wait a little longer for staff to attend during peak care times. However, two representatives felt there are insufficient staff as their consumers are non-ambulant and require staff assistance for all care and transfers.

Staff interviewed by the Assessment Team said there are sufficient staff rostered, and they are able to complete their work. Staff confirmed there is flexibility within the roster to cover short notice unplanned leave, and staff said they all work well together to enable them to prioritise care tasks, so consumers are not negatively impacted. Management conduct regular call bell response analysis, and excessive wait time is followed up.

One of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

All representatives interviewed by the Assessment Team said consumers get the care that meets their needs. They stated that call bell response times are meeting their expectations but occasionally may have to wait a little longer for staff to attend during peak care times. The service demonstrated unplanned leave is covered by staff working extended shifts. Management stated they monitor call bell responses to ensure they meet organisational expectations of less than ten minutes response time. Where response times do not meet these expectations, issues are followed up with staff.

I find this requirement is Compliant.

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.