Performance

Report

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| Name of service: | Aurrum Healesville |
| Service address: | 27 Smith Street Healesville VIC 3777 |
| Commission ID: | 3943 |
| Approved provider: | Aurrum Pty Limited |
| Activity type: | Site Audit |
| Activity date: | 7 September 2022 to 9 September 2022 |
| Performance report date: | 14 October 2022 |

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 Healesville (**the service**) has been prepared by Kathryn Spurrell, 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.
* other information and intelligence held by the Commission in relation to the service.

# 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 considered that staff treat them with dignity and respect and provide care in line with their cultural preferences, values, and beliefs. Staff described how they treat consumers with respect and how consumers’ cultural background influence their care and services.

Consumers described how they are supported to exercise choice and independence and to make decisions about the care and services they receive. Care planning documentation contained information about consumers’ preferences for care and services, how the service supports them in maintaining relationships, and when others should be involved in decisions about consumers’ care.

Consumers and staff described how consumers are supported by the service to take risks and live the best life the can. Care planning documentation evidenced examples of consumers being supported to take risks and appropriate risks assessments being completed.

Consumers and representatives confirmed they receive information that is current, accurate and timely, which is communicated clearly and enables them to exercise choice. Staff confirmed consumers are provided information to assist them to make decisions about the things they would like to do through information displayed on noticeboards, activity calendars, newsletters and consumer meetings.

Staff described the practical ways they respect the privacy of consumers, such as knocking on consumers’ doors prior to entering, maintaining consumer privacy when providing cares and using passwords to access consumers’ personal information on the electronic case management system. Consumers and representatives confirmed that they feel their privacy is respected.

# 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

Care planning documentation demonstrated assessment and care panning is completed and informs the delivery of safe and effective care and services and includes an individual consideration of risks. Consumers confirmed satisfaction with the planning and assessment process and the care they receive.

Care planning documentation reflected individual consumers’ current needs and preferences and included advanced care and end of life planning. Consumers and representatives confirmed staff involve them in assessment and planning and confirmed the service discussed and documented consumers’ end of life preferences.

Care planning documentation reflected input from consumers, representatives, and other organisations and services including health professionals. Consumers and representatives confirmed they are involved in the assessment and care planning process and have access to care planning documents.

Consumers and representatives confirmed care and services are reviewed regularly and following a change to a consumer’s condition or needs. The Assessment Team observed all consumers’ care plans have been reviewed within three months of the site audit.

# 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 confirmed they receive personal and clinical care that is safe and optimises their health and wellbeing. Care planning documentation demonstrated consumers are receiving individualised care which is safe, effective, and tailored to consumers’ specific needs and preferences.

Staff described the principles associated with managing high impact and high prevalence risks and the risks associated with the care of consumers, and risk mitigation strategies are reflected in their care planning documentation.

Care planning documentation recorded the needs, goals and preferences for consumers nearing the end of their life and provide guidance to staff to ensure consumers’ comfort and dignity. A named consumer who was actively palliating at the time of the site audit confirmed the service has spoken to them, the medical officer and representative in relation to their end-of-life preferences.

Deterioration and changes in consumers’ health or condition were identified quickly and responded to in a timely manner. This was evident in care planning documentation reviewed by the Assessment Team.

Consumers and representatives expressed satisfaction with how information is communicated and with referrals to other health professionals when required. Care planning documentation identified communication with representatives, medical officers and other allied health professionals where a clinical incident occurred or where there was a change in consumers’ condition or needs.

Staff demonstrated a shared knowledge of infection control practices and antimicrobial stewardship and described standard and transmission-based infection control precautions and strategies to minimise and optimise antibiotic use. The service presented a memorandum of understanding that visiting medical officers adopt practices to promote appropriate antibiotic prescribing.

# 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 reported that they receive supports for daily living that meet their needs, goals and preferences and optimise their independence, health and well-being and quality of life. Care planning documentation identified consumers’ individual needs, goals and preferences and staff demonstrated an understanding of these.

Consumers expressed satisfaction with the services and supports available to support consumers’ emotional, spiritual and psychological well-being. Staff were able to describe how consumers’ emotional and spiritual well-being are supported and these preferences and strategies were reflected in consumers’ care planning documentation.

The service encourages and supports each consumer to do things of interest to them, have social and personal relationships and participate in their community. Consumers confirmed they are supported to participate in activities of interest to them, both inside and outside the service.

Consumers indicated changes to their condition, needs and preferences are effectively communicated within the organisation and with others responsible for care or services. Staff described how changes to consumers’ care and services are communicated through handover processes, emails and the electronic case management system.

The service demonstrated timely and appropriate referrals of consumers to other organisations, individuals and providers of other care and services. Care planning documentation demonstrated effective collaboration with external providers to support the needs of consumers.

Most consumers expressed satisfaction with the quality and quantity of meals. The Assessment Team observed the menu contains a choice of a variety of food which changes daily.

The Assessment Team observed equipment used was safe, suitable, clean and well maintained. Consumers confirmed the equipment was clean and suitable for their needs and said they felt safe when it is used.

# 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

The service environment was welcoming and easy to navigate and optimises consumers’ sense of belonging. Consumers felt comfortable in the service, and the Assessment Team observed consumers’ rooms were personalised with furniture and décor of their choice.

Consumers reported the service environment was safe, clean, well-maintained and comfortable, and that they are able to freely move around the service, both indoors and outdoors. The Assessment Team observed the service environment to be safe, clean and well-maintained and reported management was responsive to any concerns raised during the site audit.

Furniture, fittings and equipment within the service were observed to be safe, clean, and well-maintained. The review of the monthly audit and workplace safety inspection and maintenance logs demonstrated maintenance was conducted in a timely manner. Consumers confirmed the furniture, fittings and equipment are safe and suitable for their needs.

# 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 knew how to raise feedback or make complaints and felt supported to do so. Staff explained how the encourage and support consumers and representatives to provide feedback or make complaints.

The service communicated advocacy, language, and external complaints pathways to consumers and representatives through written materials and during consumer and representative meetings.

Consumers and representatives confirmed the service takes appropriate action in a prompt and open and transparent manner. The service’s complaints register demonstrated the use of open disclosure and the timely management of complaints.

Management advised how feedback and complaints are used to improve the quality of care and services, including the inclusion of any trends in feedback or complaints in the services’ plan for continuous improvement (PCI). Consumers and representatives expressed that feedback and complaints are used to improve the quality of care and services. Staff and consumers provided examples of improvements made to care and services as a result of feedback and complaints.

# 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 and representatives said the service employs sufficiently skilled staff to provide the care and services consumers require. Consumers and representatives described staff interactions as kind, caring and respectful.

Consumers and representatives expressed that staff are sufficiently skilled to provide safe and effective care and services. The service demonstrated that appropriate qualifications, registrations, and competencies are monitored, and staff are guided by standard operating procedures when undertaking specific tasks.

The service demonstrated the outcomes required by the Quality Standards are delivered by a workforce which is adequately recruited, trained and supported through an onboarding process which includes police checks, mandatory training and buddy shifts and a robust ongoing training schedule.

The service regularly assesses, monitors and reviews staff performance through observations, completion of mandatory training and competencies and annual performance appraisals.

# 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 expressed that the service is run well, and they have a say in the development, delivery and evaluation of care and services. Consumers and representatives are encouraged to be involved in the monthly consumer and representative meetings, and participate in the monthly consumer experience surveys, which management advised may be included in the service’s plan for continuous improvement.

The governing body promotes a culture that is safe, inclusive with quality care, is accountable for delivery, and maintains oversight through a governance framework consisting of policies and procedures, regular clinical and clinical governance committee meetings and monthly reports regarding infection control, serious incidents, feedback and complaints, audit results, restrictive practices and high impact and high prevalence risks.

The service has governance systems to support effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service provided a documented risk management framework, including policies describing how high impact or high prevalence risks associated with the care of consumers are managed and the reporting of incidents. The service demonstrated there was a clinical governance framework in place, which included antimicrobial stewardship, minimising the use of restraint and open disclosure.

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)