TriCare Kawana Waters Aged Care Residence

Performance Report

Riveraine Avenue
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**Commission ID:** 5471

**Provider name:** TriCare (Kawana Waters) Pty Ltd

**Site Audit date:** 31 May 2021 to 3 June 2021

**Date of Performance Report:** 6 August 2021

# Publication of report

This Performance Report **will 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** | **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 |
| **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.
* the provider’s response to the Site Audit report received 6 July 2021.
* The monitoring assessment contact report dated 16 July 2021.

# 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

Overall sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

Consumers/representatives confirmed consumers are treated with respect by staff and management. Consumers/representatives confirmed consumers are encouraged to do things for themselves and are encouraged to maintain their independence.

Consumers confirmed through examples that staff know what is important to them and support them to maintain links with their family, friends, pets, and new friendships at the service. Consumers/representatives confirmed consumers’ personal privacy is respected, and their private information is kept confidential.

Staff were observed interacting with consumers in a dignified and respectful manner, addressing consumers by their preferred name.

Interviews with staff and review of care planning documents demonstrated relevant information is collected and shared to support the consumers choice, their decisions are respected and shared with relevant care and service staff. Consumer relationships are acknowledged and supported: consultation occurs to ensure staff awareness of matters of importance to the consumer to support the consumer to live the best life they can.

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 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

Overall sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services.

Sampled consumers and representatives confirmed they are included in the assessment and care planning process. Consumers interviewed confirmed they are informed about the outcomes of assessment and planning.

Staff reported they are given information about new consumers, or updates regarding a consumer’s care needs during handover.

Care documentation demonstrates assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning if the consumer wishes.

Registered staff were able to describe how they involve the consumers/representatives and appropriate health professionals in assessment, planning and review process. Information provided was consistent with feedback from sampled consumers.

Documentation confirmed care and services are reviewed and care plans updated on a regular basis, or when incidents impact on the needs and preferences of consumers.

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-COMPLIANTPersonal 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

Overall sampled consumers considered that they receive personal care and clinical care that is safe and right for them.

The service demonstrated the needs and preferences of consumers nearing the end of life are recognised. Staff could describe how they support the comfort and dignity of consumers. Consumers/representatives interviewed said staff had spoken to them about advance care planning and end of life preferences.

The service demonstrated deterioration or changes in a consumer’s health are recognised and responded to. Staff could describe the process for escalating changes to a consumer’s health. Consumers and their representatives were satisfied with the responsiveness of the service when a change in a consumer’s clinical condition is identified.

The service provided evidence of the workforce and others having access to consumer information. Staff reported they are informed of the needs and preferences of consumers. Consumers/representatives sampled said they were satisfied that their needs and preferences are effectively communicated between staff and the consumer receives the care they need.

Consumers and representatives confirm referral to health professionals occur in a timely manner.

There are processes in place to minimise infection related risks and staff receive infection control training.

However; The service was unable to demonstrate that physical restraint authorisations were completed or reviewed in accordance with the organisations ‘restraint’ policy requirements. The service did not demonstrate understanding and management of chemical restraint when informing consumers/representatives about the effects of psychotropic medications, to enable consumers/representatives to make an informed decision about their options.

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.*

The Assessment Team provided information that the service was unable to demonstrate chemical and physical restraint authorisation processes and providing information to consumers/representatives on the effects of psychotropic medications had been consistently followed. The service did not demonstrate the completion of authorisations and review of consumers subject to restraint in accordance with the organisation’s policy.

The Approved Provider provided a response that contained clarifying information as well as supporting documentation including audit reports, clinical records extracts, restraint summary reports, meeting agenda and minutes, training information and a continuous improvement plan. The Approved Provider acknowledge the deficits identified by the Assessment Team in relation to the absence of documentation for the authorisation of restraint, or that consumers/representatives were informed of the effects of psychotropic medications. The services has implemented corrective actions to address these deficits. I have the read the attachments to the response in relation to these matters.

The Approved Provider did not agree with the Assessment Teams findings relating to organisational policies, and aspects of information provided by service staff. I accept the Approved Providers disagreement with information presented by the Assessment Team, and have read the attachments to the response relating to these matters. However, I am not persuaded that these aspects of the response would demonstrate compliance with the Requirement.

I have considered the Assessment Team’s report and the Approved Provider response, and I find that at the time of the Site Audit the Approved Provider did not demonstrate effective management of restraint. I find that consumers were not provided effective personal, or clinical care that was best practice, tailored to their needs or was optimising their health and well-being.

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.*

# 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

Overall sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

The service demonstrated that consumers receive services and supports for daily living that are tailored to their needs, goals and preferences enabling them to live a life of their choosing, optimising their independence, health, well-being and quality of life.

Consumers sampled said their emotional, spiritual and psychological well-being needs, goals and preferences are supported within and outside of the service.

The service demonstrates that consumers are supported to participate in the community within and outside the service, have social and personal relationships and engage in personal interests. The care documentation for sampled consumers detailed information outlining activities of interest, evidence of participation in activities as well as information about relationships consumers wish to maintain.

Consumers sampled reported they felt information regarding their daily living, choices and preferences is effectively communicated and staff who provide daily support understand their needs and preferences.

The service demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services.

The service demonstrated that where meals are provided, they are varied and of suitable quality and quantity. Consumers expressed satisfaction with the food and said there is plenty available, including snacks between meals, and they are comfortable asking staff for more or an alternative and said staff accommodate their requests.

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

Overall sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment.

The service demonstrated the environment is welcoming, easy to understand and optimises each consumer’s sense of belonging, independence, interaction and function. The Assessment Team observed the overall service environment to be welcoming, clean and odour free.

Consumers reported they can move freely about the service both inside and outside and feel safe in doing so.

Maintenance staff described the process for staff reporting and the completion of maintenance requests at the service. They advised, and review of the electronic database confirmed, there were no outstanding reactive maintenance requests at the time of the audit.

The Assessment team observed cleaning logs demonstrating the completion of routine cleaning activities including consumer rooms, bathrooms, communal areas, high touch areas and the use of a commercial scrubber to clean vinyl flooring.

Furniture, fittings and equipment were observed to be safe, clean, maintained and suitable for consumer use. Consumers/representatives expressed satisfaction with the suitability, safety and cleanliness of furniture and equipment.

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

Overall sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

The service demonstrates it encourages and supports consumers to provide feedback or complain about the care and services they receive. The service demonstrates it uses an open disclosure approach when something does go wrong. Consumers and representative report changes are made as a result of their feedback.

Staff demonstrated an awareness of the complaints’ mechanisms available at the service and could describe how they would respond to consumer/representative feedback. They also demonstrated an understanding of advocacy and interpreter services that are available to support consumers/representatives.

The service provides information regarding complaints, advocacy and interpreter services in the consumer welcome pack and handbooks. This information is displayed on posters and brochures suggestion forms are available for use with a secure box to maintain confidentiality of the complainant.

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

Overall sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

Staff said there were enough staff rostered and they had adequate time to meet consumers’ care and service needs.

The organisation’s training program provides new staff with an orientation and ongoing training in skills that are relevant to each role. There are assessments of competency in key skills such as medication management, hand hygiene, catering and cleaning. Workforce planning ensures an appropriate number and mix of staff is available to manage and deliver safe and quality care and services.

The performance of staff is regularly monitored, and performance issues are addressed. Staff are satisfied they have access to training relevant to their role.

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

Overall sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services.

The governing body promotes a culture of safe, inclusive and quality care and services and has established processes to ensure it is accountable.

The organisation demonstrated effective systems for information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints handling.

The organisation has implemented effective risk management systems and practices.

Staff had been trained in risk management and were able to provide examples of the relevance of risk, such as identifying clinical risks through ongoing assessment.

The service provides clinical care and has a clinical governance framework that includes policies on antimicrobial stewardship, minimising the use of restraint and open disclosure.

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*
4. *managing and preventing incidents, including the use of an incident management system.*

### 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

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.

* Ensure each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that: is best practice; and is tailored to their needs; and optimises their health and well-being.
* Ensure effective management of both physical and chemical restraint.