Performance

Report

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| Name of service: | Performance report date: |
| TriCare Bayview Place Aged Care Residence | 1 September 2022 |
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| Approved provider: | Activity date: |
| TriCare Bayview Place Aged Care Pty Ltd | 18 July 2022 to 20 July 2022 |

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 Bayview Place Aged Care Residence (**the service**) has been considered by Melissa Frost, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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, 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.
* the provider’s response to the assessment team’s report received 17 August 2022.
* other information and intelligence held by the Commission in relation to the service.

# 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 | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Non-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

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.

* Requirement 4(3)(f) – the Approved Provider ensures where meals are provided, they are varied, of suitable quality, quantity and served at an appropriate temperature.
* Requirement 6(3)(d) – the Approved Provider ensures feedback and complaints are reviewed, consistently documented, and used to improve the quality of care and services.

# Standard 1

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| Consumer dignity and choice | | Compliant |
| 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

Consumers are treated with respect and dignity, and their culture and beliefs are valued. Staff showed familiarity with consumers’ background, needs and preferences. Consumers’ care planning documents were personalised and reflected their culture, spirituality, relationships, and interests. Staff were observed assisting consumers in a respectful and kind manner.

Consumers said they receive care and services that are culturally safe. Staff know consumers’ cultural, spiritual and personal preferences.

Overall consumers said they are supported to make choices, be independent and decide who is involved in their care. Staff described how they support consumers to maintain relationships and be independent.

Consumers are supported to take risks to enable them to live the best life they can, including leaving the service. Meetings are held with consumers and their representatives to discuss benefits and possible harm involved in the activity. Individualised strategies are implemented to support the consumer’s choice.

Consumers said they receive information that is timely, clear and easy to understand, which enables them to make choices. Staff explained they communicate with consumers with varying communication needs using aids and contact interpreter services if required. The service displays relevant information about meals, activities, complaints processes and support services on notice boards around the service and via newsletters.

Consumers said overall staff respect their privacy through seeking permission prior to entering the room and closing doors when providing care. Staff said they maintain confidentiality by conducting handover privately and maintain dignity when providing personal care.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

Assessment and care planning processes inform the delivery of safe and effective care and services. Consumers, their representatives, and relevant health professionals are involved in assessment and planning. Risks are considered in accordance with consumers’ individual needs and relevant strategies are documented. Care plans included consumers’ needs, goals, advance care and end of life preferences.

A summary care plan that is easy to understand is available to consumers and their representatives. Though some consumers were unaware of their care plans, documents confirmed consumers were involved in discussions and care plan reviews. Detailed care planning documents are available to staff.

Care and service plans are reviewed every 3 months, or more frequently as consumers’ needs change. Consumers and their representatives are informed of changes via case conferences.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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

Consumers and their representatives said consumers receive safe and effective care, which is tailored to their needs and optimises their health and well-being. Staff shared an understanding of consumers’ care preferences. The service applies best practice strategies to manage wound care and pain, evidenced by care plans and monitored by internal audits. Consumers subject to restrictive practices have appropriate assessment, consent and, where relevant, behaviour support plans.

Care planning documents identified high impact and high prevalence risks are effectively managed, including falls. Staff described minimisation strategies used for consumers.

Care plans reflected consumers receive end of life care aligned with their preferences. Representatives confirmed consumers’ comfort is maximised and their wishes are respected. Staff described palliative and end of life care processes consistent with care documents and policies.

Staff said they recognise and respond to deterioration or changes in consumers’ conditions and report or escalate these as relevant. Care planning documents supported deterioration is identified and new strategies are applied if relevant to improve consumers’ condition.

Staff described how information is documented and shared between staff and other providers, including via handover. The care planning system displays alerts to inform staff of changes to consumers’ health, needs and preferences.

Care planning documents demonstrated the service makes appropriate referrals to other providers or organisations in a timely manner. This was also reflected in feedback from consumers and representatives. Staff described how results of referrals are documented and communicated with staff at handover.

Staff described how they follow procedures to promote appropriate antibiotic use and minimise infection-related risks.

# Standard 4

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| Services and supports for daily living | | Non-compliant |
| 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. | Non-compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

## Findings

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirement is non-compliant:

Where meals are provided, they are varied and of suitable quality and quantity.

I have had regard to the Assessment Team’s findings, evidence documented in the Site Audit Report and the Approved Provider’s response of 17 August 2022, which included acknowledgement of the issues raised and a plan for continuous improvement.

Most consumers provided negative feedback regarding meals, saying they were not to their liking or preferences. Consumers said hot meals arrived cold and were dissatisfied with meat. Consumers said their feedback was raised with the service, which was also reflected in food focus group meeting minutes.

A lunchtime plating service was observed by the Assessment Team where hot meals awaited delivery to consumers for over 40 minutes on unheated and uncovered meal delivery trolleys. The meal service was otherwise observed to be suitable, with staff providing respectful support.

During the Site Audit, management said they will implement changes to address named consumers’ feedback.

The Approved Provider described actions taken prior to the Site Audit in response to the consumers’ feedback, such as implementing the food focus meeting. They described further processes to be implemented, including amended plating practices and regular temperature monitoring, changes to delivery, staff training and regular monitoring to determine effectiveness. They responded to feedback from named consumers and gave evidence of how they are supporting the consumers’ preferences.

While the actions described are appropriate to address consumers’ feedback, as they were not effectively implemented prior to the Site Audit I consider they are not sufficient to evidence the service was compliant at the time. I consider the actions will take time to demonstrate effectiveness. Although some reported improvements were made in relation to meal temperature prior to the Site Audit, I have placed weight on consumers’ feedback and Assessment Team’s observations.

The service did not demonstrate meals provided were of suitable quality. Therefore, I find requirement 4(3)(f) is non-compliant.

I am satisfied the remaining 6 requirements in Quality Standard 4 are compliant.

Consumers said they can do the things they want to, can be as independent as possible and choose to spend time alone or participate in activities that promote their well-being and quality of life. Care plans reflected consumers’ preferred activities, consistent with consumers’ feedback. Staff assess consumers’ goals and preferences and incorporate these into activity planning. Consumers were observed participating in activities.

Consumers said the service supports them to maintain their spirituality. Staff described additional support provided for consumers experiencing a change in mood and how they support consumers to maintain contact with family and friends.

Consumers and their representatives said consumers are supported to participate in the community and maintain relationships. The service supports married consumers to maintain their relationship. Consumers were observed spending time with people important to them and leaving the service.

Staff described how communication of consumers’ needs and preferences occurs via care plans, shift handover and dietary requirements listed in the kitchen. Referrals to other providers, such as religious services, volunteers, and entertainers occur based on consumers’ needs.

Equipment for daily living and lifestyle supports were observed to be safe, suitable, clean and well maintained. Consumers said they have access to equipment, including mobility aids, to assist them with their daily living activities. Staff said they have access to equipment they need, and when issues are identified with equipment, this is reported to maintenance and is rectified in a timely manner.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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

The service environment was observed to be welcoming. Consumers can access communal indoor and outdoor areas, with suitable corridors, walkways and signage to promote freedom of movement. Consumers said they feel welcome and at home at the service, and they can personalise their rooms. Staff said they enjoy working at the service and they take pride in being able to help consumers live the best life they can.

The Assessment Team observed all areas of the service to be safe, clean, well serviced, maintained at a comfortable temperature, and allows consumers to move freely both indoors and outdoors. Staff were observed moving care equipment throughout the service, without impacting movement of others in the corridors, and equipment was suitably stored. Maintenance issues are addressed in a timely manner. Consumers said the service environment makes for a nice and pleasant place to live.

Furniture, fittings, and equipment are safe, well maintained, and suitable. Shared equipment is cleaned between use. Consumers requiring mobility aids were observed using them freely and had access to them when needed. Consumers confirmed they feel safe when staff are providing care using mobility or transfer equipment with them. The call bell system was observed to be operating effectively.

**Standard 6**

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| Feedback and complaints | | Non-compliant |
| 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. | Non-compliant |

## Findings

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirement is non-compliant:

Feedback and complaints are reviewed and used to improve the quality of care and services.

I have had regard to the Assessment Team’s findings, evidence documented in the Site Audit Report and the Approved Provider’s response of 17 August 2022, which included acknowledgement of the issues raised and an action plan for continuous improvement.

Although consumers said the service encourages feedback and generally provides initial responses, complaints relating to the food quality and temperature did not result in sufficient service improvements (as also referenced at requirement 4(3)(f)). Consumers said concerns raised at meetings or verbally remained unresolved.

At the time of the Site Audit, management said few complaints are received, and are usually resolved at the time they are raised. Resolved items were not documented. Management described some continuous improvement derived from consumer feedback. During the Site Audit a continuous improvement action was created to collect and record all feedback into the service’s complaint system.

The Approved Provider responded to clarify they trend and analyse feedback regarding the service. They described additional continuous improvement actions that will be monitored, including staff training, and provided evidence showing the service is capturing all feedback.

While the service has implemented suitable actions, these were not fully operational at the time of the Site Audit and will take time to demonstrate effectiveness. Based on consumer feedback and document review, the service did not sufficiently demonstrate feedback and complaints are reviewed and used to improve the quality of care and services. Therefore, I find requirement 6(3)(d) is non-compliant.

I am satisfied the remaining 3 requirements in Quality Standard 6 are compliant.

Consumers and their representatives were familiar with feedback and complaints processes and confirmed they provide feedback in person to staff or management, at a meeting or by using the feedback form. Staff confirmed that if a consumer raised a concern, they would attempt to address if within the scope of their role and if not, they would escalate the consumer’s concern to management. Feedback forms and boxes were located throughout the service.

Consumers and representatives were made aware of advocates, language services and external complaints services, however they confirmed their preference was to provide feedback directly to the management team. Staff were aware of how to access interpreter and advocacy services. Posters for advocacy, complaint and language services were displayed.

Most consumers and representatives said management promptly addresses and resolves their concerns following the making of a complaint, or when an incident has occurred, and confirmed the service provides an apology when things go wrong. Staff demonstrated an understanding of open disclosure, including implementing actions to prevent recurrence of the incident or complaint.

**Standard 7**

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| Human resources | | Compliant |
| 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

Consumers and their representatives said at times care and services are rushed, however no further impact to their care needs occurred. Staff said they ordinarily have sufficient time to complete their duties each day and work as a team to complete tasks and meet consumers’ needs. Management described how changes or increased staffing needs are addressed. Call bell records reflected consumers receive timely responses.

The workforce interacts with consumers in a kind and caring manner, and staff are respectful of each consumer’s identity, culture, and diversity. Consumers, representatives and observations confirmed staff treat consumers and their family with warmth, kindness, and respect.

Position descriptions are available for each role. Staff must meet qualification and registration requirements, and the service has processes to monitor credentials. Staff complete regular competency assessments.

Staff receive training via a range of delivery methods. Staff confirmed they receive regular and suitable training, and can request additional training to improve knowledge and skills. The service’s records showed mandatory training was up to date.

Staff performance is monitored through formal performance appraisals, observations and feedback. Records evidenced annual appraisals were up to date.

**Standard 8**

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| Organisational governance | | Compliant |
| 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

Consumers and their representatives said they are confident the service is run well, and the development and delivery of care and services is made in consultation with consumers. The service encourages consumer participation in planning and evaluation of services through monthly meetings and other feedback opportunities. Management described how consumer feedback influenced service design, including dining room updates and a cinema room.

The service presented a range of strategies on how the governing body satisfies itself the service embodies a culture of providing quality care and services, including review of results and information from audits, annual surveys, and dedicated compliance monitoring staff. Regular communication occurs between the Board and the service to share information.

The organisation has robust governance systems to manage information, finances the workforce, regulatory and legislative compliance. The continuous improvement, feedback and complaints processes are suitable, and while some continuous improvement was demonstrated there were deficits in the application of the processes as reflected at requirement 6(3)(d).

The service has a risk management system, with supporting policies and procedures. Staff receive training regarding elder abuse and risk management procedures, including managing and reporting incidents. Management described how their system has been improved following past deficits, and how consumer risks are analysed and tailored strategies to address risks are implemented.

The service demonstrated an effective clinical governance framework that includes antimicrobial stewardship, minimising use of restrictive practice and open disclosure. Staff said they were educated in these areas and provided examples of how it applied to their day to day work.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)