TriCare Mt Gravatt Aged Care Residence

Performance Report

20 Somerfield St
MOUNT GRAVATT QLD 4122
Phone number: 07 3349 9122

**Commission ID:** 5949

**Provider name:** TriCare Mt Gravatt Aged Care Pty Ltd

**Assessment Contact - Site date:** 13 November 2020 to 16 November 2020

**Date of Performance Report:** 5 January 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)(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 7 Human resources** |  |
| Requirement 7(3)(a) | 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 9 December 2021.

# 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

Most sampled consumers considered that they receive personal care and clinical care that is safe and right for them. For example:

* Consumers/representatives sampled advised that consumers receive the care they need.
* Consumers/representatives sampled advised they have access to a medical officer or other health professional when they need it.

The Service has processes to manage high impact and high prevalence risks to consumers. End of life care needs are identified, and end of life care is provided in line with consumers wishes. Consumers are referred to medical officers and allied health professionals as required.

The Services has processes to manage infection risks to consumers.

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.*

The Assessment Team provided information that actions to minimise or prevent infection are not adequate, and staff practices do not support an effective infection control program.

The Approved Provider provided a response that included clarifying information and additional context to observations made by the Assessment Team, as well as a plan for continuous improvement, training records, memorandum, competency records, meeting agenda and minutes.

In relation to observed staff practices, the Approved Provider provided context to these observations, including them occurring within a secure unit, and as part of the provision of care. The Approved Provider acknowledge that the staff practices were not always appropriate and has provided additional education to staff. In relation to the observation of the consumers handling food and items on the tea trolley, the process for distribution of afternoon tea has been reviewed, modified and a successful trial conducted. Consumers no longer have access to the tea trolley with an individualised service commenced.

I have considered the Assessment Teams report and the Approved Providers response and their actions taken during and since the assessment contact. Whilst I accept and acknowledge that the Assessment Team observed some staff practices that did not demonstrate effective infection control practices, I also note that generally the staff and management interviewed were aware of their responsibilities in relation to infection control. I also note that the deficits in staff practices were not observed to be systemic across the service. I also note the Service has effective entry screening processes for staff and visitors and a current outbreak management plan. Staff have received additional reminders about the importance of infection control and additional training in infection control.

I find this requirement is compliant.

# STANDARD 7 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

As all requirements were not assessed, no overall rating for the Standard is provided.

## 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.*

# 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.