Performance

Report

**1800 951 822**

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| Name: | TriCare Annerley Aged Care Residence |
| Commission ID: | 5927 |
| Address: | 421 Annerley Road, ANNERLEY, Queensland, 4103 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 15 November 2023 |
| Performance report date: | 8 December 2023 |
| 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 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 22 November 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 | Not applicable as not all requirements have been assessed |
| **Standard 5** Organisation’s service environment | 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 |

Findings

The service was found non-compliant under this requirement following the Assessment Contact conducted on 2 August 2023. Deficiencies related to the omission or late administration of time sensitive medication. Consumers reported dissatisfaction and anxiety due to the late administration of medications including for Parkinson’s disease.

The assessment contact conducted on 15 November 2023 found the service had taken targeted measures to address the non-compliance.

The service was able to demonstrate the following improvements:

* communications to staff regarding the administration of time sensitive medications including the importance of time sensitive medication being administered to support consumer’s mobility and quality of life
* time sensitive medication training provided to staff
* audit of timeliness of medication administration.
* demonstrated management with a staff member post medication documentation error

Consumers reported receiving time sensitive medication at prescribed times. Registered staff were able to describe the education provided including the impact on consumers of delayed medication administration.

Clinical staff have oversight and monitor the delivery of time sensitive medications and Registered staff described individual strategies they use to ensure time sensitive medications are administered at prescribed times. These strategies include earlier commencement of medication round with prompts for time sensitive medications.

# 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. | Compliant |

Findings

The service was found non-compliant under this requirement following the Assessment Contact conducted on 2 August 2023. Deficiencies related to the ongoing presence of wild birds and malodour within the service.

The assessment contact conducted on 15 November 2023 found the service had taken targeted measures to address the non-compliance.

The service was able to demonstrate that the service-

* Actively deterring Magpies from entering the internal environment at the service by seeking council support, installing screen doors, pruning trees and installing bird deterrents.
* Regularly screening internal and external environments within the service for hazards and responding in a timely manner to mitigate any issues that arise.
* Implementing measures to reduce the occurrence of any malodour, through staff training, regular linen and disposal bin changes and the implementation of air fresheners.

Consumers provided positive feedback regarding the installation of the screen doors and the cleanliness of the service.

The service environment was observed to be clean and well-kept, and no odour was noted.

The service was able to demonstrate the following improvements:

In relation to Magpie birds within the service:

Management demonstrated how the service addressed the issue of magpies entering the service through open doors by installing screen doors to mitigate magpies entering through open doors.

* Installation of prefabricated screen doors
* communication with consumers regarding the installation of screen doors
* implementing the use of lids on all food disposal bins at the service
* engagement with the local Council to seek advice on managing the magpie population. Including:
* A risk assessment was conducted to identify and address potential issues related to the magpie concerns.
* due to their status as a protected species, removing the magpies was not feasible.
* The council approved a permit, enabling contractors to carry out pruning activities on trees at the service.
* Installation of a bird deterrent.
* Signage posted to inform consumers of the presence of the magpies and to advise against feeding the birds.

Trip hazard/unlevel Paving

Management described the measures taken to remove identified trip hazards and mitigate their reoccurrence in the future, including:

* paving trip hazards were resolved
* staff conduct daily monitoring for timely identification of hazards throughout the service, including potential trip hazards in outdoor areas
* conducting six monthly environmental audits
* staff are provided training to report any potential incidents or hazards
* implementation of a new electronic reporting process, contributing for hazard identification and subsequent reporting by staff

Malodour:

Management described how the service is addressing concerns regarding odours within the service. Including:

* regular removal of linen skip contents and regular linen changes
* Installation of additional air fresheners throughout the service
* staff training
* regular servicing of equipment as part of preventive maintenance
* seeking feedback from consumers and representatives to address any potential concerns about odours within the service.

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)