Performance

Report

**1800 951 822**

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| Name of service: | Aurrum Brunswick |
| Service address: | 17 Egginton Street BRUNSWICK WEST VIC 3055 |
| Commission ID: | 3975 |
| Approved provider: | Aurrum Pty Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 13 September 2023 |
| Performance report date: | 19 October 2023 |

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 Aurrum Brunswick (**the service**) has been prepared by N Chahal 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.

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

# Material relied on

The following information has been considered in preparing the 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

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **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 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 |

Findings

Consumers and representatives are satisfied the care being delivered is tailored to meet their needs and preferences in relation to restrictive practices, pain, and wound management. Staff demonstrated knowledge of each consumer’s care needs that align with the consumer's personalised assessed care needs. Documentation including behaviour support plans included evidence of informed consent, personalised mitigation strategies, and regular review and monitoring of the use of restrictive practices through a multidisciplinary approach. Care planning documents demonstrated consumers’ wound care and pain are effectively assessed and managed to meet consumers individual needs. The service has policies to guide staff on best practices for all clinical areas.

In relation to the management of weight loss and fluid restriction, representatives are satisfied with the strategies implemented by the service for consumers at risk. Staff demonstrated an understanding of contributing factors of weight loss and outlined processes to monitor the weight loss and fluid restriction for consumers. Documentation including daily charting, assessments, and care plans outlined consumer risks and individualised needs in relation to the management of weight loss.

Based on the available evidence, I find Requirement 3(3)(a) is Compliant.

# 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 confirmed satisfaction with the quality, quantity, and availability of meals at the service. Staff discussed service improvements relating to the presentation of meals including textured modified meals. Staff outlined the process to present consumers with plated meals to inform their choices. Management said the organisation is undertaking ongoing improvements in relation to consumers dining experience including a site-level review of staffing in the kitchen, a review of the menu in consultation with the consumers, and the involvement of a dietician. The organisation has policies and procedures to guide catering management and staff to ensure consumers are receiving nutrition and hydration in accordance with their personal requirements. Documentation including care plans and dietary folder demonstrated that staff are updated when a consumer's dietary needs change and the input of a dietitian and speech pathologist is followed. The Assessment Team observed that consumers were provided with choices during mealtimes.

Based on the available evidence, I find Requirement 4(3)(f) is 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 |

Findings

Consumers and representatives are satisfied with the availability of staff and confirmed that staff are responsive to their care needs. Staff from different roles confirmed there are sufficient staffing levels at the service to perform their duties and added that during unexpected leave, staff support each other to ensure that consumer care is not impacted. Management outlined that the service backfills vacant shifts with the use of casual, part-time, and permanent staff and does not employ agency staff. Management discussed that the mix of staff is evaluated in consultation with the organisational management to align with the occupancy levels of the service. The service analyses the call bell response times outside the service benchmark and undertakes investigations and discussions with staff to ensure no reoccurrence. Documentation including the current working roster and allocation sheets outlined that the service has no vacant shifts and staff are allocated evenly across the service.

Based on the available evidence, I find Requirement 7(3)(a) is Compliant.

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