Performance

Report

1800 951 822

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Performance report date: |
| Aurrum Plenty | 20 September 2022 |
| Commission ID: | Activity type: |
| 4569 | Site audit |
| Approved provider: | Activity date: |
| Aurrum Pty Limited | 16 August 2022 to 18 August 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 Arrum Plenty (**the service**) has been considered by Melissa Frost, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | | Compliant |
| 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 said they are treated with dignity and respect and their needs, culture and identity is valued. The service tailors care delivery based on consumers’ unique cultural identities and preferences. Care planning documents reflect what is important to consumers. Staff were observed treating consumers with dignity and respect, including when assisting consumers with their meals.

Consumers said they are supported to exercise choice and independence regarding how their care and services are delivered, involve their desired people in care and to maintain connections. Staff assist consumers to make choices to achieve their goals.

Consumers said they are supported to take risks to live the best life they can. Staff described how they support consumers to understand risk. Care plans contain strategies to minimise harm.

Consumers said they receive suitable information to make decisions about activities, meals and events. Current events and activities are circulated to consumers via newsletters, posters, flyers and noticeboards. Staff also notify consumers of relevant information through announcements and visiting rooms.

Consumers said their privacy and confidentiality is respected. Staff were observed knocking on consumers’ doors prior to entry and maintaining consumers’ privacy. Consumers’ confidential information is secured and restricted to relevant staff.

# Standard 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | | Compliant |
| 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

Assessment and planning occurs on entry to inform delivery of safe and effective services, with consideration of relevant risks to consumers. Care plans were observed to be individualised and reflected consumers’ goals, needs and preferences. Advance care and end of life planning is included in care planning documents, where the consumer wishes.

Consumers and their representatives said they are involved in the care planning process and can access copies of care plans. Care plans reflect recommendations and reviews from relevant providers, including medical officers, allied health professionals and other services.

Care plans are reviewed every 3 months according to a schedule. Care documents reflected additional reviews are completed when incidents occur or consumers’ needs change.

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | | Compliant |
| 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 their representatives said consumers receive safe and effective personal and clinical care that is tailored and optimises their health and wellbeing. Care planning documents evidenced the service manages falls, pain, specialised nursing care and psychotropic medication.

Staff described strategies used to minimise high impact or high prevalence risks for consumers, including weight loss, consistent with care planning information. The service has policies to guide staff practice.

Care planning documents showed consumers’ end of life needs and preferences were met and their comfort was maximised, with staff responding in a timely manner and supporting visitors.

Staff identify change or deterioration in consumers’ condition and communicate changes through handover, progress notes, reviews, incident reports and charting. Staff update representatives of changes and refer to external health providers as needed.

Information regarding consumers’ needs and condition is consistently shared between staff, including via handover. Information is documented in the service’s care management system, including notes from other health professionals.

Consumers and their representatives said timely referrals are made to other providers. Recommendations and directives are included in care planning documents.

Staff demonstrated how they minimise infection related risks and had a shared understanding of the service’s procedures for infection control and minimising the use of antibiotics.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | | Compliant |
| 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 are supported to engage in activities of interest to them and are provided with relevant support to promote the independence and well-being. The service tailors activities for consumers’ needs and ability.

Consumers said staff spend one-on-one time with them to support their well-being. Staff demonstrated how they access consumers’ care plans, which reflect individualised strategies.

Consumers said they are supported to maintain contact with family and friends, and participate in community activities both inside and outside the service. They said staff inform them of activities of interest. Consumers were observed engaging in activities, with staff engaging consumers in an encouraging manner.

Information about consumers’ dietary and lifestyle preferences, and additional support they receive is reflected in care planning documents. Staff share information on consumers at handover and with other service providers when required.

Referrals are made to other services and providers to optimise consumers’ well-being. Activities are supplemented by external organisations.

Consumers said they were satisfied with the quality, quantity and variety of meals provided. Consumers influence the menu and give regular feedback through monthly food focus meetings.

Consumers felt safe when using equipment and said they can raise maintenance and cleaning requests, though items were observed to be clean and well maintained. Staff clean shared equipment and promptly attend to maintenance.

# Standard 5

|  |  |  |
| --- | --- | --- |
| Organisation’s service environment | | Compliant |
| 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 observed to be welcoming with sufficient light and handrails to support consumers to move independently. Consumers said they feel comfortable and can freely navigate around the surroundings. There are dining and café areas for consumers to enjoy and walkways were observed to be free of obstructions and hazards.

Consumers said the environment is safe, well-maintained and comfortable. They said overall the environment allows them to be independent. Regular cleaning occurs and consumers were satisfied with cleanliness of their rooms.

Furniture, fittings, and equipment were observed to be safe, clean, and suitable. Regular maintenance and safety checks are completed according to a schedule, or in response to reports raised by consumers and staff.

# Standard 6

|  |  |  |
| --- | --- | --- |
| Feedback and complaints | | Compliant |
| 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 said they are encouraged to provide feedback and know how to lodge a complaint and are comfortable to do so, including approaching staff for assistance. Staff described how they support consumer feedback through daily handovers and consumer meetings. Feedback forms and collection boxes are located throughout the service.

Consumers are aware of advocacy, language and external complaint services. Staff explained how they support consumers to make complaints if language or advocacy services are required. Information regarding advocacy and external complaint services and language support was displayed throughout the service.

Consumers and representatives said appropriate action is taken in response to their feedback and complaints, apologies are given and improvements are made. The service’s complaints register also reflected open disclosure is used and timely resolution occurs.

Staff described how they review and analyse feedback and complaints information to inform continuous improvements to the quality of care and services. Staff gave examples of improvements such as staff rostering and meal variety.

# Standard 7

|  |  |  |
| --- | --- | --- |
| Human resources | | Compliant |
| 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

Overall consumers and staff considered rostering allows for sufficient staff to provide safe and quality care. Some staff and consumers reported delays in response times though no significant impact was noted. Management described initiatives being implemented to address the feedback and improve rostering, and meeting minutes reflected open communication with consumers regarding their concerns. Call bell data reflected consumers generally receive prompt responses.

Consumers and their representatives said staff are kind, caring and respectful. Staff were observed respecting consumers’ identity.

Position descriptions are in place for each role, that outline responsibilities, requirements and qualifications. The organisation has systems to verify credentials and monitor staff competency, including agency staff.

The service monitors staff training completion, including for mandatory training. Staff described relevant training they received.

Staff performance is measured through scheduled annual performance appraisals, with records showing all staff appraisals are up to date. Staff said they are supported to identify additional training and development.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | | Compliant |
| 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 their representatives said the service is well run and they are engaged in the development and delivery of care and services. Engagement occurs through monthly meetings, feedback forms and a consumer acts as an advocate to give daily feedback.

The governing body promotes a culture of quality care and is accountable through engaging with the service, consumers, representatives and staff to monitor care and service delivery. This includes visits to the service by representatives of the organisation and Board members. Management gave examples of how inclusive care is delivered for consumers. Information is communicated to the service regularly through meetings, newsletters and training.

The service has effective governance systems relating to information management, financial and workforce governance. Continuous improvement occurs, incorporating data gathered from audit reports, complaints and surveys. Regulatory compliance is maintained by the organisation and relevant information is communicated to staff via training and meetings.

The service has a documented risk management framework. Staff described how they identify and manage high impact and high prevalence risks and support consumers to live their best lives. Processes and procedures are in place to prevent, report and manage incidents.

Staff have received training in the service’s clinical governance framework, and described how they promote antimicrobial stewardship, minimise the use of restrictive practices and apply 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-2)