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:** 27 October 2020 to 28 October 2020

**Date of Performance Report:** 19 November 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

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| **Standard 5 Organisation’s service environment** |  |
| Requirement 5(3)(b) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(e) | 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 infection control monitoring checklist.

# STANDARD 2 Ongoing 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 assess all Requirements in this Standard; therefore, a compliance rating or summary is not provided.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) 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.*

Consumers and/or representatives interviewed by the Assessment Team confirmed they are consulted in the initial and ongoing assessment and planning that helps the consumer get the care and service they need for their health and well-being.

Consumer files sampled by the Assessment Team demonstrated the service undertakes an assessment and care planning process that is comprehensive when the consumer enters the service to identify their needs, goals and preferences. Consumers’ changing needs are reviewed regularly and when changes occur. Registered Nurses complete initial assessments to identify consumers' needs, choices and preferences. Consumers, representatives, medical officers and other allied health professionals including occupational therapist, dietitian, speech pathologist, podiatrist and wound care specialists are involved where necessary during assessments.

Care plans reviewed by the Assessment Team were individualised to include the risks specific to consumers such as restraint, falls, nutrition, swallowing, pain, skin integrity and risks due to lifestyle choices. Care plans include risk management strategies agreed upon by consumers and/or representatives.

Registered staff described to the Assessment Team their role in the assessment and planning process when a consumer enters the service and the care plan review process. Staff reported the outcomes of assessments are documented in care plans and discussed with the consumer and representative. Staff could describe their understanding of consumers’ assessed needs, goals and preferences in relation to delivering safe and effective care and were able to describe how they use assessment, planning and handover information to inform how they deliver safe and effective care.

The service has written materials that support staff to undertake assessment and planning. These include risk assessments for falls, skin integrity, pain, choking risk, restraint and risks associated to lifestyle choices. There are also flow charts and work instructions available in work areas to guide staff practice.

### Requirement 2(3)(e) 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 consumers and/or representatives interviewed by the Assessment Team confirmed they are regularly involved in the reviews of the care and services plan including when the consumer’s circumstances have changed or incidents impact on the needs, goals or preferences of the consumer.

Consumer care plans sampled by the Assessment Team showed evidence of review on both a regular basis and when circumstances change, or incidents occur.

Staff interviewed advised care and services are reviewed when a change is noted in the consumer. Registered nurses are responsible for the care plan reviews and consult with staff prior to contacting the consumer and/or representative. In addition, Registered nurses advised the Assessment Team care plans are updated if changes occur prior to the scheduled care plan review. Staff interviewed were aware of the incident reporting process relevant to their role and scope of practice. Registered nurses explained to the Assessment Team how an incident triggers appropriate and relevant reassessment and care plan update.

# STANDARD 3 Personal 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

The Assessment Team did not assess all Requirements in this Standard; therefore, a compliance rating or summary is not provided.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) 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 and representatives interviewed by the Assessment Team said consumers get the care they need and described the ways care being provided is meeting their needs

Review of care documentation for those consumers sampled by the Assessment Team and interviews with consumers, representatives and staff, reflect individualised care that is safe, effective and tailored to the specific needs and preferences of the consumer.

Management explained to the Assessment Team care is reviewed for effectiveness through daily monitoring of progress notes to identify areas for follow up, as well as through case conferences, care plan reviews and feedback received at meetings and through incidental conversations. Registered nurses stated they are guided by organisational policies and flow charts to direct personal and clinical care that is best practice. Registered nurses stated to the Assessment Team they are supported by management, including after hours, for information and advice if required.

Staff said they know the care they provide is safe and effective through regular discussion with the care team, consumers and their representatives. Care staff could discuss areas of concern about consumers sampled and described what they would do if they felt they were not able to deliver best practice care.

The organisation has policies and procedures in place to support the delivery of care provided. Management advised the Assessment Team these are reviewed when new best practice guidelines are identified through industry alerts. The service has links to external advisory services that include medical and clinical staff from the local hospital for wound management; pain management and palliative care; and behaviour management advisory services. The service has systems and processes to ensure consumers get safe and effective personal care and clinical care including regular clinical audits, whole of service audits and training to support best practice is occurring

Management informed the Assessment Team the organisation had created a consumer Smoking Policy. A smoking assessment and smoking care plan audit identified documentation for six consumers who choose to smoke reflects their current needs and preferences. Discussions at the Registered nurse meeting on 18 September 2020, outlined smoking associated incidents, instructing Registered nurses in addition to an incident report, a repeat smoking assessment and care plan review is to be completed.

The Assessment Team were informed the service has been monitoring the use of psychotropic medications and referring consumers to their Medical officer for a minimum of three-monthly review with a view to reduce or cease the medications if appropriate. Registered and care staff interviewed by the Assessment Team could describe alternative strategies to medication, that are successful in de-escalating consumer behaviours.

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

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

For the consumer files sampled, key risks, goals and strategies/interventions are identified in care planning documentation and include, for example: risks of smoking, falls, pressure injury, pain, unplanned weight loss, choking, leaving the service unaccompanied and being at risk of harm or injury.

Registered and care staff described to the Assessment Team how handover occurs at the beginning of each shift to identify consumers’ care needs and preferences including risks. Staff demonstrated a shared understanding of individual consumer’s assessed needs and provided examples of individual consumer risks and how they were managed.

The organisation has a risk management framework that guides how risk is identified, managed and recorded. Policies are available to all staff on high impact or high prevalence risks associated with care of consumers. An electronic system is used to record high impact and high prevalence clinical and personal risks for consumers. Clinical incidents are recorded on the electronic documentation system and these contribute to the monthly clinical indicators. Review of clinical indicator data is competed monthly. Data is used to inform improvements for individuals as well as in general.

Review of clinical files by the Assessment Team for consumers sampled identified risk assessments have been recently review and strategies to manage risks are included in care plans. The Assessment team identified the service has strengthened its processes relating to the management of risk for consumers who choose to smoke. There have been no further incidents relating to consumers smoking since the Assessment Contact 7 to 9 July 2020.

# STANDARD 5 Organisation’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

The Assessment Team did not assess all Requirements in this Standard; therefore, a compliance rating or summary is not provided.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(b) Compliant

*The service environment:*

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

Consumers and or their representatives interviewed by the Assessment Team stated they were satisfied with the service environment, providing feedback that they find it safe, clean and well maintained and they were observed accessing different areas of the service including the outdoor gardens and sitting areas. Consumers sampled said they can go outside when they want to. Consumers sampled confirmed they have access to call bells within their reach in their rooms and bathrooms.

The Assessment Team observed all areas of the service to be safe, clean, well serviced, and maintained at a comfortable temperature. The external service environment includes walkways, gardens, sitting areas and a smoking area. While there are security measures in place, the Assessment Team identified consumers can freely access the outdoor areas and reception areas. Corridors were observed to allow clear and safe movement for consumers and representatives. Corridors have handrails to assist consumers to move freely around the service.

Documentation reviewed by the Assessment Team confirmed fire systems and equipment are part of the preventative maintenance schedule. Staff were aware of fire safety protocol and confirmed they receive fire training annually. Fire evacuation diagrams and illuminated emergency exit signage is displayed and fire-fighting equipment within the building is readily available for staff.

The Maintenance Officer explained to the Assessment Team how the service’s preventative maintenance schedule reviews all aspects of the service, with respect to consumer safety and legislative compliance. The Assessment Team identified scheduled preventive maintenance is up to date and undertaken according to a preventive maintenance schedule.

Staff demonstrated to the Assessment Team a shared understanding of supervising consumers whilst they were smoking, in line with the service’s procedure of following a smoking schedule. Consumers who prefer to smoke have been identified by staff and recorded on the smoking schedule to ensure all smoking is supervised.

The Assessment Team observed the designated smoking area has been moved to the rear garden of the service. The covered smoking area has an ashtray, fire extinguishing equipment, call bells, suitable seating, level pathways and clear vision from the service. Consumers have individual smoking aprons and the service has larger aprons available to cover consumer and a chair or wheelchair they may be seated in. The external door of the service to the smoking area has been replaced with a glass door to allow clear vision and to allow staff to be clear of passive smoke whilst supervising consumers. The Assessment Team observed consumers to be using the designated smoking area only at scheduled smoking times.

# STANDARD 7 Human 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

The Assessment Team did not assess all Requirements in this Standard; therefore, a compliance rating or summary is not provided.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) 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.*

Consumers and representatives interviewed by the Assessment Team responded positively towards staffing. They were satisfied with the delivery of care and services and did not report delays in staff response impacting or compromising the consumer’s dignity.

Staff interviewed by the Assessment Team reported that they currently have sufficient time to respond to the consumers in a timely manner, complete their duties and that staff unable to attend their shifts are replaced. Staff reported they receive training and support from management. Scheduled services and activities were observed by the Assessment Team to occur at designated times.

Management advised the Assessment Team the workforce is planned, based on the needs of consumers and the layout of the service. The organisation has undertaken a roster review and provided the Assessment Team a realigned roster for trial in November 2020. The service has a continuous improvement plan to monitor the effectiveness of the realigned roster which outlines fortnightly review of feedback from staff and consumers for three months.

The Assessment Team observed staff responding promptly to requests for assistance from consumers, either verbally or via the call bell system. Medications administered as scheduled. Morning tea, lunch and afternoon tea served on time. Activities occurring as planned.

### Requirement 7(3)(e) Compliant

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

The Assessment Team identified the organisation has a staff performance framework that includes probationary performance reviews, annual performance appraisals and mandatory education.

Staff interviewed by the Assessment Team stated performance appraisals occur, and their competencies are assessed annually for medication management and manual handling. They stated management is receptive to their suggestions for additional training to support their development. Staff interviewed, and observation of staff practice, demonstrated staff had a shared understanding of their roles and responsibilities.

Management advised the Assessment Team the service has strengthened its process for the assessment, monitoring and review of the performance of each member of the workforce by establishing a schedule to alert both the appropriate personnel when staff appraisals are due to be attended.

Management advised the Assessment Team all staff are compliant with training and have a current appraisal and are on a continuing annual schedule of performance appraisal. Review of documentation by the Assessment Team identified performance appraisals, mandatory training and competency assessments are conducted annually.

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.