Performance

Report

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| Name of service: | Torbay |
| Service address: | 43 Exeter Street TORQUAY QLD 4655 |
| Commission ID: | 5086 |
| Approved provider: | Torbay Lifestyles and Care Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 28 March 2023 |
| Performance report date: | 27 April 2023 |

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 Torbay (**the service**) has been prepared by S Turner, 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 - 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
* information about the service held by the Aged Care Quality and Safety Commission

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | Not applicable as not all requirements have been assessed |
| **Standard 8** Organisational governance | Not applicable as not all requirements have been assessed |

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

# 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

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| 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 |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

Consumers said they received the care and support they required and that it is delivered in a safe and effective manner. Consumers provided feedback that ‘staff are very caring’, keep the consumers safe and check to ensure the consumer is not in pain. Representatives for consumers including consumers who resided in the secure area of the service said staff know what they are doing and display kindness and respect; one representative described staff as ‘wonderful’.

The service has policies and procedures that guide clinical practice, and demonstrated timely identification, effective assessment, management, and evaluation of care delivery. The Assessment Team reviewed the care of consumers with specialised nursing care needs and those with high impact or high prevalence risks including consumers with sensory impairment, falls risks, complex wounds, pain, chronic disease and changed behaviours. Care delivered was safe and effective and optimised consumers’ health and well-being.

Consumer files included risk assessments and detailed individualised strategies to manage and minimise risk. For example, for a consumer with changed behaviours and a history of falls there was evidence of the involvement of a physiotherapist and dementia advisory service, protective equipment was available, sensor equipment was in use, lifestyle interventions were employed to engage the consumer and consideration was given to the noise in the environment. For consumers with high risk of impaired skin integrity there was evidence of daily review by care staff, the provision of regular pressure area care, the applications of creams and lotions and the use of pressure relieving equipment. Wound care was provided in accordance with consumers’ wound management plans and pressure area care was completed in accordance with care directives.

The service demonstrated staff monitor consumers following an incident and that referral to allied health professionals and other health providers occurred when a need was identified. Care plans were updated as required and reflected changes to care. A Nurse Practitioner was involved in clinical care delivery, including for example complex wound care, and clinical equipment was available to support care delivery.

Where restrictive practices were used there was evidence of assessments, authorisation, consent, and monitoring; behaviour support plans were in place. There were processes to track the use of psychotropic medication; information was trended and discussed in the monthly clinical data indicator analysis report. The service promoted a restraint free environment and senior clinical staff monitored the use of restrictive practices.

Regular pain assessments had been completed for consumers with chronic pain and specific pain assessment tools were used for those consumers who had difficulty with communication. Care plans reflected the use of pharmacological and non-pharmacological pain management strategies.

Staff were familiar with consumers’ needs and demonstrated an understanding of those strategies to support consumers and promote their safety. Staff explained they were guided by the consumers’ care plans and that changes to the consumers’ care needs were communicated at handover. Staff could describe behavioural triggers for consumers with changed behaviours and the interventions they employed that were documented in the consumer’s behaviour support plan.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |

Findings

Consumers and representatives said the service has qualified staff with the appropriate knowledge and skills to meet consumers’ needs and preferences. Representatives for consumers, including consumers who resided in the secure area of the service said staff know what they are doing and display kindness and respect for the consumers. One representative said staff are knowledgeable and are calm in the manner they undertake their work.

The service has position descriptions and guidelines that establish responsibilities, knowledge and skills required for each role. These are monitored on an ongoing basis by designated staff in key roles to ensure they remain current and supportive of the skills and knowledge required to support consumer care delivery.

Management said staff competencies are determined through skills assessments and monitored through staff appraisals, consumer and representative feedback, audits and surveys, and review of clinical records and care delivery. Completion of training, including mandatory training is monitored and there are processes such as review of clinical indicator data, to identify additional staff training opportunities. For example, due to an increase in falls in one area of the service, additional training in managing falls was completed by registered staff; staff confirmed there had been a reduction in falls in the area.

The Assessment Team spoke with staff and reviewed education records and found staff education included the Serious Incident Response Scheme, open disclosure, nutrition and hydration, medication management, falls management, restrictive practices, pressure injury prevention and incident management. Staff confirmed education and training is readily available to them and said there had been a focus this year on areas including incident reporting, the Serious Incident Response Scheme, wound care, falls management, behaviours, and clinical documentation.

# Standard 8

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| 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

The service demonstrated effective systems and practices including an incident management system, to identify, respond and manage risks and incidents to consumers.

Policies and procedures guide management and staff in relation to assessment and care planning, incident management, the Serious Incident Response Scheme and reporting timeframes, data collection and analysis. The Assessment Team reviewed the service’s incident reporting log and sampled a selection of incidents that included incidents to be reported under the Serious Incident Response Scheme and found that incidents were reported and investigated through the incident management system and where required, were reported in line with regulatory obligations.

Monthly high impact and high prevalence risks associated with the care of consumers is captured in reporting and discussed with the Board during the monthly clinical risk and compliance meeting. The Assessment Team reviewed recent meeting minutes and found that they addressed incidents reported under the Serious Incident Response Scheme, identified trends in falls and reduction strategies and discussed protocols relating to Schedule 8 medications, restrictive practices, and quality indicators.

Staff have received education and training in the incident management system and were aware of their responsibilities including reporting obligations under the Serious Incident Response Scheme in relation to allegations of abuse and neglect.

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