TriCare Toowoomba Aged Care Residence

Performance Report

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**Commission ID:** 5947

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

**Assessment Contact - Site date:** 20 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** |  |
| Requirement 3(3)(a) | 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.

# 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 compliance rating for the Quality Standards 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.*

The service was able to demonstrate that each consumer received safe and effective person and clinical care that was best practice, tailored to meet the individual consumers needs and optimises their health and well-being.

Sampled consumers’ care documentation (including care plans, assessment, progress notes, medication charts, monitoring records and other relevant correspondence) reflected care that was safe, effective and tailored to specific needs and preferences of the individual consumer.

Consumer/representative’s sampled expressed their satisfaction with the personal and clinical care provided and advised staff had an understanding of their individual care needs and preferences.

All staff had access to evidence-based policies, procedures and guidelines to guide consumer personal and clinical care. The service had completed training for registered staff in clinical care areas such as restraint and catheter care. The service’s assessment and care planning processes ensure consumers’ needs and preferences are documented to guide care, and care plan reviews were undertaken three-monthly or as consumers’ needs change. Registered nurses ensured care plans were updated to reflect changes in consumers’ needs, and this was monitored via clinical audits. Management confirmed they monitored staff practices through observation and feedback from consumers/representatives.

Care staff advised they ensured they provided safe and effective care by following the consumers’ care plan, referring to service policies and guidelines, through completion of training offered by the service and reporting any changes in consumers’ health status and/or needs to the registered nurse. Care staff said they are aware of the consumers’ needs and preferences and can refer to consumer’s care plan in the electronic care planning system.

Review of meeting minutes confirmed clinical indicators were reviewed monthly at a service level as well as at an organisational level. The management team identified strategies to minimise the risk of reoccurrence of incidents to individual consumers and aimed to identify improvements to practice that will lead to better outcomes for all consumers.

Following a review of physical and chemical restraint authorisations, the Assessment Team identified appropriate restraint authorisations including consumer assessment and consent were completed. The Assessment Team reviewed these records and identified consumers within the service who had been assessed as requiring physical and/or chemical restraint had an authorisation record. The service has reviewed processes for psychotropic use and implemented strategies to monitor their use. Management advised the Assessment Team data from these audits was analysed and psychotropic use was reported as a clinical indicator to the monthly management meeting.

The organisation had a number of policies and procedures that guide staff practice in consumer care in relation to chemical and physical restraint. The Restraint and restrictive practice policy outlined the organisation’s commitment to the provision of the least restrictive environment and ensuring if any restraint is used, this is only as a temporary solution and should only be considered after a comprehensive assessment.

The organisation has developed their own skin assessment tools and the policy. The policy outlined the organisation’s evidence-based approach to preventing and managing pressure injuries, including describing processes around formal pressure injury risk assessment tools, preventative strategies, the use of specialised equipment and wound management.

The organisation has a pain management procedure that guides clinical staff through the assessment and re-assessment processes, including the use of specialised tools for consumers who cannot verbalise pain. The procedure identifies when re-assessment must occur at any time the consumers’ pain is not being effectively managed such as increased use of as required medication, change in the consumer’s condition, where a wound is present, or a new pain site is identified.

Based on the information summarised above, it is my decision this Requirement is Compliant.

### 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 service had documented policies and procedures to support the minimisation of infection related risks through the implementation of infection control principles and the promotion of antimicrobial stewardship.

Staff interviewed were able to describe how infection related risks were minimised, including the use of personal protective equipment, provision of adequate hydration to consumers, influenza vaccinations, education and training relating to COVID-19.

Following an Assessment Contact visit conducted on 13 August 2020, the service has implemented a number of improvements to address the deficiencies identified. The organisation has written policies and procedures relating to infection control and antimicrobial stewardship.The Assessment Team observed hand hygiene facilities throughout the service and the availability of PPE.

Vaccination records show 92.4% consumers have received influenza vaccinations and 100% of staff, including allied health and contractors have received the influenza vaccination. The service works with the Public Health Unit at the Hospital and Health service, who provides advice, support and direction in relation to infection control and management of infection outbreaks at the service.

Management stated the service had completed a number of performance reviews with registered staff members, in relation to the services response to preparedness for a COVID-19 outbreak.

The service had implemented a number of changes during the last two months, including rearranging the front reception area to accommodate social distancing and for effective screening of visitors to the service, implementing an entry and exit points at the front entrance, staff completing the screening of all visitors, new signage implemented at the entrance and throughout the service, including posters on infection control, handwashing, social distancing, cough and sneezing etiquette and updated government directions. Additional personal protective equipment has been purchased and is available for staff use, including face shields. Density signage was in place throughout the service. Review of staff duties lists has occurred to include additional cleaning of high touch points and cleaning of shared equipment between use.

Management advised the service has reviewed their Outbreak Management Plan and is now site specific and included associated information, including contact details for Medical officers, Public Health Unit and Government departments. The plan is a living document/folder which was accessible to all staff. Management demonstrated the plan had recently been reviewed by the Public Health Unit and updated as per their recommendations.

The Assessment Team completed an Infection Control Monitoring Checklist as part of the Assessment contact and identified the service had processes in place to manage a potential COVID-19 outbreak.

Based on this information, it is my decision 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.