Performance

Report

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| Name of service: | Aurrum Erina |
| Service address: | 351 Terrigal Drive ERINA NSW 2250 |
| Commission ID: | 0572 |
| Approved provider: | Aurrum Pty Limited |
| Activity type: | Site Audit |
| Activity date: | 22 May 2023 to 25 May 2023 |
| Performance report date: | 23 June 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 Erina (**the service**) has been prepared by D. McDonald 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 Site Audit; the Site Audit 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 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers and representatives said consumers were treated with dignity, respect and felt valued. Staff were knowledgeable of consumers’ backgrounds and preferences relating to personal care and lifestyle interests. Care documentation reflected consumers’ personal histories and strategies to provide tailored and dignified care.

Consumers said their cultural backgrounds informed care and services. Staff were familiar with consumers from culturally and linguistically diverse backgrounds and tailored care and services, accordingly, including dietary preferences. Care documentation reflected consumers’ culturally diverse needs and preferences.

Consumers and representatives said they could make choices regarding consumers’ care and services. Staff described what was important to consumers and supporting them to maintain relationships at the service and with family. Care documentation reflected consumers’ decisions regarding care and identified the relationships they wished to maintain.

Consumers gave positive feedback regarding the support provided if they wished to take risks. Staff confirmed assessing consumers wishing to take risks, ensuring they understood benefits and potential harms. Care documentation reflected risk assessments, discussion with consumers, agreements and mitigation strategies.

Consumers and representatives confirmed they received timely information which they could understand. Management said consumers were informed through regular discussion, emails, meetings, newsletters and an activity calendar. The daily menu was displayed on a blackboard, and staff confirmed audio books were provided by a local library for visually impaired consumers.

Consumers said their privacy was respected and their personal information kept confidential. Staff confirmed they knocked on doors, awaited consent to enter and care was provided behind closed doors. Management said staff participated in privacy and dignity training. Consumer information was secured in the service’s password protected electronic care management system.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | 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. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | 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. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | 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. | Compliant |

Findings

Consumers and representatives confirmed risks to consumers are identified through assessment processes. Staff demonstrated knowledge of assessment and care planning processes and described how these supported the minimisation of risk to consumers. Staff were guided by policies and procedures regarding care assessment and planning.

Consumers, representatives and staff confirmed care plans detailed consumers’ needs and preferences, including end of life wishes. Care documentation reviewed was individualised to each consumer’s needs and reflected their preferences for care. Advance care directives had been reviewed and were consistent with consumer feedback.

Consumers and representatives confirmed they provided input to assessment and planning of through case conferences. Staff confirmed regularly consulting consumers and representatives throughout the assessment and planning processes. Care documentation evidenced a multidisciplinary approach to care.

Consumers and representatives confirmed they understood the content of consumer care plans and were offered copies. Staff described updating consumers and representatives regarding care outcomes and care documentation was observed to be readily available.

Consumers and representatives said staff regularly reviewed consumer care needs and provided updates regarding any changes. Staff confirmed care plans were reviewed every 3 months or following changes or incidents. Documentation evidenced appropriate review of care in response to changing consumer needs.

# 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 |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | 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. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | 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. | Compliant |

Findings

Consumers and representatives said their personal and clinical care which delivered in line with consumers’ preferences and needs. Care documentation evidenced consumers were receiving care that was safe, effective, tailored to needs and preferences and developed in consultation with allied health professionals, including for restrictive practices.

Consumers and representatives gave positive feedback regarding management of high-impact and high-prevalence risks. Staff were knowledgeable of individual consumer risks, including falls, weight management and pressure injuries. Care documentation reflected responsive clinical and environmental mitigation strategies were implemented in response to risks.

Staff said they ensured consumer comfort during the palliative process and care documentation for a recently passed consumer confirmed the consumer’s comfort and dignity was maintained by the service. Staff were trained and guided by palliative care policies outlining best practice procedures.

Consumers and representatives said staff promptly recognised and responded to deterioration in a consumer’s condition. Care documentation evidenced clinical testing and consultation with allied health professionals occurred appropriately. Staff were guided by policies and procedures to recognise and respond to consumer deterioration.

Staff were observed exchanging and documenting consumer information during a daily handover. Consumers and representatives said staff communicated information effectively. Care documentation evidenced changes to consumers’ personal and clinical care were captured.

Consumers and representatives gave positive feedback regarding the service’s referral process to specialised individuals and services. Staff were knowledgeable of referral pathways and care documentation reflected referrals were made to a range of allied health professionals, including medical officers, dieticians and podiatrists.

Staff described strategies to minimise the risk of infections, confirmed participating in relevant training and were observed using personal protective equipment. Staff were guided by an Infection Prevention Control lead who oversaw the outbreak management plan and visitors underwent infection screening prior to entry.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers said they were supported to engage in activities of interest which promoted their independence and quality of life. Staff confirmed supporting consumers to decide their level of engagement in activities. Care documentation reflected the services and support required to support individual consumers.

Consumers said the service supported their emotional, spiritual and psychological well-being. Staff described supporting consumers’ preferences by facilitating religious services and consumers were observed to receive visits from religious representatives.

Consumers said they were supported to undertake activities within the service and community, such as gardening, visiting cafes and reading books delivered by a local library. Care documentation reflected consumers’ preferred activities and the need to maintain contact with family. Consumers were observed participating in their preferred activities or leaving the service with family.

Consumers said the service effectively shared information with those involved in their care. Staff were knowledgeable of consumers’ individual care needs and most appropriate responses. Care documentation evidenced up to date information regarding consumers’ needs and preferences.

Consumers and representatives said referrals to other individuals and organisations occurred promptly. Staff described collaborating with other care providers to supplement care and activities and care documentation evidenced collaboration with allied health professionals and specialised support services.

Consumers gave positive feedback regarding the variety, quality and quantity of meals. Staff confirmed, consumer input into the menu via tastings and food specific meetings. The menu was reviewed by a dietician and care documentation evidenced consumers dietary requirements and preferences were known.

Consumers said equipment was safe, suitable, clean and well-maintained. Staff were knowledgeable of processes to clean equipment, request maintenance and ensure risk assessments were performed prior to use of new equipment. Maintenance records evidenced all responsive equipment maintenance was completed.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers and representatives said the service was easy to navigate, supported independence and provided a sense of belonging to consumers. The service environment included multiple functional living spaces, kitchenettes and outdoor alfresco areas. Staff said, and observations confirmed, consumers were encouraged to personalise their rooms.

Consumers and representatives said the service environment was clean, maintained and enabled free movement. Management advised cleaning is provided through a contractual arrangement and monthly audits are completed to monitor cleanliness. Maintenance and cleaning records evidenced tasks were consistently completed.

Consumers and representatives said, and observations confirmed, furniture, fittings, and equipment were safe, clean, and well-maintained. Staff were knowledgeable of processes to clean and maintain furniture and shared equipment. An upgrade to the service environment including furnishings and painting was being completed.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives were aware of processes to provide feedback or make a complaint. Management confirmed they received feedback and complaints through forms, emails and discussions and reported trends to senior management. A survey evidenced all responding consumers understood how to lodge feedback or make a complaint and feedback forms were observed to be available throughout the service.

Consumers and representatives said they were aware of advocacy services and were comfortable raising issues with staff in the first instance. Management confirmed advocacy and translation services could be utilised, and staff described using cue cards to assist multilingual consumers. The consumer handbook and posters displayed provided information regarding advocacy and language services.

Consumers and representatives said staff promptly responded to their complaints, were apologetic when issues arose and worked to resolve their concerns. Staff advised and records confirmed timely management of complaints, including the use of open disclosure.

Consumers and representatives said their feedback and complaints were used to improve care and services. Management described analysing, trending and discussing feedback during consumer meetings. The service’s plan for continuous improvement evidenced complaints were recorded, reviewed and used to inform improvements.

# 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 |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers, representatives and call bell data supported staff promptly provided care to consumers. Staff described the importance of continuity of care and confirmed they were allocated to the same area where possible. Management advised and rostering documentation confirmed shift vacancies were filled through overtime or agency staff.

Consumers and representatives said, and observations confirmed, staff interactions were kind caring, and respectful. Staff could detail consumers’ needs and preferences. Management advised a consumer-centred care philosophy guides respectful engagement and collaboration with consumers.

Consumers and representatives said staff were capable, skilled and consumers felt safe. Management described recruitment processes assist to ensure staff competency and new staff orientation are paired with experienced staff upon commencement. Records confirmed currency of professional registrations and qualifications were monitored.

Staff confirmed participating in orientation, mandatory and elective training and were comfortable to request additional training. An online platform alerted management to any overdue training and staff were surveyed twice yearly to identify training needs. Records reflected training provided in response to incidents.

Management confirmed new staff completed probationary reviews at 6 months with formal appraisals and informal mechanisms used to monitor the ongoing performance of all staff. Records evidenced review of staff performance following incidents and a staff recognition program was in place.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| 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 |
| Requirement 8(3)(e) | 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. | Compliant |

Findings

Consumers and representatives said they were involved in the development and delivery of care and services through meetings, feedback and surveys. Management confirmed consumer input was welcomed, including regarding the current environmental upgrade. Meeting minutes confirmed consumer engagement in the upgrade process and survey data showed all participants said staff listened to their requests and suggestions.

Management described the organisational structure that supported accountability by the governing body. The service routinely advised the governing body of clinical data, and a clinical governance framework provided the service with policies, systems and processes to deliver quality care. Management confirmed board members visited the service to speak directly with consumers and staff.

The service had an established suite of systems and processes to support information management, continuous improvement, financial and workforce governance, regulatory compliance, feedback and complaints. The organisation’s systems and processes complied with relevant legislation and the continuous improvement plan evidenced actions taken in response to feedback and complaints.

A systematic approach was used to manage high-impact and high-prevalence risks to identify, report, escalate and review risks or incidents to improve care delivery. Staff knew how to identify and respond to consumer abuse or neglect, and their responsibility to report serious incidents. Records evidenced serious incidents had been managed in line with legislative requirements and a high proportion of staff had completed serious incident training.

Staff were knowledgeable of antimicrobial stewardship, using restrictive practices as a last resort, and the principles of open disclosure. Care documentation evidenced strategies and alternative measures to minimise the use of restrictive practices. Frameworks, policies and guidelines assisted staff to maintain best practice.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)