Performance

Report

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| Name: | Aurrum Plenty |
| Commission ID: | 4569 |
| Address: | 321-327 Diamond Creek Road, PLENTY, Victoria, 3090 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 12 October 2023 |
| Performance report date: | 20 November 2023 |
| Service included in this assessment: | Provider: 6860 Aurrum Pty Limited  Service: 8029 Aurrum Plenty |

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 Plenty (**the service**) has been prepared by M Nicholas, 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.

# 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 their representatives expressed satisfaction with clinical and personal care received, indicating that care optimises consumer wellbeing and meets their needs and preferences. A review of consumer care documentation demonstrated individualised strategies to manage restrictive practice, skin integrity and wounds. Staff demonstrated knowledge of consumer care needs and interventions to provide effective personal and clinical care. Management described processes and systems to optimise consumer health and wellbeing.

Consumer care documentation indicated individualised behaviour support plans, informed consent, and detailed information in relation to restrictive practices. The Assessment Team noted appropriate processes to monitor and review the use of psychotropic medication for each consumer in consultation with their medical practitioner and representative. Consumer representatives indicated they are kept informed and are satisfied with the management of psychotropic medications. Individualised strategies implemented in care documentation were reflective of examples provided by staff.

A review of pain documentation indicated validated assessment tools, pain charting, best practice interventions, reassessment and monitoring processes were implemented to manage consumer pain. Staff demonstrated an understanding of pain assessment and evaluation processes following administration of PRN medications which was consistent with best practice guidelines.

Wound care documentation indicated consumers’ wounds are attended as per schedule and managed effectively, however, inconsistencies noted in uploading wound progress photographs. Management discussed the organisation’s policy in relation to acute and chronic wounds and advised they would provide clinical oversight to ensure consistency with the policy. Clinical staff described wound regimes, skin integrity assessment processes and individualised risk management strategies.

The service demonstrated tailored, best practice care in relation to falls, high risk medicines and changes to consumer health and wellbeing. The Assessment Team noted consumer care documentation did not demonstrate assessment, planning, monitoring, or review following an individualised mobility intervention being implemented by an allied health professional. Management indicated they will undertake a holistic review in conjunction with the allied health professional to ensure assessment and planning informs safe delivery of care. Management advised they are undertaking a review of relevant policies and procedures.

With consideration to the available information summarised above, I find the service compliant with requirement 3(3)(a).

# 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 |

Findings

Consumers expressed the services provided are safe, effective and support them to optimise their independence, health, and wellbeing. Lifestyle staff discussed consumers are supported to engage in activities to improve their quality of life. Social and lifestyle care plans are individualised with activity attendance records maintained. The service develops a calendar of group activities based on consumer preferences with individual support provided for consumers who do not wish to participate in group activities.

The Assessment Team observed consumers engaging in a variety of social, leisure and lifestyle activities with support provided to maintain their abilities and function, where possible. Consumers were provided a choice of activities for the following month during the resident and relative meeting. The Assessment Team noted evaluation of activities occurs through meetings, surveys, verbal feedback and monitoring feedback.

Staff discussed how they tailor delivery of services and supports of daily living to meet individual consumer needs, goals, and preferences including for consumers requiring emotional support. Management described how consumers are involved in deciding how services and support are provided through verbal feedback and a voting system.

With consideration to the available information summarised above, I find the service compliant with requirement 4(3)(a).

# 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

Most consumers and their representatives expressed satisfaction with staffing levels and call bell response times. All clinical staff and most care staff indicated staffing levels and rostering processes were appropriate and well managed. The Assessment Team observed call bells were responded to in a timely manner during the assessment contact.

Management described the service’s workforce planning process to enable the delivery of safe and quality care and services to consumers. A review of rostering documentation indicated no vacancies on the master roster with the working roster highlighting a suitable mix of clinical, care and lifestyle staff. Management indicated the service’s process for managing unplanned leave with a preference to use casual and full-time staff to fill shifts due to their knowledge and familiarity with consumers. Management outlined strategies they have implemented to support consumer and staff wellbeing.

With consideration to the available information summarised above, I find the service compliant with requirement 7(3)(a).

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)