TriCare Annerley Aged Care Residence

Performance Report

421 Annerley Road
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**Commission ID:** 5927

**Provider name:** TriCare Annerley Aged Care Pty Ltd

**Assessment Contact - Site date:** 7 July 2020 to 9 July 2020

**Date of Performance Report:** 21 August 2020

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** |  |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Non-compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - 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 Contact - Site report received 19 August 2020.

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Assessment Team did not review all Requirements in Standard 2 and therefore a summary of Standard 2 is not provided.

The Quality Standard is assessed as Non-compliant as two of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-compliant

*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.*

The Assessment Team identified the Approved provider does not demonstrate effective risk assessment and planning processes have been implemented to inform the delivery of safe and effective care and services. The Approved provider does not identify the increasing risks for consumers when completing risk assessments and care plans.

The Assessment Team identified eight consumers who prefer to smoke cigarettes had insufficient evidence to support an assessment of risk relating to their smoking had been completed. For one named consumer who suffered burns while smoking, and subsequently passed away, smoking assessments did not give clear directions for staff to follow including the consumer’s access to cigarettes and lighters. The Approved provider was unable to demonstrate staff were monitoring or supervising consumers while they were smoking, or that they had been directed to supervise consumers through directions in care planning.

The Approved provider in its written response to the Assessment Team’s findings has demonstrated smoking care plans and assessments have been reviewed and updated to provide clear and consistent directions for staff to follow. A new form has been developed by the Approved provider to document staff supervision of consumers while smoking.

For a named consumer who prefers to administer their own insulin and monitor their blood glucose levels, the Assessment Team identified there was an absence of an assessment of the consumer’s ability to manage their insulin or competently take their blood glucose levels. Care planning directives were not consistent with staff practices. The Approved provider has demonstrated in their written response an assessment has been completed for the consumer who has been deemed competent to continue to self-administer their medication. Care planning directives have been updated to support the assessment.

While I acknowledge the rectification actions the Approved provider has undertaken to address the deficiencies in assessment and planning, in particular to reduce the risk of harm for consumers who prefer to smoke, at the time of the Assessment contact these processes were not in place and the revised processes will require time to implement and evaluate for their effectiveness. Therefore, it is my decision this Requirement is non-compliant.

### Requirement 2(3)(b) Compliant

*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.*

### Requirement 2(3)(c) Compliant

*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.*

### Requirement 2(3)(e) Non-compliant

*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.*

The Approved provider does not review care and services regularly for effectiveness or when circumstances or incidents impact on the needs or safety of the consumer. The Assessment Team identified for one named consumer who suffered burns while smoking, and subsequently passed away, care planning was reviewed following incidents when the consumer had been found smoking in inappropriate areas and setting fire to items. However, care plan interventions were not reviewed for their effectiveness or further strategies implemented to address the ongoing behaviours of risk for the named consumer.

The Approved provider in its written response to the Assessment team’s findings stated consideration of the named consumer’s psychological status were considered following the incidents of smoking inappropriately and setting fire to items. However, I have noted that care plan directives for staff did not provide clear guidelines in relation to the supervision of the consumer, or actions to take when the consumer refuses to follow staff directions.

The Approved provider has reviewed smoking care plans and assessments for consumers who smoke and staff education in relation to consumer behaviour has been provided. It is my decision that at the time of the Assessment contact, there was insufficient evidence to support the review of care strategies for their effectiveness was occurring when incidents impacted on the needs of the consumer. It is my decision; this Requirement is non-compliant.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

To understand the consumer’s experience and how the Approved provider understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The Assessment Team also examined relevant documents.

Consumers are referred to their Medical officer or other health professional when required to meet their changing personal or clinical care needs.

The Approved provider is unable to demonstrate consumers receive safe and effective care and the management of high-impact, high prevalence risk is not effective. Deterioration or change in consumers’ condition is not recognised and responded to appropriately, and information is not documented or communicated effectively.

The Quality Standard is assessed as Non-compliant as two of the seven specific requirements have been assessed as Non-compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-Compliant

*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.*

Consumers have not received safe personal care. Consumers who prefer to smoke have inadequate care interventions to support their safety. Consumers prescribed medication deemed to be chemical restraint have not been identified and authorisation for the use of chemical restraint has not been obtained.

At the time of the Assessment contact, care planning for eight consumers who prefer to smoke provided inadequate guidelines for staff to ensure their safety while smoking. Some consumers had access to their cigarettes and lighter despite being assessed at high risk when smoking. For one named consumer, staff did not have clear guidelines regarding supervision of the consumer, who subsequently suffered burns while smoking and passed away.

The Approved provider documents all consumers who receive psychotropic medication. However, four consumers are prescribed psychotropic medication in the absence of a diagnosed mental disorder, physical illness or condition to support the use of the medication, were not identified by the Approved provider as receiving chemical restraint. The policy to guide staff practice which was in use during the Assessment contact was incorrect in the definition of chemical restraint, indicating only psychotropic medication administered as required, is considered chemical restraint if it is prescribed in the absence of a diagnosed mental disorder, physical illness or condition.

The Approved provider in its written response to the Assessment Team’s findings has reviewed all smoking care plans and assessments to ensure consistent guidelines are in place for staff to support the safety of consumers while smoking. A form has been developed to support the supervision of consumers while smoking. Staffing has been increased to allow for the supervision of consumers in the smoking area.

The Approved provider did not respond to the issues relating to chemical restraint in their written submission, however, provided the Assessment Team with information onsite regarding their commitment to seeking chemical restraint authorisations for consumers requiring chemical restraint.

While I have considered the actions taken by the Approved provider to increase the safety of care delivered to consumers who smoke, it is my decision that at the time of the Assessment contact these actions were not in place and consumers did not receive safe and effective care. Therefore, it is my decision this Requirement is non-compliant.

### Requirement 3(3)(b) Non-compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The Approved provide has not effectively managed the high-impact or high prevalence risks for consumers who prefer to smoke. Behaviour management plans have not been reviewed in a timely manner following an episode of assault between two consumers.

For one named consumer who had a history of smoking in inappropriate places, setting fire to items and seeking cigarettes and lighters from others, the Approved provider is unable to demonstrate the effective management of this consumer, the risks associated with their behaviours while smoking or the risks posed to other consumers at the service. Care plans did not provide clear instructions to staff on supervising the consumer and there was no evidence to support the consumer was always supervised while smoking. Despite the named consumer exhibiting an increase in incidents relating to fire and smoking, there is insufficient evidence to support management strategies were revised or alternate strategies trialled to decrease the risk of harm to the consumer. The consumer suffered burns while smoking, and subsequently passed away. For seven other consumers who prefer to smoke and are assessed as high risk due to their smoking, care planning and smoking assessments did not contain sufficient information to guide staff practice in managing their high-impact risk of smoking.

The Approved provider in its written response to the Assessment Team’s findings has reviewed all smoking care plans and assessments to ensure the individual risk factors are identified for each consumer. A form has been developed to support the supervision of consumers while smoking. Staffing has been increased to allow for the supervision of consumers in the smoking area.

The Assessment Team identified an episode of assault between two consumers, while the incident was not required to be reported to authorities, there was a delay in the review of the perpetrator’s care plan following the event and a lack of evidence to support the victim of the assault was provided with emotional support following the incident.

The Approved provider in its response has evidence of mandatory reporting and incident reporting education provided to staff.

In coming to my decision for this Requirement I have considered the Assessment Team’s findings and the actions taken by the Approved provider in relation to the deficits identified. It is my decision the high-impact risks for consumers who smoke were not effectively managed and the actions taken by the Approved provider are yet to be evaluated for their effectiveness. Therefore, it is my decision this Requirement is non-compliant.

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

### Requirement 3(3)(d) Compliant

*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.*

The Assessment Team recommended the Approved provider did not meet this requirement, based on evidence the psychological deterioration of a named consumer was not identified. The Approved provider in its response provided documentation to support there was no psychological deterioration for the consumer. Behaviour management specialists and mental health provider advice was sought for the consumer. I have come to a different decision to the Assessment Team and have found this Requirement compliant. It is my decision the Approved provider does have effective systems to identify the deterioration of consumers’ mental health, cognitive or physical function.

### Requirement 3(3)(e) Compliant

*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.*

The Assessment Team recommended the Approved provider did not meet this requirement based on information relating to the assessment and care planning of consumers who smoke not providing adequate information and containing inconsistent information. It is my decision the impact of deficits in assessment and planning for consumers who smoke is more appropriately addressed in Requirements 3 (3) (a) and 3 (3) (b), and therefore it is my decision this Requirement is compliant.

Communication processes are adequate to ensure consumers’ condition, needs and preferences are known by staff and others who care for the consumers.

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*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.*

# STANDARD 4 Services and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

The Assessment Team did not review all Requirements of Standard 4 and therefore a summary or overall compliance rating of Standard 4 is not provided.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*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.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*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.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 NON-COMPLIANTOrganisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The Assessment Team also examined relevant documents.

Consumers feel they belong and feel safe and comfortable in the service environment. Consumers can freely and safely access indoor and outdoor areas. Consumers are satisfied the service is clean and well maintained.

The Approved provider is unable to demonstrate it had processes in place to maintain the safety for consumers regarding smoking and fire prevention.

The Quality Standard is assessed as Non-compliant as one of the three specific requirements have been assessed as Non-compliant.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Non-compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

The Approved provider is unable to demonstrate the service environment is safe in relation to smoking and consumer smoking practices. Consumers are smoking in non-designated smoking areas which does not support the safety of consumers.

The Assessment Team identified there is inadequate supervision of consumers whilst they smoke, inadequate assessment of risk of the designated smoking environment, lack of knowledge of where consumers are smoking and lack of adequate reporting of incidents involving fire events.

The Approved provider in its written response to the Assessment Team’s findings has provided evidence a risk assessment has been completed of the current designated smoking area. This assessment has identified the area to be safe for consumers. A meeting has been held with consumers who prefer to smoke, and a smoking schedule has been developed in consultation with the consumers. Staffing levels have been amended to allow staff to supervise smoking consumers while not impacting on the delivery of care for other consumers. A monitoring tool has been developed to record when staff supervise consumers while smoking. Measurements have been taken to ensure the designated smoking area meets legislative requirements. Garden areas have been cleared around the smoking area. A call bell has been located in area accessible to consumers.

While I acknowledge the actions taken by the Approved provider in relation to the safety of the designated smoking area, I also acknowledge these actions were not taken until a critical incident occurred in the designated smoking area, which does not support the service’s monitoring mechanisms were effective in identifying deficits in the environment.

It is my decision this Requirement is non-compliant as the service environment was not identified as unsafe prior to the Assessment contact.

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

The Assessment Team has recommended the Approved provider does not meet this requirement based on evidence there was insufficient fire-fighting equipment and seating used by a consumer in the designated smoking area was highly flammable. I have come to a different decision to the Assessment Team and it is my decision the deficits in the safety of the environment are more appropriately addressed in Requirement 5 (3) (b).

The Approved provider in its written response provided evidence to support the adequacy of fire-fighting equipment in the designated smoking area and surrounds. All future chairs to be used in the smoking area will be assessed by the Physiotherapist or Occupational therapist for suitability and safety. The Approved provider was unaware the seating for one consumer who sustained burns was flammable as there were no manufacturer’s warnings regarding the chair.

It is my decision that furnishings, fittings and equipment are safe for consumers. Therefore, this Requirement is compliant.

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Consumers receive quality care and services when they need them and from people who are knowledgeable, capable and caring. All consumers/representatives expressed staff are kind and caring, and staff know what they are doing

The Assessment Team identified while consumers/representatives expressed they felt there are adequate staff, staff members expressed concerns in relation to the adequacy of staff to undertake one to one supervision of consumers who smoke while also being available for other consumer’s care needs. The Assessment Team identified the service does not undertake regular assessment, monitoring and review of the performance of each member of the workforce.

The Quality Standard is assessed as Non-compliant as two of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-compliant

*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.*

The Approved provider does not demonstrate the workforce is planned to enable the delivery of safe and quality care and services. Staff do not have sufficient time to supervise smoking consumers while providing care and services to other consumers.

While consumers and their representatives provided positive feedback in relation to the conduct, access and responsiveness of staff, there is insufficient staff to supervise consumers who require one to one supervision when smoking. The Assessment Team observed consumers smoking without supervision during the Assessment contact. One named consumer, who was smoking unsupervised on 29 June 2020, resulting in burns, subsequently passed away.

The Approved provider in its written response to the Assessment Team’s findings acknowledged there is inadequate workforce planning to supervise the requirements of the large numbers of consumers who prefer to smoke. Actions taken by the Approved provider to rectify these deficits include the completion of a time and motion study to ascertain the amount of time required to supervise smoking consumers. This has led to the recruitment of an additional registered staff member to facilitate care staff members to supervise consumers in the designated smoking area without compromising care to other consumers. A meeting was held with management and the consumers who prefer to smoke to organise a schedule of times for allocated smoking.

While I acknowledge the Actions taken by the Approved provider to manage the workforce while ensuring the supervision of consumers who prefer to smoke, these processes are in their infancy and have not been reviewed for their effectiveness. Therefore, it is my decision, this Requirement is non-compliant, as the Approved provider was unable to demonstrate the numbers of the workforce were sufficient to deliver safe and quality care to consumers.

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Non-compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

The Approved provider is unable to demonstrate regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. The Approved provider confirmed staff performance appraisals have not been conducted with staff since February 2020. As appraisals have not occurred, staff were unable to identify changes that have been made as a result of the appraisal to support their development.

While the Assessment Team did not identify any direct impact to consumers in relation to the deficiency identified within this requirement, the lack of performance appraisals does not support the monitoring of staff performance to assist in further training or support required.

The Approved provider in its written response acknowledged annual staff performance appraisals have not occurred and has developed a spreadsheet to capture the completion of appraisals which are currently underway.

It is my decision this Requirement is non-compliant as regular assessment, monitoring and review of the performance of the workforce has not been undertaken.

# 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.

* Assessment and planning processes are required to be inclusive of risks to consumers’ health and well-being, including consumers who prefer to smoke.
* Following incidents which impact on the needs of consumers, care and services are required to be reviewed for their effectiveness.
* Care planning guidelines need to include clear guidelines for staff to be able to deliver safe and effective care to consumers.
* High-impact and high-prevalence risks to consumers, including smoking and chemical restraint need to be effectively managed.
* The service environment is required to be safe and well maintained.
* Workforce numbers need to be sufficient to deliver safe and quality care and services.
* Staff performance appraisals are required to be undertaken regularly.