Performance

Report

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| Name: | Touriandi Limited |
| Commission ID: | 0270 |
| Address: | 4 Borah Road, BINGARA, New South Wales, 2404 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 18 June 2024 |
| Performance report date: | 23 July 2024 |
| Service included in this assessment: | Provider: 1129 Touriandi Limited  Service: 286 Touriandi Limited |

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 Touriandi Limited (**the service**) has been prepared by V Plummer, 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.

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

Findings

The service is ensuring high-impact, high-prevalence risks for sampled consumers are managed effectively particularly in relation to pain management, wound care, diabetes management, skin care and restrictive practices. Strategies to mitigate risks are implemented and management review, trend and analyse clinical incident data which is reported both within the organisation and externally.

Consumers reported the service effectively managed known risks to them. Staff demonstrated their knowledge and understanding of the assessed needs of consumers, providing examples of individual risks and strategies to mitigate those risks. They also explained how they escalate concerns, such as when consumers require as required pain medication, to the on-call registered nurse.

While the service is completing assessments of risk and ensuring appropriate care delivery for consumers subjected to restrictive practices, it was noted that most behaviour support plans are generic and not tailored to individual consumer’s needs. However, staff were able to explain how they would address the risks associated with consumers, including changed behaviours and could describe individualised strategies to support consumers and mitigate those risks. In response management acknowledged the Assessment Teams’ feedback and reported they had identified the need for behaviour support plans to be individualised and training has been provided to all registered staff, including those engaged through a labour hire contractor, in April 2024, to effectively assess and plan for consumers' care needs, including behaviour support.

I have considered the information within the assessment contact team report, and I have placed weight on the information provided, including the positive feedback from consumers in relation to how the service manages known risks. Additionally, staff demonstrated knowledge and understanding of consumers’ risks, and documentation reviewed reflected effective management of consumers’ risks.

It is my decision Requirement 3(3)(b) is Compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | 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. | Compliant |

Findings

Consumers and representatives provided positive feedback in relation to consumer care and services and said there were enough staff on duty who are knowledgeable in providing consumers’ individualised care and clinical needs. Documentation demonstrated the service has systems in place to regularly review the delivery and management of safe, quality care and services including regularly monitoring of call bell response times.

Staff described their understanding of consumers’ individualised needs and confirmed the regular education and training they receive to ensure they are qualified and competent including training on clinical tasks and on the escalation process. A suite of other allied health professionals are engaged at the service in addition to the medication competent care and registered staff.

In relation to the workforce responsibilities (including the 24 hours a day, 7 days a week (24/7) Registered nurse (RN) requirement and mandatory care minutes), there are RNs rostered on-site and on-duty each day however not across all shifts. A review of the service’s roster, interviews with staff and management identified the service is not currently meetings its mandatory care minute targets. The service has implemented strategies to increase the targeted mandatory care minutes, including the administration team managing the replacement of staff during business hours and replacing staff on planned and unplanned leave and extending working hours to ensure staff availability and continued recruitment of registered staff. Management described the on-call process, and alternative care arrangements for when a RN is not on-site and on-duty.

The service is utilising a mix of registered staff and care staff across 24/7 and has an ongoing mandatory education and training program in place, which is held face to face and online and monitors staff competencies, including medication competency.

I have considered the information within the assessment contact report, and I have placed weight on the information within the report, including the positive feedback from consumers and representatives interviewed. I also noted the staff's knowledge and understanding of consumer care needs and escalation processes, as well as the involvement of allied health professionals in the clinical care of consumers.

It is my decision Requirement 7(3)(a) is Compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(e) | 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. | Compliant |

Findings

The service has a documented clinical governance framework and policies in relation to antimicrobial stewardship, restrictive practices, and open disclosure, which provides guidance to staff and the service to ensure the delivery of quality care to consumers. Staff demonstrated an understanding of the clinical governance framework and provided practical examples of how antimicrobial stewardship, minimising the use of restraint and open disclosure was implemented within their daily tasks.

The clinical governance system covered a range of clinical topics including specialised clinical care, palliative care, falls and wound management, medication and pain management and restrictive practices. The service demonstrated an incident management system, which includes a review of incidents and analysis to identify contributing factors, however the service did not demonstrate a sound understanding of the serious incident response scheme with one noted incident involving a consumer not reported to the scheme. Following feedback from the assessment team, management reported the incident to the serious incident response scheme. The clinical governance process includes clinical observations and a process for recognising deterioration for consumers and the escalation process for staff to follow.

I have considered the information within the assessment contact team report, and I have placed weight on the information within the report including the evidence of effective implementation of the clinical governance framework at the service through the monitoring and management of high-impact and high-prevalence consumer risks, a competent and qualified workforce, and ongoing continuous improvement actions.

It is my decision Requirement 8(3)(e) is Compliant.

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)