Performance

Report

**1800 951 822**

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| Name: | Aurrum Norah Head |
| Commission ID: | 0234 |
| Address: | 60 Soldiers Point Drive, NORAH HEAD, New South Wales, 2263 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 12 October 2023 |
| Performance report date: | 23 November 2023 |
| Service included in this assessment: | Provider: 6860 Aurrum Pty Limited  Service: 250 Aurrum Norah Head |

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 Norah Head (**the service**) has been prepared by Therese Solomon, 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 (performance assessment) – 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 team’s report received 21 November 2023.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not Compliant |
| **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

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

Requirement 1(3)(a)

* Ensure consumers are treated with dignity and respect, with their identify, culture and diversity valued.
* Ensure consumer choice is respected while maintaining duty of care in relation to consumer care and services.

# 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. | Not Compliant |

Findings

The service did not demonstrate that each consumer is treated with dignity and respect, with their identity, culture and diversity valued. There was mixed feedback from consumers and/or representatives relating to consumers being treated with dignity and respect. Most staff were observed to treat consumers with dignity and respect, however The Assessment Team observed instances where staff practices and interactions with some consumers were not respectful of each consumer’s choice, cultural identity, and their dignity in the provision of their care and services was not being maintained.

Staff were able to demonstrate a knowledge and understanding of consumers. They spoke in a respectful manner when describing the actions they take in maintaining a consumer’s dignity during personal care. Staff reported they knock before entering rooms, that the door and blinds are closed prior to commencing care and by respecting the consumer’s wishes when assisting them.

The Approved Provider responded with additional documentation and a comprehensive plan for continuous improvement containing actions to address the identified non-compliance.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 1(3)(a) is found Non-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

Requirement 7(3)(a) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

Consumers and/or representatives stated staff are meeting the care needs of consumers, with adequate staffing levels and call bells being answered within a reasonable time. However, staff felt there is not enough staff, and they expressed their concern the impact of short staffing has on the consumers. Management explained the process for monitoring the care needs of consumers to determine the number and mix of staff to deliver the care required. They described ways they ensure the workforce is maintained to provide safe and quality care.

The Assessment Team observed staff not to be rushing around and were able to assist consumers at a pace that was suitable for them. The feedback from some staff and the information observed in the roster, was discussed with the management team who acknowledged that the service has, on occasion, had difficulty filling unexpected staff leave, and with retaining staff. Management has implemented strategies to manage the identified shortfalls with staffing at the service.

Additional Information regarding Requirement 3(3)(g)

This Requirement was not assessed during the Assessment Contact on 12 October 2023. However, during the assessment of other Requirements the Assessment Team identified deficiencies with the understanding of environmental restrictive practice and with the management of psychotropic medication. This information was brought to the attention of and discussed with the organisation and services management team, as additional information and for their consideration.

For consumers with changed behaviours care and service documentation showed they had a behaviour support plan in place. However, information captured within the behaviour support plans were generic, some behaviours exhibited were not documented, triggers and strategies to manage changed behaviours were not included. Behaviour support plans were not reviewed when circumstances changed, and consumers with changes in their behaviour were not comprehensively assessed and appropriate strategies were not implemented. Behaviour monitoring chart documentation and detailed evaluations were not always completed, and referrals to Dementia Support Australia were not consistently implemented.

The service did not demonstrate a comprehensive understanding of restrictive practice, specifically related to environmental restraint and chemical restraint.

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)