TriCare Jindalee Aged Care Residence

Performance Report

22 Endeavour Street
JINDALEE QLD 4074
Phone number: 07 3723 3500

**Commission ID:** 5939

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

**Site Audit date:** 10 March 2021 to 12 March 2021

**Date of Performance Report:** 30 April 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 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **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** | **Compliant** |
| Requirement 3(3)(a) | 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 |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(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 Site Audit; the Site Audit 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 Site Audit report received 9 April 2021
* the infection control monitoring checklist completed during the site audit
* other intelligence and information held by the Commission regarding the service.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Consumers and representatives confirmed that consumers were treated with respect and dignity, and that staff respected consumers culture values, beliefs and personal privacy. Consumers said they were supported to maintain relationships both inside and outside of the service. They said the service supported them to be independent, encouraging them to do things for themselves and supporting them to exercise choice and take risks to live the best life they can. They said staff consulted with them in making choices about their care and lifestyle preferences, including in meal selection and participating in activities of interest. Consumers and representatives said they were provided with information through noticeboards, verbal communication, service announcements, written communication and meetings.

Staff demonstrated knowledge of individual consumers and what was important to the individual consumer. They could describe how consumers preferences were understood and respected. Staff said risk assessments were undertaken in relation to activities such as smoking, use of an electric scooter and attending activities independently outside of the service. Risk assessments were completed, and options were discussed with the consumer and their representative to support them in maintaining their independence.

Staff were able to describe how they supported consumers to maintain relationships with their family and friends, participate in their local community and activities of interest.

Care documentation included information specific to individual consumers including life journey, family relationships, activities of interest, and individual personal preferences. Information about nominated representatives, decision makers and enduring power of attorney was also documented. Review of documentation confirmed that consumers received care and services that was individualised to support their choices, decisions, needs and preferences.

Staff training records confirmed the service provided ongoing education relating to consumer dignity and choice and cultural diversity.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 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

Consumers and representatives confirmed they were involved in the ongoing assessment and planning of the consumers’ care and services. They described what was important to them in terms of how their care was delivered and said that staff understood their care needs, goals and preferences. Most consumers and representatives said the service had discussed end of life planning with them.

Consumers and representatives said they were informed about the outcomes of assessment and planning. They confirmed the service sought input from medical officers, other health professionals and representatives to inform consumer care delivery. While not all consumers and representatives interviewed said they had been offered or received a copy of their care plan, all stated they felt confident that they are involved in consumer care planning.

Registered staff demonstrated an understanding of the service’s assessment, care planning and evaluation processes including identification of consumer risks such as falls, skin integrity, pain, weight loss, swallowing and challenging behaviours. They reported consumers were referred to Medical officers and other health professionals if required when assessments identified risk to the consumer care and services.

Management said consumers care and services were reviewed for effectiveness through daily monitoring of progress notes, case conferences, care plan reviews, feedback received at meetings and through incidental conversations.

Assessment and care planning documentation identified the service undertook a comprehensive assessment and care planning process when the consumer entered the service to identify their needs, goals and preferences. Consumers’ changing needs were then reviewed regularly or when changes occurred in conjunction with the consumer and representative.

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 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

### Consumers and representatives considered consumers received personal care and clinical care they needed and felt safe. They gave examples of how staff ensured the care provided to consumers was right for them, including regularly asking them about their care and the way it was delivered.

### Consumers and representatives said the consumer were referred to their Medical officer or other health professional to meet their changing personal or clinical care needs and said they were satisfied the referral occurred promptly.

For the consumers who had chemical, environmental or physical restraints, their care documentation established that the consumer or their representative provided informed consent and authorisations were obtained from medical officers. The documentation also established that the restraints were monitored and evaluated by medical officers in accordance with the service’s policy.

Staff demonstrated an understanding of consumers’ assessed needs and provided examples of individual consumer risks such as falls, risk of pressure injuries, challenging behaviours, infections and the risks associated with consumers who choose to self-medicate. They could describe the practical steps they took to minimise risks such as use of specialised equipment, increasing hydration for consumers and individualised behaviour strategies as directed by the geriatrician and external mental health services. Registered nursing staff were on site 24 hours per day to support staff and monitor care delivery.

Care planning documentation included advance care planning and preferences for end of life care. Staff demonstrated a shared understanding of their roles and responsibilities in recognising and addressing the needs of consumers nearing the end of their life.

Care planning documents reflected the identification of, and response to, deterioration or changes in the consumer’s condition and/or health status. Clinical documentation reflected referrals and input from medical officers, a range of allied health and other medical professionals including for example geriatrician, speech pathologists and dietitian. The service had policies and procedures relating to clinical and personal care delivery which was available for staff to access to ensure best practice.

### The service had policies and procedures to guide staff in minimisation of infection related risks. Care staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics.

The service has implemented improvements in relation to planning and preparedness for a potential COVID-19 outbreak including documenting contact details of the outbreak management team in the service’s outbreak plan, review of service policies and procedures and staff training in the donning and doffing of personal protective equipment.

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

### 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.*

### 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.*

# STANDARD 4 COMPLIANT 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

## Consumers and representatives confirmed the consumers received the services and supports for daily living that were important for their health and well-being and that enabled them to do the things they wanted to do. Consumers said they had choices when it came to whether they wished to attend scheduled activities and making different meal choices. They said the service had involved them in participating in menu planning at the service.

## Consumers and representatives interviewed confirmed that they were supported by the service to do the things they liked to do to optimise their independence, health, wellbeing and quality of life. They were supported to keep in touch with people who are important to them, attend outings and were supported in their emotional and spiritual care, interests and social and personal relationships.

Staff described what was important to the individual and how they supported the consumers’ needs, goals and preferences and promote independence and quality of life. Lifestyle staff said they have different activity programs available at the service and a calendar of events is developed on a monthly basis with input from consumers.

Care planning documentation demonstrated care plans include information and strategies to support the emotional, spiritual and psychological wellbeing of consumers. Strategies outlined in care documentation included engaging consumers in one to one conversation, supporting them to phone their families, referral to counselling when necessary and ensuring consumers are supported to attend activities of interest. Care planning documentation included information about external services and individuals and community groups who supported consumers to maintain their interests and participate in the community outside the service.

Staff interviewed said they had access to the equipment they needed. Equipment was observed to be safe, clean and well maintained.

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

## 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)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### 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 COMPLIANT 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

Consumers confirmed that they felt safe in the service environment. Consumers interviewed confirmed that they felt at home, providing examples of how their visitors felt welcome and what makes the service nice to live in.

Consumers interviewed said they were satisfied that equipment was inspected and maintained, and the environment was monitored to minimise risks.

Staff described the process they took when they identified a potential safety hazard or equipment failure including documenting maintenance issues. Staff demonstrated awareness of the preventative maintenance schedule.

Management described features designed to support the functioning and independence of consumers living with cognitive impairment and advised that lighting throughout the service had recently been upgraded to provide a brighter, safe environment.

The service environment was observed to be welcoming, with communal areas for consumers, representatives and visitors to interact.

Documentation identified the service had a scheduled preventative maintenance and reactive maintenance program, with any additional maintenance needs being identified through staff reporting and monthly audits.

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as 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) Compliant

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

Consumers and representatives sampled by the Assessment Team said they were aware of how to give feedback or make a complaint. Consumers and representatives advised that when they have provided feedback or made a complaint, they were generally satisfied with the actions taken by the service to address their concerns and improve the delivery of care and services. The Approved provider in its written response to the Assessment Team’s finding has demonstrated actions to be taken in relation improvements to the complaints and feedback processes utilised by the service.

Staff demonstrated an awareness of the service’s complaints mechanisms and an understanding of how to assist consumers to provide feedback. Staff provided examples of actions taken in response to complaints, such as changes in the way care is delivered.

The organisation’s policy requires the details of each complaint and the actions taken to be recorded in both the service register and in the consumer file to evidence consumer feedback has been actioned. The service had implemented improvements in relation to consumer feedback, including the service maintaining a record of both consumer compliments and complaints.

The organisation had an open disclosure policy. The service’s records of complaints and actions taken evidenced an open disclosure process was applied with each consumer and representative.

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

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANT 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

## Consumers confirmed that staff were kind, caring and respectful. They were confident staff were adequately trained and were competent and skilled in their roles.

## Consumers said they were satisfied with the number of staff and the availability of clinical and care staff to meet their care and service needs. Consumers said when they used their call bell staff respond promptly.

Staff interviewed reported they generally had enough time to provide consumers with the assistance and care to meet their individual needs and preferences without rushing.

Care and registered staff were able to describe the training, support, professional development and supervision they received during orientation and on an ongoing basis.

The service had implemented improvements in relation to workforce planning including the recruitment of additional clinical staff and a performance appraisal process to ensure staff performance appraisals are up to date.

Staff were observed assisting consumers in a way which was respectful and did not rush consumers through the process.

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

## 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.*

### 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) Compliant

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

Consumers and representatives considered the organisation was well run and that they could partner in improving the delivery of care and services. Consumers and representatives advised they were satisfied with the levels of engagement they had with staff and management. They reported that they were frequently asked for their input and feedback.

The organisation’s governing body promoted a safe, inclusive and quality culture through the development of policies, frameworks and guidelines in relation to assessment and care planning, risk management, incident management, hazard control, communication and quality management.

The organisation had implemented systems to monitor the performance of the service, including providing regular reports to the governing body and board. Monitoring systems include a range of databases and reports for incident management, compulsory reporting, feedback and complaints, quality audits, satisfaction surveys (care, services and food), hazards and workplace safety. The governing body met regularly to review and consider this information.

The organisation had implemented effective organisation wide governance systems, effective risk management systems and processes and a clinical governance framework. Organisational policies guide staff practice including in relation to antimicrobial stewardship, restraint minimisation, dignity of risk and open disclosure. Staff were familiar with these policies and could describe how they applied to the work that they do.

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

### Requirement 8(3)(d) Compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*

### Requirement 8(3)(e) Compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

# 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.