Performance

Report

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| 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: | 19 December 2023 to 20 December 2023 |
| Performance report date: | 4 January 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 Susan Turner, 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
* the provider’s response to the assessment team’s report received 22 December 2023, which accepted the findings of the Assessment Team
* the performance report dated 19 June 2023 for an Assessment Contact conducted 23 May 2023 - 24 May 2023
* information about the service held by the Aged Care Quality and Safety Commission

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all Requirements were assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all Requirements were assessed** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all Requirements were assessed** |
| **Standard 7** Human resources | **Not applicable as not all Requirements were 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 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 |

Findings

Following an Assessment Contact conducted 23 May to 24 May 2023, the service was found Non-compliant in Requirement 2(3)(a). Deficiencies primarily related to care plans being overdue. At the Assessment Contact conducted 19 December to 20 December 2023, the service was found to have taken action to improve its performance under this requirement. Actions included:

* The service recruited an additional registered nurse who was allocated dedicated time to complete assessment and care planning.
* A care plan tracker had been introduced and was updated weekly by management and was monitored to ensure the completion of case conferences and three-monthly reviews. Weekly clinical meetings were forums for discussing assessment and review processes and the care plan review schedule evidenced 100% of care plans were current at the time of the Assessment Contact.
* Education relating to assessment and care planning processes was provided to clinical staff in June 2023, with a follow-up workshop planned for January 2024.
* A case conference invitation template was developed, and education was conducted about the electronic care management system and how it supported case conferencing and the associated documentation. Regular case conferences were conducted and documented and evidence of this was sighted.

Consumers and representatives expressed satisfaction with assessment and care planning processes.

Clinical and care staff demonstrated an understanding of the service’s processes for assessment and care planning and reported that care plans were reviewed every three months or more frequently as individuals’ needs changed. Staff said they engaged with allied health staff, as required, to support the delivery of safe and effective care. Clinical staff said that following review by allied health staff they updated care documentation and ensured it reflected recommended strategies; examples of this were provided.

Care documentation for consumers who had recently entered the service was reviewed and was found to be complete and included assessments relating to skin integrity, mobility, diet, communication and comprehension. Interim care plans were developed, and progress notes demonstrated that case conferences involving representatives were conducted, and care needs were discussed and finalised within the first six weeks of entry.

Care documentation demonstrated consideration of risk to consumers’ health and well-being including for those consumers who required pain management or who had experienced unplanned weight loss.

There was evidence that assessments and care plans were updated following a change in condition or an incident such as a fall and that pain needs were considered as an element of the process. One representative reported they were kept well informed by the service and were included in care planning.

For the reasons detailed above, I am satisfied that assessment and care planning processes inform the delivery of safe and effective care. I find Requirement 2(3)(a) is Compliant.

# 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)(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 |

Findings

Following an Assessment Contact conducted 23 May to 24 May 2023, the service was found Non-compliant in Requirements 3(3)(a) and 3(3)(d). Deficiencies related to pain management, aspects of behaviour management and the identification of consumers who had experienced a change in their condition. At the Assessment Contact conducted 19 December to 20 December 2023, the service was found to have taken action to improve its performance under these requirements. Actions included:

* Clinical and care staff said they had received information and were complying with organisational expectations regarding:
  + the use of non-pharmacological pain management interventions,
  + the use of heat/cold packs,
  + repositioning and massage,
  + administration of analgesia, and
  + the associated documentation and evaluation processes.
* Clinical documentation had been reviewed by senior clinical staff daily, to ensure care delivery was aligned with planned care and that care plans were updated as changes in care occurred.
* A reference list had been developed for those consumers who had been assessed as suitable for the application of heat packs. Management staff explained how the list was reviewed and updated and care staff described how they referred to the information prior to providing consumers with heat packs.
* Clinical review meetings were recommenced on a weekly basis to improve clinical oversight; senior staff from within the organisation supported these discussions and mentored key personnel who were new to their role. Meeting minutes demonstrated participation by management and clinical staff; changes in the consumers’ condition were discussed and clinical indicators such as incidents, behaviour management and medication reviews were discussed.
* Staff were required to complete competencies in the application of heat and cold packs; with all staff stating this had been completed and that registered staff monitored them.
* Staff were provided with education about non-pharmacological interventions and strategies to be used prior to administering ‘as required’ medications for behaviour management. Progress notes demonstrated these interventions had been used, documented and evaluated for effectiveness.
* All clinical staff had read the clinical deterioration policy and had successfully completed the associated assessment.
* A schedule had been introduced to ensure all weights were completed monthly.
* Food and fluid charts were completed for three to five days for consumers who were identified as having weight loss in the monthly review. Referrals to a dietitian occurred where weight loss was identified, and care plans were updated post review; evidence of this was sighted.

Consumers were satisfied with their pain management and said they had received heat packs and massage as part of their wellness program; they said the treatments were effective in providing pain relief. One consumer who experienced chronic pain reported receiving daily massages and heat packs and said they ‘looked forward to it’ every day and experienced ‘great relief.’

Care staff said they had received education and training in providing heat and cold packs; they said if a consumer reported pain they would refer them to the registered nurse who would provide directions about a treatment which was recorded in the consumer’s pain chart and evaluated for effectiveness.

Registered staff said all consumers had hot/cold testing by the occupational therapist and that this had been recorded in the care documentation. The personal care wellness worker received a list of consumers who were to receive pain management treatments; the list included the body location and the frequency of the treatment.

Care documentation included pain charting and progress notes and detailed the use of ‘as required’ analgesic medication and its effectiveness. In those instances where the treatment regime was not effective, the consumer was referred to a medical officer for review. Behaviour support plans were in place and included individualised strategies and any recommendations from the dementia advisory service.

The service demonstrated non-pharmacological interventions were used to support consumers with changed behaviours, prior to providing ‘as required’ medication. Staff in the memory support unit described the interventions they used for those consumers who displayed intrusive or aggressive behaviours. Staff provided examples of how they implemented strategies recommended by a dementia advisory service and said these interventions had proven to be effective. One representative said the staff ‘know what they are doing’ and that the care provided was ‘excellent.’

Consumers in the memory support unit were observed throughout the Assessment Contact and were found to be engaged in various activities either individually or in a group with staff and other consumers.

Where consumers had experienced a change in condition the service had identified the change and responded to it in a timely manner. Registered staff described the assessment processes they completed following a change in the consumer’s condition. Staff were familiar with the reporting processes they should follow when a consumer deteriorates and said that if this occurred after hours, they could telephone the medical officer and if necessary, transfer the consumer to hospital.

A dietitian and speech pathologist visited the service monthly and were notified about any consumers where changes had been identified; the medical officer was also informed. Clinical staff were familiar with the weight loss management plan and said they referred to this when a consumer had lost weight. A weight tracker had been implemented and prompted staff when a consumer was to be weighted.

When clinical staff were concerned about a deterioration in a consumer, they referred to the local hospital aged care facility support service and could contact the local palliative care service for assistance with pain management. Staff confirmed consumers were re-assessed on their return from hospital by clinical staff and that changes in care were documented and staff informed either via the electronic care management system or via handover.

For the reasons detailed above, I am satisfied that consumers receive personal and clinical care that is safe, effective and optimises their health and well-being and that deterioration in a consumer’s condition is identified and responded to in a timely manner. I find Requirements 3(3)(a) and 3(3)(d) are Compliant.

# Standard 4

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| Services and supports for daily living | |  |
| 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 |

Findings

Following an Assessment Contact conducted 23 May to 24 May 2023, the service was found Non-compliant in Requirement 4(3)(c). Deficiencies primarily related to lack of activities for consumers both within and outside the service. At the Assessment Contact conducted 19 December to 20 December 2023, the service was found to have taken action to improve its performance under this requirement. Actions included:

* Focus group meetings were established in addition to the monthly consumers’ meetings to provide opportunities for consumers to provide feedback and suggestions about possible lifestyle activities. As a result of this, the lifestyle team created monthly activity calendars with four activities per day, seven days per week catering to consumers’ differing needs and preferences.
* Monthly shopping trips were resumed to provide consumers with the opportunity to shop in the broader community. Additionally, the lifestyle team provided a weekly shopping service for those consumers who did not wish to go out, where consumers could purchase snacks, toiletries, stationery, gifts and other essential items.
* Consumers were provided with information about the lifestyle program and planned special events in the monthly service newsletter.
* Additional bus services by a contracted company were organised and supported consumers’ ability to access the community and participate in activities such as picnics and scenic drives.
* A new wellbeing staff role was introduced to assist the lifestyle team to provide one to one support for those consumers who did not participate in group activities.

Consumers and representatives said the lifestyle program had improved over recent months and felt the service supported consumers to participate in activities both within and outside the service, remain in touch with people who were important to them and do things of interest. Consumers provided examples of the activities they enjoyed which included bingo, craft, social groups, art classes, visits with friends and a recent Christmas light bus tour. Some consumers preferred to spend time on their own and described how they were provided with the monthly activity calendar which supported their decision making.

Staff described how they supported consumers to participate in the community or engage in activities of interest to them.

Consumers’ care planning documentation aligned with the information provided by consumers, representatives and staff regarding consumers’ interests, community involvement and social relationships.

For the reasons detailed above, I am satisfied that consumers are supported to participate in activities within and outside the service, have social and personal relationships and do things that are of interest. I find Requirement 4(3)(c) is Compliant.

# 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 |

Findings

Following an Assessment Contact conducted 23 May to 24 May 2023, the service was found Non-compliant in Requirement 7(3)(a). Deficiencies in staffing impacted the delivery of consumer care and services. At the Assessment Contact conducted 19 December to 20 December 2023, the service was found to have taken action to improve its performance under this requirement. Actions included:

* The master roster was reviewed to ensure adequate staffing at the service. Additional registered nurse hours and care staff hours were added to the master roster.
* A new ‘wellbeing’ care staff role was created to provide consumers with one-to-one support, massages and heat packs, and assistance with group activities.
* Morning shift start times were planned to change in 2024 from 7.00am to 6.00am as a result of workforce performance reviews and staff petition. Management were confident the new schedule would provide consumers with better quality of care as there would be more time for consumers to have their needs addressed prior to breakfast.
* The call bell system had been reprogrammed to reduce delays in alerting staff. Call bell reports were reviewed daily to identify any increase in response times. Response times greater than 10 minutes were escalated to clinical staff to follow up. Mandatory training for clinical staff on monitoring call bell response time is planned for January 2024. All staff, including cleaning and catering staff were advised that they had a responsibility to respond to call bells. Consumer meeting minutes demonstrated staffing levels and staff responsiveness were discussed at meetings. Management advised the service’s average call bell response time was reduced from nine minutes in July 2023 to six minutes in December 2023.
* The service has an ongoing recruitment and retention program in place with interviews occurring the week of the Assessment Contact.

The majority of consumers and representatives said they do not have any concerns about staffing while a small number of consumers reported they had experienced delays. Consumers provided feedback that there were ‘plenty’ of staff and that staff were patient with them.

Management explained how the workforce was planned to ensure care needs were met and staff said they had sufficient time to complete their tasks. Management described the process of filling vacant shifts or unplanned leave, including by offering staff longer shifts, messaging staff about available shifts and utilising agency staff. A review of rosters, unplanned leave and allocation sheets for the month prior to the Assessment Contact demonstrated 95% of shifts were filled.

Documentation demonstrated ongoing recruitment was occurring, call bell response times were monitored through observations and audits, and staff were reminded and trained to ensure timely response to call bells was a priority.

Staff were observed responding to consumers’ request for assistance promptly and providing care in a calm and patient manner.

I am satisfied the workforce is planned to deliver safe, quality care and services. While I acknowledge a small number of consumers said they had experienced delays I note management provided some additional contextual information and made a commitment to follow up with the consumers to determine how the consumers’ care needs could be better met. Further, consumers and representatives generally expressed confidence in management’s ability to address staffing with one clinical staff member stating staffing levels had significantly improved. I find Requirement 7(3)(a) is Compliant.

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