TriCare Bundaberg Aged Care Residence

Performance Report

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**Commission ID:** 5936

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

**Assessment Contact - Site date:** 5 January 2021

**Date of Performance Report:** 12 February 2021

# 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 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(d) | 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 completed at the time of the Assessment Contact.

# 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

Not all requirements were assessed and therefore an overall rating for the Quality Standard 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 generally spoke highly of the staff saying they had effectively cared for and supported consumers including those with complex clinical care needs such as challenging behaviours, falls risks, chemical restraint, and those who have experienced an incident or change in their condition.

Staff said they had access to organisational policies and flow charts to direct personal and clinical are. They said they are supported by management, including after hours. For information and advice if required.

Care staff discussed the care they provide to consumers and said they referred to the care plan and liaised with registered staff for additional guidance if needed. Care staff described how they escalate any concerns to the registered nursing staff.

Registered staff described the way they monitored care delivery including medication management, pain management, the use of chemical restraint and how they reviewed consumers post fall.

Care plans included information that was tailored to the specific needs and preferences of the consumer. Assessments, including risk-based assessments were linked to best practice models of care and were consistent with the service’s policies and procedures. Care plans and progress notes included referrals and recommendations from specialist services and demonstrated directives were being implemented and followed.

The Assessment Team interviewed the representatives of some consumers who were subjected to chemical restraint. The representatives said their consent had been sought, risks had been fully explained and that they were satisfied with the level of communication they had with staff at the service in relation to this.

Registered staff had a sound understanding of their responsibilities in relation to restraint management and were familiar with individual consumer’s needs in relation to this.

The Assessment Team discussed with management staff how the service strives to minimise the overall use of psychotropic medications. This was evidenced in the service’s psychotropic register where eleven consumers had psychotropic medications ceased in recent months.

Policies, procedures and assessment tools support clinical staff in relation to pain management. Specialised assessment tools are available for consumers who are not able to verbalise their pain. Consumers had various pain strategies implemented to manage their pain and regular reviews by the physiotherapist had occurred. Strategies for pain management included massage several times a week by allied health staff, use of heat packs and electronic stimulation equipment and administration of pain relief medication where appropriate.

The organisation’s skin integrity policies outlined their evidence-based approach to the prevention and management of pressure injuries, including processes around formal pressure injury risk assessment tools, preventative strategies, the use of specialised equipment and wound management.

Management said 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.

For the reasons detailed this requirement is Compliant.

### 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.*

Consumers and representatives said that a deterioration or change in the consumers’ health status was recognised and responded to in a timely manner. Examples were provided of how staff had effectively responded to consumers with a deterioration in their mobility, increased pain, changes in emotional well-being and increased complex behaviours.

Staff provided examples of how they provided care to consumers who experienced a change in their condition this included incidents such as falls and cognitive changes. Care staff said they escalated any concerns they had to a registered nurse. Registered nurses were on site 24 hours per day and senior clinical staff could be contacted for advice and support.

Care planning documentation demonstrated that changes in a consumers’ condition were identified, responded to, and addressed. The Assessment Team found that where consumers experienced a change in condition, actions were taken that could include completion of observations and clinical assessments, discussions with medical officers and authorised representatives and transfer to hospital if appropriate.

Senior clinical staff reviewed progress notes and incident data to identify changes or deterioration and ensure this was addressed in a timely manner. In addition to this, regular audits have been conducted to ensure staff were escalating consumer concerns appropriately.

Staff were guided by organisational policies and guidelines for assessment, reassessment and escalation of changes in a consumer’s condition. The Assessment Team found that staff had received education and training on topics including palliative care - syringe pump infusions, Aged Care Standards, Medication Advisory Committee meeting, Parkinson's disease, recognising and responding to clinical deterioration, wound care and nasopharyngeal swab collection.

For the reasons detailed, this requirement is Compliant.

# 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.