Aurrum Reservoir

Performance Report

1 Aberdeen Street
RESERVOIR VIC 3073
Phone number: 03 9469 7555

**Commission ID:** 3647

**Provider name:** Aurrum Pty Limited

**Assessment Contact - Site date:** 22 January 2021

**Date of Performance Report:** 3 March 2021

# 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 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(g) | 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 provider’s response to the Assessment Contact - Site report received 12 February 2021
* the infection control monitoring checklist.

# 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

An overall rating for the Quality Standard is not provided as not all requirements were assessed.

Four of seven requirements in Standard 3 have been assessed and four of the four specific requirements are met.

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 team also examined relevant documents.

Overall, consumers considered they receive personal care and clinical care that is safe and right for them.

For example:

* Overall, consumers and representatives expressed satisfaction they get the care they need.
* Consumers and representatives are satisfied with the timely interventions given by staff.

Consumers’ care files demonstrated personal and clinical care that is safe, effective and tailored to the specific needs of each consumer. Input from medical officers, allied health professionals and other specialist services is incorporated into documentation. Consumers who are subject to chemical restraint are effectively assessed, monitored and reviewed according to regulatory requirements.

Documentation review showed consumers receive care and review by medical officers, and allied health providers when incidents occur. Staff are aware of the risks associated with individual consumers’ care, and monitoring processes are in place.

The review of consumer care documents and staff interview data indicate staff recognise and respond to consumer changes or deterioration in mental health, or cognitive or physical function in a timely manner.

The Assessment Team found some deficits in infection control and minimisation of infection related risks. The team found gaps in implementing standard and transmission-based precautions to prevent and control infection. However, the response from the provider to the Assessment Team Report demonstrated robust infection control and minimisation of infection related risks is in place.

### 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)(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.*

### 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.*

The Assessment Team found consumers’ infections are identified and managed. Antibiotic prescription is minimised. While the Assessment Team found some deficits in infection control and minimisation of infection related risks including COVID-19 outbreak planning and management, social distancing, designation of density and signage, personal protective equipment (PPE) donning and doffing stations and cleaning of shared equipment, based on further evidence provided I find the requirement is met.

In making my decision I have taken into consideration the Assessment Team report, the infection control monitoring checklist and the detailed evidence and examples of compliance provided in the response from the approved provider received on 12 February 2021. The approved provider has demonstrated it has robust infection control practices in place and documentation and photographic evidence submitted addresses concerns raised and deficits identified by the Assessment Team at the site visit.

Based on the evidence provided I find that there are systematic practices and procedures in place for infection control and the minimisation of infection related risk. This is informed by progressing continuous improvement, planning and implementation evidenced in the continuous improvement plan.

I therefore find this requirement is met.

# 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.