Performance

Report

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| Name of service: | Aurrum Reservoir |
| Service address: | 1 Aberdeen Street RESERVOIR VIC 3073 |
| Commission ID: | 3647 |
| Approved provider: | Aurrum Pty Limited |
| Activity type: | Site Audit |
| Activity date: | 21 February 2023 to 23 February 2023 |
| Performance report date: | 6 April 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 Reservoir (**the service**) has been prepared by A. Douglas, 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 described how they were treated with dignity and respect, and confirmed their identity, culture and diversity was valued. The Assessment Team observed staff treating consumers with kindness and demonstrated an understanding of consumers’ choices and preferences.

Consumers and representatives said the service delivered culturally safe care and services. The Assessment Team sighted the service’s activity calendar which included various culturally significant activities.

Consumers and representatives were satisfied they were supported to exercise choice and independence, had the ability to make their own decisions and maintain personal relationships. Staff described how they collaborated with consumers to maintain relationships with their families and ensure frequent communications between these parties.

The Assessment Team noted risk assessments were completed to ensure consumers and representatives understood the potential risks when engaging in certain activities as well as the associated risk mitigation strategies. Consumers and representatives confirmed they were supported by staff to take risks and live the best life they can.

The Assessment Team observed information was displayed in a clear and easy to understand manner on noticeboards throughout the service. Staff outlined how they supported consumers and representatives to make informed choices about the care and services they received.

Consumers and representatives said the service respected their privacy and kept their personal information confidential. Staff said they knocked on consumers’ doors and awaited a response prior to entering, and ensured doors were kept closed when providing care and services.

# 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 expressed satisfaction with the assessment and care planning processes. Care planning documentation included a consideration of risks to the consumer’s health and well-being.

Consumers and representatives indicated the assessment and planning processes met their current needs, goals and preferences, and confirmed discussions were held with them regarding end of life care. Care planning documentation was individualised to each consumer’s needs and preferences.

Staff reported ongoing communication with consumers and their representatives to ensure they were involved in the care planning and review process. Care planning documentation demonstrated consumers and representatives were consulted throughout assessment and care planning and, when required, staff sought input from health professionals.

Consumers and representatives confirmed the outcomes of assessment and planning were communicated to them and they could access consumer care plans upon request. Staff confirmed they could access consumers’ care documents via the service’s electronic care management system.

Consumers and representatives indicated staff regularly reviewed their care and services and provided them with an opportunity to discuss their feedback and make changes to their documented preferences. Care planning documentation evidenced the service reviewed care plans on a 3 monthly basis.

# 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 consumers received safe and effective care that was best practice, tailored to their needs and optimised their health and well-being. Staff consistently reported they had access to senior clinical staff to receive support and guidance in relation to best practice care and processes, or to discuss changes in the consumer’s care needs.

Consumers and representatives felt that high impact or high prevalence risks, such as falls, weight loss, skin integrity and pain were effectively managed by the service. Care planning documentation demonstrated that high impact and high prevalence risks were identified and strategies were implemented to effectively manage the risk.

The service demonstrated consumers who were nearing end of life had their dignity preserved and care was provided in accordance with their needs and preferences. A review of care planning documentation by the Assessment Team evidenced staff responded to palliating consumers in a timely manner and regularly provided communication to representatives.

Consumers and representatives said deterioration or changes in consumers’ health was recognised and responded to in a timely manner. The service utilised several avenues to identify changes, including handover, progress notes, scheduled reviews, incident reports and clinical charting.

Consumers and representatives said their care needs and preferences were effectively communicated between their representatives and staff and they received the care they needed. A review of care planning documentation demonstrated information was communicated and documented within the service.

The service had policies and procedures to inform staff practice in relation to internal and external referrals. Care planning documentation demonstrated timely referrals to medical officers, allied health professionals and other providers of care and services.

Consumers provided positive feedback regarding the service’s processes to ensure infection-related risks were minimised. The service had a range of policies and procedures which underpinned their infection prevention processes, including a COVID-19 outbreak management plan.

# 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 and representatives outlined how the service provided services and supports that met their needs, goals and preferences and enabled them to maintain their independence and quality of life. The Assessment Team observed a number of activities being led by lifestyle staff with consumers actively engaged.

Consumers and representatives said their spiritual, emotional, and psychological wellbeing was supported by the service. Care planning documentation was consistent with information received from consumers and representatives and described how the service provided supports for consumers.

Consumers felt the service assisted them to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and do things of interest to them. Staff said consumers were encouraged and assisted to call their families and maintain personal relationships.

Consumers and representatives indicated information regarding their daily living choices and preferences was effectively communicated to staff and others where responsibility for care was shared. Staff advised information about consumers’ conditions, needs and preferences was shared via the handover process.

Staff outlined the external organisations involved in the provision of lifestyle services and supports for consumers. Consumers and representatives confirmed they received timely and appropriate referrals to external organisations, individuals and providers of care and services.

The Assessment Team observed meals and drinks were served in accordance with consumers’ dietary needs and preferences, including texture-modified meals and high energy, high protein meals and drinks. Management advised the menu will be redesigned in consultation with the new head chef, consumers and representatives.

Consumers and representatives stated the equipment provided was safe, suitable, clean and well maintained. Staff confirmed all of the service’s equipment was well maintained and were aware of how to lodge maintenance requests.

# 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 Assessment Team noted the service was designed in a manner which optimised each consumer’s sense of belonging and promoted social interactions. The service had a floor evacuation plan displayed, and signage to support consumers and representatives to navigate the service.

Consumers and representatives advised the service environment was safe, clean, well maintained, and allowed consumers to move freely both indoors and outdoors. The Assessment Team observed ramps were placed throughout the service to promote the movement of consumers that utilised wheelchairs and mobility aids.

Consumers and representatives indicated that furniture, fittings and equipment at the service were safe, clean and well maintained. The Assessment Team confirmed all maintenance items were followed up in a timely manner and there were no items left outstanding.

# 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

A review of the service’s complaints register evidenced that consumers, representatives and staff were encouraged to provide their feedback and complaints to the service. The Assessment Team observed posters in various languages displayed throughout the service which encouraged and supported consumers and their representatives to provide their feedback to the service.

The service had a feedback and complaint policy in place which described the various feedback mechanisms available as well as the standard practice to record all feedback received. Consumers and representatives were aware of the service’s feedback mechanisms and expressed confidence in the availability of these mechanisms to provide their feedback and complaints.

Management and staff demonstrated an understanding of the open disclosure process and advised they would apologise to a consumer in the event something went wrong. Consumers and representatives were confident in the service’s ability to receive feedback and complaints and take appropriate action to resolve issues.

The Assessment Team confirmed feedback received during consumer and representative meetings informed continuous improvement actions and was used to improve the quality of care and services. Staff described how feedback and complaints have resulted in care and service 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

Management advised they ensured staff on sick leave and annual leave were temporarily replaced to ensure continuity of care for consumers, and indicated 3 new care staff members were recently employed. Consumers, representatives and staff reported there were generally ample staffing numbers to support consumers’ care needs.

The Assessment Team observed staff engaging with consumers and their family members in a respectful and personable manner, using their preferred names. Consumers and representatives confirmed staff engaged with consumers in a respectful, kind and caring manner.

Consumers and representatives expressed confidence with the ability of staff to perform their roles and meet the consumer’s care needs. Staff advised they were well supported by extensive mandatory trainings that occurred during induction and on an annual basis.

The service demonstrated staff were recruited, trained, and equipped to support and deliver care and services in line with the Quality Standards. Staff demonstrated an understanding of restrictive practices, incident management, the Serious Incident Response Scheme and open disclosure, and how these practices applied to the delivery of care and services.

Management advised staff competency was regularly assessed in line with scheduled annual trainings, and the service reviewed and analysed internal audit results and clinical data to monitor staff practice and competencies. The service had a range of documented policies and procedures which guided the monitoring of staff performance and the management of staff performance when issues were identified.

# 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 considered the service was well run and explained they were actively involved in the development, delivery and evaluation of care and services. The service had effective systems in place to engage and support consumers in the development, delivery and evaluation of care and services.

Management discussed a range of strategies when describing how the governing body promoted a culture of safe, inclusive, and quality care and services. Staff described how clinical indicators, quality initiatives and incidents were discussed during handover.

There were organisation wide governance systems to support effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management. The Assessment Team noted results from surveys and audits, incident reporting, data and trend analysis and feedback from consumers and other stakeholders was captured in the service’s continuous improvement log.

Staff were able to describe how the policies and procedures in place aimed to minimise risks to consumers including falls, infection prevention, minimising the use of restrictive practices, and reporting of incidents. Consumers and representatives stated they were supported to live the best life they can.

The service demonstrated it had a clinical governance framework and supporting policies in place which addressed antimicrobial stewardship, minimising the use of restraint and open disclosure. Consumers and representatives advised management consistently kept the consumer’s representative and family members informed of the consumer’s condition in line with open disclosure requirements.

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