Performance

Report

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| Name of service: | Aurrum Wyoming |
| Service address: | 80 Chamberlain Rd, Wyoming, NSW, 2250 |
| Commission ID: | 2685 |
| Approved provider: | Aurrum Pty Limited |
| Activity type: | Site Audit |
| Activity date: | 9 August 2022 to 11 August 2022 |
| Performance report date: | 14 September 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 Wyoming (the service) has been prepared by S. Hicks, 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 undertaken on 9 August 2022 to 11 August 2022; 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 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

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

The Assessment Team found that consumers are supported to make choices in relation to the care and services they receive. The service also provides culturally safe care and services. Information about consumers’ life history including their cultural needs is captured as part of the care planning documentation and staff demonstrated an awareness of consumers’ preferences and cultural needs. In addition, consumers are supported to take risks to enable them to live the best life they can. Risk assessments and measures to mitigate the risk are completed for most consumers to support them to undertake activities of risk so they can do so safely.

The service provides information to each consumer in a range of ways. Information is generally clear, easy to understand and enables consumers to exercise choice. This was confirmed by consumers/representatives who told the Assessment Team that they receive timely and accurate information. Moreover consumers/representatives were also confident that the Service maintains their privacy and confidentiality.

Based on this evidence, I find the following requirements are compliant:

Requirement 1(3)(a)

Requirement 1(3)(b)

Requirement 1(3)(c)

* Requirement 1(3)(d)

Requirement 1(3)(e)

Requirement 1(3)(f)

# 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

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The Assessment Team identified that the service has a functioning regime of ongoing and effective care planning and assessments with consumers. These are reviewed regularly when circumstances change and have input from those providing additional care and services to consumers. Consumers/representatives interviewed also confirmed that the outcomes of the planning and assessments are regularly communicated to them and they can involve whom they wish in this process including other providers of care and services. In addition, the Assessment Team viewed consumer files showing comprehensive assessment for all consumers sampled, including risks to their health and well-being.

The Assessment Team also found from interviewing consumers/representatives that there were high levels of satisfaction with the assessment and planning conducted to address their needs, goals and preferences. The Assessment Team whilst on site observed consumers receiving care and services according to their preferences. In addition, the Assessment Team found that assessment and planning included advance care planning and end of life planning. The documentation review showed consumers on a palliative trajectory have end of life wishes in place and palliative care plans.

Based on this evidence, I find the following requirements are compliant:

Requirement 2(3)(a)

Requirement 2(3)(b)

Requirement 2(3)(c)

Requirement 2(3)(d)

Requirement 2(3)(e)

# 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

The Assessment Team found from interviewing consumers/representatives that they were satisfied with the personal and clinical care they received and felt it was effective. Staff demonstrated personal and clinical care that is tailored to consumer needs. This was also confirmed through documentation confirming consumers sampled are receiving care and services that is tailored to their needs and is optimising their health and well-being.

The service has robust and effective systems in place to manage high impact or high prevalence risks associated with the care of consumers. This included weight loss, falls and complex needs management. In addition, the service demonstrated they were able to effectively recognise and respond to the deterioration or change in a consumer’s condition in a timely manner. This capability was seen in the supporting systems used by the service; such as timely reporting and assessment, clinical charting, progress note documentation, and medical review that successfully recognised and responded to consumer deterioration.

The service was also able to demonstrate that they ensure timely appropriate referrals are occurring for consumers. A review of care planning documentation confirms appropriate referrals occur for consumers at the service such as speech pathologist, dieticians, geriatricians, palliative care team and behaviour specialist services. Furthermore, the Assessment Team found the service communicates the consumer's condition, needs and preferences well within the organisation and with others where responsibility for care is shared. As an example, for palliating consumers staff were able to describe how they addressed the needs of consumers and ensured comfort is maximised and dignity preserved. All palliating consumers have palliative care plans in place and end of life wishes were documented and followed.

Lastly, staff were able to demonstrate to the Assessment Team their understanding of precautions in relation to preventing and controlling infection and the steps needed to take to minimise the need for antibiotics at the service. This is all managed appropriately by the infection prevention and control lead who also has had the appropriate training. In addition, staff confirmed they received training in infection control strategies and COVID-19 as well as antimicrobial stewardship.

Based on this evidence, I find the following requirements are compliant:

Requirement 3(3)(a)

Requirement 3(3)(b)

Requirement 3(3)(c)

Requirement 3(3)(d)

Requirement 3(3)(e)

Requirement 3(3)(f)

Requirement 3(3)(g)

# 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

The Assessment Team found that the service was able to demonstrate the effectiveness and safety of supports for daily living to meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. Consumers are supported to do the things they like to do with most consumers interviewed saying they enjoyed the services and supports offered specifically the lifestyle program. In addition, most consumers were able to consistently describe the services and supports available that maintain their emotional, spiritual, and psychological wellbeing this included attending church services. Documentation confirmed this as care plans generally described the supports that are important and available to consumers.

Consumers indicated there was enough support available in the lifestyle program for them to be able to do things of interest to them, both within the service and in the community. Some consumers were supported to go on regular outings and others were supported within the service to do the things they enjoy such as art and music. Consumers also spoke of how they can identify the people who are important to them and were able to describe the ways they are supported to keep in touch with these people. In addition, the service has a range of lifestyle supports and services available for consumers, which includes options for consumers with varying levels of functional, cognitive and visual abilities.

The Assessment Team also found there were processes are in place to document and share information about consumers’ needs and preferences both within the organisation and with others when required. The information is up to date and accurate and staff were able to describe ways that the service effectively manages the communication of this information in relation to services and support for daily living.

Lastly, the service provides fresh cooked meals, offering meal choices and working with consumers regarding their likes and dislikes. The service also provides equipment to cater for the needs of consumers and has processes in place to ensure it is safe, suitable, clean and well-maintained.

Based on this evidence, I find the following requirements are compliant:

Requirement 4(3)(a)

Requirement 4(3)(b)

Requirement 4(3)(c)

Requirement 4(3)(d)

Requirement 4(3)(e)

Requirement 4(3)(f)

Requirement 4(3)(g)

# 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 Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

The Assessment Team found from consumers interviewed that they feel safe and at home at the service and their families are made to feel welcome by staff and management. Consumers also indicated that the environment is welcoming to their friends and family, they feel supported and have developed friendships with staff and other consumers. The Assessment Team also observed consumers moving freely around the service using a range of mobility appropriate assistive equipment, including wheelchairs and walkers.

The service environment was safe, clean, well maintained and comfortable. Consumers were observed to be moving freely both indoors and outdoors and utilising the gardens during the site audit. Documentation review verified that cleaning and maintenance is complete and up to date.

Based on this evidence, I find the following requirements are compliant:

Requirement 5(3)(a)

Requirement 5(3)(b)

Requirement 5(3)(c)

# 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

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

The Assessment Team found that the service demonstrated consumers and their representatives are encouraged and supported to provide feedback and make complaints. There are processes for complaints to be made internally and externally. Staff were able to describe complaints processes and how they can assist consumers to provide feedback include feedback forms, consumer meetings and a locked feedback box for anonymity.

The service demonstrated they have processes to inform consumers how to access advocates, languages services and other methods for raising and resolving complaints. Staff are educated to assist consumers with complaints and feedback when necessary. In addition, the service also promotes complaints and advocacy services for consumers in multiple ways.

The service was also able to demonstrate appropriate action is taken in response to feedback and complaints and an open disclosure process is applied to ensure consumers are supported and positive outcomes are achieved to their satisfaction. Consumers/representatives also confirmed that concerns were address appropriately and to their satisfaction. In addition, staff are educated about open disclosure principles and the service actively promotes consistent application of these.

Lastly, the Assessment Team were able to see how feedback and complaints information is used to improve the quality of consumer care and services. As an example, a consumer taste testing buffet is used to determine seasonal menus.

Based on this evidence, I find the following requirements are compliant:

Requirement 6(3)(a)

Requirement 6(3)(b)

Requirement 6(3)(c)

Requirement 6(3)(d)

# 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

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The Assessment Team found that the workforce is planned to enable the delivery and management of safe, quality care and services. Staff are supported to perform their roles well and have enough time to provide quality care to consumers. Consumers expressed high level satisfaction with the number of staff and said they deliver safe quality care and services. They were also satisfied that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity.

The service as able to demonstrate that the workforce is competent with a high performing management team and experienced lifestyle and care staff team. Personnel and service records evidenced showed that staff are appropriately qualified, professional and are trained, equipped and supported to deliver the quality care consumer outcomes. In addition, the service undertakes regular assessment, monitoring and review of each staff members’ performance and there is a system to ensure performance reviews are conducted in a timely manner.

Based on this evidence, I find the following requirements are compliant:

Requirement 7(3)(a)

Requirement 7(3)(b)

Requirement 7(3)(c)

Requirement 7(3)(d)

Requirement 7(3)(e)

# 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

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The Assessment Team found that consumers are supported and engaged in the development and improvement of care and services. The quality and compliance systems are effective to ensure care and services are evaluated and developed in consultation with consumers/representatives. This was confirmed through consumer interviews.

The executive team and board are accountable and oversee operations daily and regularly have face to face contact with staff and consumers. The quality and compliance systems and processes ensure risk management, including high prevalent and high impact risks, is effective and consumers feedback concerning issues of a serious nature are escalated to the governing body for due consideration. In addition, the service demonstrated it has effective organisational governance relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The Assessment Team also evidenced effective governance practices for antimicrobial stewardship, minimising the use of restrictive practices and open disclosure.

Based on this evidence, I find the following requirements are compliant:

Requirement 8(3)(a)

Requirement 8(3)(b)

Requirement 8(3)(c)

Requirement 8(3)(d)

Requirement 8(3)(e)

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)