Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Tarragal House |
| Commission ID: | 2794 |
| Address: | 107 Karalta Road, ERINA, New South Wales, 2250 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 6 June 2024 |
| Performance report date: | 2 July 2024 |
| Service included in this assessment: | Provider: 372 Thompson Health Care Pty Ltd  Service: 1149 Tarragal House |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Tarragal House (**the service**) has been prepared by Katrina Platt, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the following information given to the Commission, or to the assessment team for the Assessment contact (performance assessment) – site of the service: internal intelligence referral dated 13 May 2024.

# Assessment summary

|  |  |
| --- | --- |
| Standard 3 Personal care and clinical care | Not Applicable as not all Requirements assessed |
| **Standard 7** Human resources | **Not Applicable as not all Requirements assessed** |
| **Standard 8** Organisational governance | **Not Applicable as not all Requirements assessed** |

A detailed assessment is provided later in this report for each assessed Requirement.

# 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 required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | |  |
| Requirement 3(3)(a) | 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. | Compliant |

Findings

Consumers and consumer representatives were satisfied the personal care and clinical care provided was safe and consumer needs were met. Staff were knowledgeable about individual consumer needs and preferences for personal care, comfort and dignity, and skin integrity management strategies. Staff demonstrated a good understanding of restrictive practices and were familiar with falls prevention and management for consumer safety. Care documentation confirmed individual assessments were undertaken for consumers with increased skin integrity risks and personalised prevention strategies were implemented. Wound care was thorough, with wound photography and measurements evidenced in wound charts. Restrictive practices were monitored and reviewed, with consumer and consumer representative involvement and informed consent demonstrated. Falls management comprised individual consumer assessment and monitoring and included tailored support from medical officers and allied health professionals to meet consumer needs, goals and preferences.

# Standard 7

|  |  |  |
| --- | --- | --- |
| Human resources | |  |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |

Findings

Most consumers and consumer representatives indicated staff understood their responsibilities and were satisfied with care provided. Staff described orientation programs which aligned with their roles and responsibilities and additional support received during their initial shifts. Management discussed recruitment and orientation programs established for new staff and monthly review of staff training needs. Annual mandatory training included the Serious Incident Response scheme, elder abuse, restrictive practices, open disclosure, feedback, complaints handling and code of conduct. Completion of staff training was monitored for continuous improvement.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | |  |
| Requirement 8(3)(d) | 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. | Compliant |

Findings

Effective risk management systems and practices were demonstrated through a documented risk management framework, policies and procedures. Several monitoring strategies were undertaken for trend identification and continuous improvement, and reporting and escalation processes to the governing body were evident. Management discussed high-impact and high-prevalence risk management which included clinical data trend analysis, internal audits, daily incident reviews, and quality indicators. Identified risks and mitigation strategies were discussed monthly and continuous improvement actions associated with risk management interventions were evidenced.

Reportable incidents under the Serious Incident Response Scheme were investigated and managed appropriately and reported within legislative time periods. Consumers were supported to live the best life they can through a risk consultation process and risk assessments, which ensured consumer choices were respected. Incidents were investigated and reviewed. The plan for continuous improvement confirmed incidents were investigated and improvement strategies were identified through incident review and data analysis, and were monitored for effectiveness. Policies and procedures were demonstrated for identifying, responding to and reporting elder abuse and neglect, consumer dignity and choice, incident management and the Serious Incident Response Scheme.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)