Performance

Report

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| Name: | TriCare Annerley Aged Care Residence |
| Commission ID: | 5927 |
| Address: | 421 Annerley Road, ANNERLEY, Queensland, 4103 |
| Activity type: | Site Audit |
| Activity date: | 30 July 2024 to 1 August 2024 |
| Performance report date: | 27 August 2024 |
| Service included in this assessment: | Provider: 7227 TriCare Annerley Aged Care Pty Ltd  Service: 3843 TriCare Annerley Aged Care Residence |

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 TriCare Annerley Aged Care Residence (**the service**) has been prepared by Nicola Eastwood, 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 Site Audit 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 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above, and as a result complies with this Standard.

Consumers confirmed they are treated with dignity and respect. Staff demonstrated knowledge and understanding of individual consumers and their backgrounds, the people important to them, preferences, choices and cultural needs. Care planning documentation included detailed consumer background and individual preferences. staff described how they adapt the way care and services are offered so they are culturally safe for each consumer. They described how they address misconceptions, bias, stereotypes and other barriers to delivering culturally safe care and services free from discrimination.

Management explained consumers and representatives are engaged in decision-making through case conferences, the use of the complaints and feedback system, consumer meetings, and through one-to-one conversations with management, clinical and lifestyle staff. Case conferences are held with consumers and/or representatives when a consumer expresses a desire to take risks, and the benefits and possible harm involved in the decision are discussed with them. The risks are re-assessed regularly depending on the level of risk and any deterioration in the consumers health and well-being.

Consumers described how information such as the activities for each week and daily menus were communicated. Staff explained that at handover any changes related to consumer needs or preferences, or outings occurring for the day are discussed enabling consumers to be prepared and ready for activities.

Staff are guided by a confidentiality policy and described how consumer information is kept confidential with staff having access to a password protected electronic tablet.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above, and as a result complies with this Standard.

Consumers and representatives were satisfied with the assessment and care planning process. The service undertakes a comprehensive assessment and care planning process when the consumer enters the service to identify their needs, goals, and preferences. There was evidence that care plans were reviewed and updated whenever risk was identified, and interventions implemented.

Advance care planning and end-of-life preferences are discussed with consumers and representatives on entry to the service and as consumer care needs change. Care planning documentation included consumer needs, goals, and preferences as well as end-of-life wishes. Care documentation reflected that consumers and representatives were consulted in the assessments and care planning process. There was evidence of collaboration with a multi-disciplinary team members such as medical officers, physiotherapists, speech pathologists, podiatrists and dietitians.

Consumers and representatives confirmed they were aware they had access to a copy of care planning documentation and would be comfortable requesting a copy if they chose to. case conferences occur at the 3 monthly care plan review and as needed. Staff explained that the outcomes of care planning review and/or changes following an incident health professional assessment are communicated to consumers and representatives. There was documented evidence of regular care plan review as well as when changes to care needs occur and staff were aware of their responsibility to escalate care requirements where incidents or a deterioration was evident.

# 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 |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | 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. | Compliant |
| Requirement 3(3)(e) | 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | 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. | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above, and as a result complies with this Standard.

Consumers and representatives confirmed consumers receive the care they need and staff demonstrated knowledge of individual consumer personal and clinical care needs. There was evidence of appropriate management of complex clinical care needs, with documentation supporting medical officer recommendations and interventions were followed as required. Staff displayed appropriate knowledge of restrictive practices, non-pharmacological strategies, and the importance of monitoring and documenting behaviours. There was evidence of consent where restrictive practice is indicated, with care planning documentation including behaviour support plans, behaviour monitoring and use of non-pharmacological strategies prior to administration of as needed psychotropic medication.

Wound assessment and management are undertaken by the Registered Nurse. Wounds are reported in the electronic information care system, and skin integrity of consumers is observed daily by the care staff. There was evidence of adequate wound care, medical officer review and treatment consistent with medical officer instructions and wound care plans. Consumer pain is regularly assessed through pain charting to identify any new or unmanaged pain and medication management is supported by an electronic medication system and three-monthly medication review.

The service identified falls as a high impact high prevalence and has implemented individualised strategies to help manage these, such as the use of sensors, regular visual checks, health professional review and using appropriate equipment. Training in falls prevention and management has been provided to staff and where a fall occurs an initial assessment, investigations/observations and an incident form are completed. The falls risk assessment tool is updated, representative informed, and the health professionals complete a post fall review.

Advance health directives and/or other end-of-life directives such as resuscitation advice is retained by the service and reflected on consumer care plans. Care planning documentation and progress notes also reflected the identification of, and response to, deterioration or changes in consumer condition. Staff described how changes in consumer care and services are communicated in the service’s online progress notes and at handover, including identification of consumers whose care needs may have changed or whose condition has deteriorated.

Consumers and representatives confirmed referrals are timely, appropriate and occur when needed. The service has documented policies and procedures to support the minimisation of infection related risks through the implementation of infection prevention and control principles and the promotion of antimicrobial stewardship. The service also demonstrated preparedness in the event of an infectious outbreak, including a COVID-19 outbreak management plan and monitoring of vaccination rates.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above, and as a result complies with this Standard.

Consumers indicated they can take part in activities they enjoy, and staff are aware of their needs and their preferences. There was evidence of a range of available and modified access to activities where required, as well as care plans including how to support consumers to optimise their independence, health, well-being and quality of life.

Staff described spiritual and emotional supports consumers can access and how they recognise where a consumer may require emotional support. Consumers shared experiences where they had experienced personal loss and were able to access support from the staff and service. Consumers also indicated that they are supported to have social and personal relationships and to take part in activities of interest to them. The activities calendar is developed incorporating consumer interests with a range of group, and individual activities as well as bus trips of consumer choice.

Lifestyle staff explained how they are updated when a consumer condition, preference or needs changes. Hospitality staff also explained how they are informed when there are changes to a consumer’s dietary requirement. Consumers confirmed they are engaged with services and supports, such as volunteers and lifestyle activities delivered by external providers. Care planning documentation demonstrated that the service involved other organisations, health care professionals or services as required and demonstrated timely and appropriate referrals.

There was evidence of adequate documentation of individual dietary needs, requirements and preferences. Consumers confirmed they were satisfied with the meals provided at the service. Catering staff explained that there is a seasonal menu reviewed by a dietician and consumers contribute to menus through food focus meetings. Management confirmed training has been provided to staff related to dietary modification and how to prepare thickened fluids.

The service has range of equipment to support lifestyle activities, and the ability to purchase additional equipment to enrich the activities, or benefit an individual consumer, as necessary. Shared equipment is cleaned after each use and staff described the process for reporting to maintenance faulty or defective equipment.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above, and as a result complies with this Standard.

Consumers confirmed they find the service environment to be safe, clean and comfortable. Management described features of the service environment which are designed to support function for consumers, including for those who live with functional and cognitive impairments. Staff explained they assist consumers with physical, sensory or cognitive impairments to move safely around the service. Corridors, lounge areas, dining rooms and outdoor spaces were spacious and clear of hazards enabling consumers to move through the service easily. Outdoor areas were clean and well-maintained and allowed an easy flow of movement for consumers, representatives and staff.

Maintenance staff described how a preventative maintenance schedule and environmental audits are completed to ensure the functionality of equipment and the environment. There is a cleaning schedule in place to support daily cleaning of consumer rooms and common areas, specific tasks in relation to infection prevention and control, such as multiple high touch point cleaning throughout the day. Staff explained how shared equipment is cleaned and how they know the equipment used for handling consumers is safe to use.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above, and as a result complies with this Standard.

Consumers and representatives confirmed they feel comfortable to raise concerns or provide feedback. Hard copy feedback forms, complaints and feedback posters were on display and a secured box available to deposit feedback forms. Feedback and complaints processes and procedures as well as external complaints information was also displayed throughout the service.

Management described how they inform consumers of advocacy and language services and consumers provided examples of how they could escalate a complaint through a representative or advocate. Staff confirmed they receive training in complaints and open disclosure during orientation and annually thereafter. Staff also explained that where complaints cannot be resolved straight away, they follow procedures to document and report to management for further action.

Feedback and complaints are reviewed daily and entered into the feedback register and any items for continuous improvement are identified and logged into the electronic continuous improvement plan. The complaint register demonstrated that the service was taking timely and appropriate action in response to complaints and used the information to improve care and services. The Assessment Team report included examples of improvements to the service environment and available equipment.

# 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 |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| 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 |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above, and as a result complies with this Standard.

Consumers and representatives confirmed there are enough staff to deliver safe care and services. Management explained vacant shifts are filled through extended shifts, casual pool and agency staff. Staff indicated they have sufficient time to provide safe and quality care to consumers. Workforce requirements are reviewed at regular meetings and there is a registered nurse onsite 24 hours a day.

There was evidence of consideration to cultural consideration and the Assessment Team report included examples of enablement and respect for individual requirements. There is mandatory training in culturally safe care and management monitor staff interactions with consumers and representatives through observations, formal and informal feedback, and complaints.

Consumers and representatives indicated that staff were competent and had the knowledge to effectively perform their roles. Management and staff confirmed they were aware of the expectations for their role and described how they would access support when required. Staff files demonstrated evidence of relevant qualifications and/or experience, completed orientation checklists and mandatory training, performance reviews, probity checks and vaccination status.

Management indicated there is ongoing education and an annual planner for education to cover high risk areas of consumer care. Staff confirmed they are offered various training opportunities on-site and through the learning management system. There was evidence of multiple learning opportunities and scheduled training to ensure staff are equipped to deliver quality care.

Management and staff described staff performance appraisal and performance management processes. Staff records reflected that staff performance is continually assessed and monitored, through ongoing supervision, and identifying and addressing issues as they arise.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| 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 |
| 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above, and as a result complies with this Standard.

The service engages with consumers through general resident meetings, feedback forms, care reviews and more informally by talking to staff. Documentation provided by management demonstrated consumers are supported to share input on the care and services provided. There is a consumer advisory body in accordance legislative requirements and the service encourages interest for participation by consumers as well as well as a quality care advisory body. Meeting minutes for these meetings demonstrated complaints trend, areas for improvement, and results of consumer satisfaction surveys were discussed. Management described how the governing body (the Board) is involved in the delivery of care and services as indicated in its organisational chart and outlined in clinical governance policies.

Support workers confirmed they could readily access the information they needed, such as accessing consumer care plans, emails, service’s intranet with policies and procedures and training platforms. Management advised they are accountable for the financial budget at a local level including staffing and consumables. Reports and discussions regarding financial governance are discussed during fortnightly Operations and Communications Meetings and escalated to the Board as required.

Opportunities for continuous improvement are identified through review of incidents, feedback and complaints. The service’s plan for continuous improvement (PCI) demonstrated improvement actions consistent with analysis and trending.

The service maintains information regarding the currency of staff through their electronic Human Resources system. The Assessment Team reviewed position descriptions which contained clear information regarding necessary qualifications and required tasks. Regulatory and legislative changes are monitored through membership of the peak provider body and attendance at regular meetings.

There are effective risk management systems and practices, as demonstrated by the clinical care provided, staff interviews, and documentation review. The service assesses and manages consumer risks, trains its staff in relation to abuse and neglect, and maintains an effective incident management system. The service has an incident management system and an overarching reportable incident, accident and policies and procedures informing reporting requirements.

The service has a clinical governance framework which outlines antimicrobial stewardship, restraint, and open disclosure. Staff demonstrated an understanding of restrictive practices and were aware of the services related policies.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)