Performance

Report

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| Name: | Aruma Lodge |
| Commission ID: | 0028 |
| Address: | 229 Beryl Street, BROKEN HILL, New South Wales, 2880 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 15 November 2023 |
| Performance report date: | 7 December 2023 |
| Service included in this assessment: | Provider: 744 Southern Cross Care (Broken Hill) Ltd  Service: 44 Aruma Lodge |

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 Aruma Lodge (**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 assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and management; and
* a performance report dated 11 July 2023 for a site audit undertaken from 23 May 2023 to 25 May 2023.

The provider did not submit a response to the assessment team’s report.

# Assessment summary

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| Standard 4 Services and supports for daily living | Not applicable as not all requirements have been assessed |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

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 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

Consumers and representatives said consumers’ nutrition and hydration needs are being met, meals are of good quality, multiple meal options are offered daily, they are supported to request off menu items and have preferences catered for. Menus are developed on a seasonal rotation and are advertised monthly. Consumers are engaged in menu development through monthly resident meetings at which food is a standing agenda item, as well through monthly food focus groups. Suggestions made through these forums were noted to have been implemented. Most consumers were eating together in communal areas during the lunch time meal service and were served meals that appeared appetising and of adequate quality and quantity. The meal service appeared to offer a relaxing atmosphere with little distractions, good lighting and spacious seating.

Based on the assessment team’s report, I find requirement (3)(f) in Standard 4 Services and supports for daily living compliant.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

Requirement (3)(d) was found non-compliant following a site audit in May 2023 as effective risk management systems and practices, specifically in relation to managing and preventing incidents and responding to abuse and neglect of consumers were not demonstrated. The assessment team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, providing training to staff on incident reporting/open disclosure, capturing and documenting incidents, the Serious Incident Response Scheme (SIRS), and abuse and neglect of consumers; and introduced paper-based incident forms for staff incidents and to capture consumer to staff incidents.

At the assessment contact in November 2023, effective systems and processes to support the organisation’s management of risk and guide staff in identifying and responding to incidents, clinical risks, SIRS, abuse and neglect of consumers, and supporting consumers to live the best life they can were demonstrated. Staff are supported in the implementation of risk management systems and practices through policy and procedure documents. Staff demonstrated an understanding of risk principles, described strategies and interventions for risk prevention, and were familiar with incident reporting processes.

The assessment team’s report included evidence highlighting irregularities in identification of environmental restraint, risk management policies being currently under review and sampled behaviour support plans not reflecting tailored strategies to aid staff in managing consumers’ behaviours. While I acknowledge the evidence presented, I have considered the evidence is not aligned with the intent of this requirement. I would, however, encourage the provider to consider the evidence and review their processes as they relate to these areas.

Based on the assessment team’s report, I find requirement (3)(d) in Standard 8 Organisational governance compliant.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)