Aurrum Plenty

Performance Report

321-327 Diamond Creek Road
PLENTY VIC 3090
Phone number: 03 9431 9500

**Commission ID:** 4569

**Provider name:** Aurrum Pty Limited

**Assessment Contact - Site date:** 15 October 2020

**Date of Performance Report:** 22 October 2020

# Publication of report

This Performance Report **may 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 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commission’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 - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the Assessment Team’s ICM checklist report informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others during the sire assessment.
* Relevant information about the approved provider and service held by the Commission.

# STANDARD 2 Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

The service was found to be Non-Complaint in this Standard in a Notice of Requirement to Agree issued on 9 August 2020.

In the assessment of this Standard, the Assessment Team reviewed a sample of consumer care and other documentation, and conducted interviews with staff, consumers/representatives and management. The Assessment Team found that:

Assessment and care planning is completed for consumers and risks associated with care needs such as falls, skin and dietary risks are factored into the assessment to enable the service to provide safe and effective care.

Assessment and planning is completed with the involvement of the consumer or their representative and other organisations or individuals based on the preferences of the consumer.

Where a consumers circumstances change, the service reviews the assessment and care planning for effectiveness to ensure needs, goals and preferences of the consumer are identified.

The Requirements 2(3)(a), 2(3)(c) and 2(3)(e) of this Quality Standard are assessed as Compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

### Requirement 2(3)(c) Compliant

*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.*

### Requirement 2(3)(e) Compliant

*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.*

# STANDARD 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

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

The service was found to be Non-Complaint in this Standard in a Notice of Requirement to Agree issued on 9 August 2020.

In the assessment of this Standard, the Assessment Team reviewed a sample of consumer care and other documentation; observed staff practice and the service’s environment; and, conducted interviews with staff, consumers/representatives and management. The Assessment Team also tested the service’s outbreak preparedness against the Infection Control Monitoring Checklist. The Assessment Team found that:

Care plans reflect individualised care that is supported by best practice. Assessments and consultation with consumers or their representatives supports identification of individualised strategies that are tailored for the consumer and optimises their health and well-being.

The service has a process to monitor and manage high impact and high prevalent risk to consumers based on monthly clinical data collected and analysed. However, it was not evident that staff can easily identify these high impact or high prevalent risks without going into multiple assessments and care plans for each consumer.

The service had procedures in place to facilitate acceptable infection control practices. The Assessment Team observed effective environmental set up and staff practices relating to infection prevention and control. Where appropriate to do so, pathogens are identified prior to the administration of antibiotics

The Requirements 3(3)(a), 3(3)(b) and 3(3)(g) of this Quality Standard are assessed as Compliant.

### Assessment of Standard 3 Requirements

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

*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.*

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

### Requirement 3(3)(g) Compliant

*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.*

# STANDARD 8 Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

The service was found to be Non-Complaint in this Standard in a Notice of Requirement to Agree issued on 9 August 2020.

In the assessment of this Standard, the Assessment Team reviewed documentation relevant to the requirements, and conducted interviews with staff/management. The Assessment Team found that:

The organisation has a documented risk management framework, supported by governance structures and policies. Recent improvements include the recent implementation of a pre-admission screen tool for all new admissions to the service and the implementation of individual site-based outbreak management plans for each of the services in the organisation.

The organisation has a documented clinical governance framework and policies relating to antimicrobial stewardship, minimising the use of restraint and open disclosure. Management demonstrated an understanding, and application, of these policies to support the way care and services are planned, delivered or evaluated.

The Requirements 8(3)(d) and 8(3)(e) of this Quality Standard are assessed as Compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Compliant

*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.*

### Requirement 8(3)(e) Compliant

*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.*

# 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.