TriCare Bundaberg Aged Care Residence

Performance Report

12 FE Walker Street
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**Commission ID:** 5936

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

**Assessment Contact - Site date:** 6 August 2020

**Date of Performance Report:** 7 September 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** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(d) | 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 25 and 26 August 2020.

# 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 of this Standard therefore an overall compliance rating has not been 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.*

### 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.*

# STANDARD 3 NON-COMPLIANT 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 specific to this Standard.

Deficiencies were identified that relate to the management of restrictive practices and the way in which the service identifies and responds to a change or deterioration in a consumer’s condition.

As two requirements specific to this Standard have been found to be Non-compliant, this Standard is 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.*

The Assessment Team brought forward information that restraint management practices at the service do not optimise consumer’s health and well-being. For example:

* staff do not consistently record non-pharmacological strategies trialled prior to the use of ‘as required’ psychotropics,
* documentation relating to the use of restraint was not consistently completed to demonstrate that risks of restraint had been discussed with the consumers and/or their representatives or that authorisation and/or consent had been received.

The approved provider’s response identifies the deficiencies brought forward by the Assessment Team are being addressed. For example, staff have been advised of their responsibilities in relation to the management of restraint; education specific to restraint management has been planned and a register is in place to ensure regular reviews occur. The response includes examples of the restraint assessments and authorisations that are currently in place. I note that the documentation provided does not consistently identify risks associated with the type/s of restraint in use.

I am satisfied that at the time of the assessment contact, restrictive practices did not optimise the health and well-being of consumers and for this reason I find this requirement is Non-compliant.

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

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

### Requirement 3(3)(d) Non-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 have brought forward information identifying that changes in consumers’ health is not identified and responded to in a timely manner.

The Assessment Team’s report identifies three consumers where appropriate care was not provided following a change in condition. I have considered the information brought forward by the Assessment Team and the approved provider’s response and am satisfied with the way the service responded to a change in condition for two of these consumers. However, for one consumer, appropriate care was not provided following a change in their condition.

For example, one consumer experienced a fall and while they complained of pain at the time of the fall and following the incident, a full assessment of the consumer and routine observations were not completed in accordance with organisational policy. Approximately nine hours later, the consumer was identified as experiencing significant pain and distress and was transferred to hospital where they were diagnosed with a fracture.

The approved provider in its response states registered staff attending to the consumer have been advised of their responsibilities and further education has been provided to registered nurses and care staff about responding to a change in a consumer’s condition.

However, I am concerned that effective clinical supervision of staff and care delivery was not occurring and that routine assessments and observations did not occur for this consumer who had experienced a change in their physical condition. For these reasons, I find this requirement is Non-compliant.

# 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.

* Where restrictive practices are being used these must reflect best practice and optimise consumers’ health and well-being.
* Deterioration or changes in consumers’ condition must be recognised and responded to in a timely manner.