TriCare Cypress Gardens Aged Care Residence

Performance Report

Gooding Drive
CLEAR ISLAND WATERS QLD 4226
Phone number: 07 5644 6300

**Commission ID:** 5460

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

**Assessment Contact - Site date:** 18 August 2020 to 19 August 2020

**Date of Performance Report:** 24 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

|  |  |
| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | 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)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | 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 10 September 2020.

# STANDARD 2 COMPLIANT 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

Consumers and representatives said assessments were completed on entry to the service and care plans were reviewed three-monthly or on an as needs basis to identify consumers’ needs, choices and preferences. The consumers said they were involved in their care planning and that the service had discussed end of life planning with them.

Consumers said they received safe and effective care and services.

Care planning documents reflect that registered staff completed initial and ongoing assessments to identify consumers’ needs, choices and preferences and that consumers, their representatives, medical officers and allied health professionals were involved in the assessment process as required.

Care documentation for consumers who were restrained either chemically or physically did not demonstrate that restraint risk had been adequately assessed. However, this matter has been considered under Standard 3 Requirement (3)(a).

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

## 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)(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)(d) Compliant

*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.*

### 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 service was able to demonstrate that staff recognised and addressed consumers’ personal and clinical needs and preferences and that these were managed and monitored.

Overall, key risks, goals and interventions were identified in care planning documentation. Clinical needs and risks were discussed in clinical meetings. Staff demonstrated an awareness of incident reporting processes. Staff responsibilities in managing care and risk were supported by the service’s policies and procedures.

Care documentation, progress notes and incident reporting showed that changes in the health or functions of consumers were recognised and responded to in a timely way.

The service demonstrated that staff referred consumers to other health professionals. Consumers and their representatives said they have regular access to relevant health professionals.

The service demonstrated that it had the capability to effectively manage infection. Registered staff were familiar with antimicrobial stewardship and staff had received education on infection control.

At the time of the Assessment Contact, the service was assessed as being unable to demonstrate that consumers receive safe and effective personal or clinical care in relation to restraint management. Whilst the service has commenced action to address its management of chemical, physical and environmental restraint, the service is yet to demonstrate that the improvements are sustainable. For this reason, I find that the service has not demonstrated that consumers get safe and effective personal and clinical care.

The Quality Standard is assessed as Non-Compliant as one 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.*

In the period since the Assessment Contact on 18 and 19 August 2020, the service has worked to ensure that the personal and clinical care was tailored to meet the needs of those consumers who indicated that the care could be improved to better meet their needs. Documentary evidence submitted by the service demonstrates that staff have promptly intervened to better deliver personal and clinical care that is safe and effective for the consumer who advised that their care could be improved.

I am satisfied that the service’s interventions have addressed the improvements that were necessary to provide individualised care to the consumer who indicated that their care could be improved.

The service has also intervened to remedy the situation in which the application and documentation of restraints at the service was not compliant with its policies relating to restraint. The service’s response and the documentation provided in support of the response shows that the use of chemical, physical and environmental restraint has been reviewed in consultation with medical officers, the application of restraint at the service has reduced, and where restraint continues to be applied, valid authorisations have been obtained. The service has updated its electronic clinical information system to include a notification to alert staff for three monthly reviews of all restraint types.

The Approved Provider’s response established training on restraint management has been provided to staff and more training has been scheduled. The training attendance records show that two clinical managers have attended training on restraint management and clinical information processes and risk assessment. I note that education for consumers and representatives on restraints and management is planned from 30 September 2020.

Whilst I acknowledge that since the Assessment Contact, restraint usage at the service has been reviewed and authorisations have been obtained for those residents that continue to require restraints, I am concerned that not all relevant staff have attended appropriate training or otherwise have the knowledge to ensure consumers with restraints are monitored and their restraints are managed to optimise their safety and well-being on a sustainable basis.

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)(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.*

### 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.*

### 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.*

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with Quality Standards. This is based on non-compliance with the Quality Standards in this performance report.

* The organisation is required to ensure that consumers receive individualised care that is tailored to their specific needs.
* The organisation is required to ensure that restrictive practices reflect best practice and optimise consumers’ health and well-being.