Performance

Report

**1800 951 822**

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| Name of service: | TriCare Annerley Aged Care Residence |
| Service address: | 421 Annerley Road ANNERLEY QLD 4103 |
| Commission ID: | 5927 |
| Approved provider: | TriCare Annerley Aged Care Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 2 August 2023 |
| Performance report date: | 31 August 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 TriCare Annerley Aged Care Residence (**the service**) has been prepared by J Earnshaw, 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
* the provider’s response to the assessment team’s report received 23 August 2023
* other information and intelligence held by the Commission in relation to the service

# Assessment summary

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| Standard 3 Personal care and clinical care | Non-compliant |
| **Standard 5** Organisation’s service environment | **Non-compliant** |

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* Ensure safe administration and management of time-sensitive medications
* Maintain a safe and clean environment, including management of wildlife

# 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. | Non-compliant |

Findings

The service did not demonstrate the provision of safe personal and clinical care that reflects the needs of the consumer. Specifically in relation to restrictive practice for consumers who are subject to environmental and physical restraint and in relation to the administering and documenting the administration of time-sensitive medications to consumers.

Whilst consumers advised they are satisfied with the care they receive, review of care documentation, interviews with staff and observations by the Assessment Team identified care delivery is not safe and effective in relation to medication management and use of restrictive practice at the service.

Staff did not demonstrate a shared understanding of what constitutes an environmental restraint. The Assessment Team identified two consumers who were subject to environmental restraint without a risk assessment or informed consent and one consumer who uses a floor line bed who had not been identified as receiving mechanical restraint, did not have a risk assessment or documented consent for the use of the restraint.

In regard to restrictive practise:

* The Approved Provider acknowledges the deficiencies identified and detailed the measures implemented at a service level and organisationally.
* The response describes actions taken to address these deficiencies, including a review of all consumers at the service to determine if restraint is being applied, new admission assessments, ongoing audits, staff education, change of processes for entry doors/ removal of coded entry during business hours and an overall organisational policy review related to restrictive practise.
* I am satisfied that the Approved Provider has addressed these deficiencies and has processes in place to further mitigate a re-occurrence of such deficiencies.

In regard to medication management:

* The Assessment Team identified two consumers prescribed time-sensitive medications for Parkinson’s disease who had either received this medication late or not at all on three occasions each in July 2023.
* I note the Approved Provider’s response details actions implemented to address these deficiencies, such as increased clinical oversight and staff education related to on-time administration of time-sensitive medications. However, as stated in the response, it is necessary for ongoing monitoring of the effectiveness of the actions implemented.

I acknowledge the detailed body of information provided and the actions taken and committed to, as reported by the Approved Provider in their response. However, it is my decision that this requirement is non-compliant as improvement measures will take time to be embedded and evaluated for effectiveness, specifically in regard to time-sensitive medication management.

# Standard 5

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| Organisation’s service environment | |  |
| 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. | Non-compliant |

Findings

At the time of the assessment contact, the service did not demonstrate a service environment that is safe and clean.

The Assessment Team observed magpies within the service, interrupting meal service and bird droppings within the indoor and outdoor areas. I acknowledge the challenges identified in managing this situation and the actions taken reported by the Approved Provider in their response. However, there is no immediate resolution to improve the issue with wildlife, and improvement measures will take time to be implemented and evaluated for effectiveness.

The Assessment Team noted, and staff and consumers/representatives acknowledged the presence of a malodour throughout the service. Management took immediate actions during and after the assessment contact to mitigate the presence of malodour. However, improvement measures will take time to be evaluated for effectiveness.

A balcony door was identified as being locked, however, one consumer reported being able to access this area freely. I accept the actions taken by Management in response to the assessment team report, improving consumer access throughout the service.

Outdoor paved areas were identified as uneven and a potential trip hazard. The service took immediate action to secure these areas during the assessment contact and initiated works on these areas to improve safety for consumers. I accept the measures committed to by the Approved Provider in this matter.

The Approved Provider, in their response, outlined actions taken and committed to through an updated plan of continuous improvement. I am satisfied that adequate measures have been taken to address and provide safe consumer freedom of movement. However, it is my decision that this requirement is non-compliant due to the ongoing presence of wild birds and malodour within the service. Improvement measures will take time to be implemented and evaluated for effectiveness.

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)