Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | TriCare Bundaberg Aged Care Residence |
| Commission ID: | 5936 |
| Address: | 12 FE Walker Street, BUNDABERG, Queensland, 4670 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 5 June 2024 |
| Performance report date: | 21 June 2024 |
| Service included in this assessment: | Provider: 7220 TriCare Bundaberg Aged Care Pty Ltd  Service: 3851 TriCare Bundaberg 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 Bundaberg Aged Care Residence (**the service**) has been prepared by J Cayabyab, 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

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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

Consumers and representatives provided positive feedback on how the service effectively managed and implemented strategies to mitigate risks associated with the care of consumers.

Management and staff interviewed identified consumers’ high impact high prevalence risks including changed behaviours, pressure injuries, medications, and falls and the intervention strategies they utilise to minimise and effectively manage consumers identified clinical risks. Care documentation and policies and procedures evidenced effective processes in place in relation to the management of consumers’ risks. The service demonstrated effective identification, monitoring, and trending of key clinical indicators related to incidents to ensure risk mitigation strategies are implemented.

I have considered the information within the assessment contact team report, and I have placed weight on the information including the positive feedback from consumers, staff knowledge in identifying and managing consumers’ risks, and documentation review reflecting effective management of consumers’ risks.

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

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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 said staff are very responsive to their requests for assistance and there are adequate number of staff available to ensure their care needs are being met at all times. Staff described the ongoing efforts of the service to ensure adequate number of staff including the use of labour hire staff, extension of shifts, and support by clinical management.

The service demonstrated strategies to ensure planned and unplanned leave were filled through utilising part time and casual staff to fill the shifts, offering extension to shifts, and engaging labour hire staff (agency). Management interview evidenced ongoing review of the service’s roster in consultation with a rostering coordinator to ensure there is appropriate number of staff to meet the care needs of consumers.

In relation to the workforce responsibilities (including the 24/7 RN requirement and mandatory care minutes), interviews with management, staff and the review of service documentation including rosters identified the service does not always have an RN rostered on-site and on-duty 24/7. During the times when a RN is not rostered on site and on duty, the service demonstrated actions taken including the rostering of an enrolled nurse as the in charge to cover the shift, and the availability of an on-call RN 24/7 via telephone and the facility manager and care manager (both of whom are RNs) with the capacity to attend on site if required. The organisation has a formal ‘on-call facility manager’ roster, which ensures an experienced facility manager is available to all the organisation’s services. The organisation supports development program to upskill clinical leaders and service managers.

In relation to meeting the mandatory care minutes requirements, documentation review and management interview identified the service is currently not meeting its mandatory care minutes targets. Management described the challenges experienced in recruiting staff including their remote location and competition with other 4 local aged care services and a hospital. A review of the current and future roster identified the service is increasing its staffing numbers with the aim to meet its mandatory care minutes targets. While the service is not currently meeting it care minutes target, the service demonstrated a range of actions taken to actively work towards meeting the care minutes targets and to ensure consumers care and services are safe, including:

* Monitoring of clinical care and additional clinical oversight undertaken by the care manager to support and guide staff and oversee staff practices, clinical indicators and clinical incidents for consumers, effective incident management, and clinical audit program conducted monthly.
* The implementation of the Organisational Workforce Strategy which details actions planned and taken by the services to manage their current and long-term workforce supply.
* A robust recruitment process including recruitment of staff from overseas that is supported by the organisation’s human resources department with a recruitment specialist actively engaged in the organisation’s workforce strategy and plan.
* Engagement of workforce in the roster review and consultation process

I have considered the information within the assessment contact team report, and I have placed weight on the information within the assessment contact team report including the positive feedback from consumers, representatives, and staff interviewed, and the ongoing effort of the service, despite the challenges, to work towards meeting the workforce responsibilities including the 24/7 RN requirement and mandatory care minutes.

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

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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

Consumers said they are happy with the care provided to them by well trained and competent staff at the service. Staff described their knowledge in implementing strategies to manage consumers high-impact and high-prevalence risks, minimise restrictive practices, promote antimicrobial stewardship, and practice open disclosure. The organisation’s clinical governance framework supports the delivery of safe and effective care to consumers that includes the key elements of antimicrobial stewardship, minimising the use of restraint, and open disclosure.

The service demonstrated the effective implementation of established systems and processes in place for delivering safe, quality clinical care and for continuously improving services provided to consumers.

In relation to workforce responsibilities including 24/7 RN and meeting of mandatory

care minutes, the clinical governance framework considered these through their policies and procedures that guide the staff in recognising and responding to consumer deterioration and escalation processes. In an event when an RN is not on site and on duty, the service has established an RN on call process and alternative clinical arrangements in place. A service management and executive management on-call process is also established to ensure an experienced service manager or organisational executive leader is always on-call and available to provide additional support to the staff at the service.

I have considered the information within the assessment contact team report, and I have placed weight on the information within the assessment contact team report including the positive feedback from consumers, staff knowledge of strategies to manage consumers’ high impact high prevalence risks, evidence of effective implementation of the clinical governance framework through the consideration of an established alternative clinical arrangement and on call process in place in an event an RN is not rostered on site and on duty.

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

1. The preparation of the performance report is in accordance with section 68A – assessment contact of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)