Performance

Report

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| Name: | TriCare Cypress Gardens Aged Care Residence |
| Commission ID: | 5460 |
| Address: | Gooding Drive, CLEAR ISLAND WATERS, Queensland, 4226 |
| Activity type: | Site Audit |
| Activity date: | 25 June 2024 to 28 June 2024 |
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| Service included in this assessment: | Provider: 7128 TRICARE DUDLEY ST AGED CARE PTY LTD  Service: 3750 TriCare Cypress Gardens 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 Cypress Gardens Aged Care Residence (**the service**) has been prepared by P. Wallner, 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 site audit was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives and others.
* other information and intelligence held by the Commission in relation to this 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 | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **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

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 1

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| Consumer dignity and choice | |  |
| 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

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers and representatives reported consumers were treated with dignity and respect, and their identity, culture and diversity were valued. One representative described an incident where they felt staff were not respectful to a consumer however, management had taken appropriate action immediately and apologised. Staff were aware of consumers’ life stories, identity and culture, and described how they showed respect. Care planning documents detailed information about consumers’ identity, culture and diversity. The service had a range of policies to support dignity and respect, and staff were observed treating consumers with kindness and respect.

Consumers and representatives said the service recognised and respected consumers’ cultural and spiritual backgrounds and provided culturally safe care. Staff knew consumers’ cultural needs and preferences, and explained how they provided culturally safe care and services. Policies and procedures guided staff in providing culturally safe care and services.

Consumers and representatives confirmed consumers were supported to make independent decisions about their care and services, communicate those decisions, and maintain relationships with family and friends. Management and staff described how they supported consumers to exercise choice and maintain their chosen relationships. Care planning documents reflected consumers’ care choices and the relationships they wished to maintain.

Consumers and representatives said the service supported consumers to take risks to live the best life they could. Management and staff were familiar with consumers’ choices involving risks, and described the strategies implemented to minimise the risks to consumers. Care planning documents showed risk assessments undertaken with consumers and representatives, considered the risks and benefits of the choice and identified mitigation strategies. The service had a suite of policies and tools to assess and manage risks chosen by consumers.

Consumers and representatives said the service regularly provided current, clear and accurate information which enabled consumers to make informed choices about their care and services. Staff and management described various communication methods they used to keep consumers informed such as, newsletters, emails, memos, and notice boards. Care planning documents reflected consumer’s individual communication needs and preferences. Posters, newsletters, activity calendars and flyers which were clear, easy to understand, and suitably sized were displayed throughout the service.

Consumers and representatives advised the service ensured consumers’ privacy was respected, and their personal information kept confidential. Staff described how they maintained consumers’ privacy during care delivery and kept their personal information secure on password protected computers. Staff were observed knocking on consumers’ doors and waiting for a response before entering. The service had a written privacy policy to guide staff practice.

# 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 |
| 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives confirmed they participated in assessment and care planning, which considered risks to consumers’ health and well-being and informed the delivery of safe and effective care and services. Management and staff described the assessment and care planning processes, and how they considered risks and resulted in the delivery of high-quality care and services. The service had a comprehensive array of policies and procedures to guide staff in completing the necessary assessments and care planning documentation.

Consumers and representatives reported assessment and care planning identified consumers’ current needs, goals, and preferences, and their advance care and end-of-life plans. Staff and management explained how assessment and planning captured consumers’ needs, goals and preferences, and they initiated conversations about advance care and end of life planning. Care planning documents identified consumers’ current needs, goals and preferences, and their advance care and end of life plans.

Consumers and representatives said they felt like partners in the assessment and care planning process, which included input from other health professionals. Management and staff said care assessment and planning was undertaken in partnership with consumers, representatives, and other health professionals, and this was evidenced in care documentation. The service had policies, processes and work instructions to guide staff in partnering with consumers, representatives and other providers of care and services.

Consumers and representatives confirmed they could easily access consumers’ care plans and they were informed when changes were made. Staff and management stated they regularly communicated assessment outcomes to consumers and representatives, and a copy of the care plan was provided, in line with the service’s policy. Consumers’ care plans confirmed the outcomes of assessment were communicated to them, and a copy of the care plan offered.

Consumers and representatives reported care and services were reviewed when circumstances changed, or incidents impacted on consumers’ needs, goals or preferences. Management and clinical staff explained care plans were reviewed every 3 months, and if there was a change in circumstances or an incident occurred. Consumers’ care plans showed review 3 monthly, following an incident, or if there was a change in circumstances.

# 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)(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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives expressed satisfaction with the personal and clinical care provided, and said it met consumers’ needs and optimised their well-being. Management and staff described how personal and clinical care was safe, effective, and tailored to consumers’ needs and preferences. Care planning documentation confirmed the personal and clinical care was safe, effective, and tailored to the specific needs and preferences of each consumer. The service had policies, procedures and validated tools to guide staff in the delivery of best practice personal and clinical care.

Consumers and representatives expressed satisfaction with how the service managed high impact or high prevalence risks to consumers health. Management and staff described the high prevalence and high impact risks to consumers and the management strategies in place. Care planning documentation showed high impact and high prevalence risks to consumers had been identified and were effectively managed.

Consumers and representatives confirmed the service had discussed consumers’ needs, goals, and preferences, including their end of life wishes. Management and staff knew consumers’ needs, goals and preferences and described how care delivery changed for consumers nearing the end of their life, to maximize their comfort and preserve their dignity. Care planning documents showed consumers, representatives and external palliative care services participated in decision-making processes to ensure consumers’ end of life preferences were captured.

Consumers and representatives said the service was responsive to a deterioration or change in consumers’ condition and care needs. Clinical staff described how they identified and responded promptly to a deterioration or change in consumers’ condition. Consumers’ care plans and progress notes reflected the timely identification of, and response to, a deterioration or change in their condition. The service has a written policy to guide staff in the management of acute clinical deterioration.

Consumers and representatives confirmed information about consumers’ condition, needs and preferences was documented and communicated effectively between staff and external providers involved in their care. Staff explained how current information about consumers’ condition, needs and preferences was communicated between staff and others providing care through shift handovers and progress notes recorded on the electronic care management system. Care planning documents and handover notes demonstrated effective communication of current information about consumers’ condition and care needs.

Consumers and representatives said referrals were timely and appropriate, and they had access to a range of other organisations and health services to meet their care needs. Staff described the procedures for referring consumers to other health professionals and explained how this informed the care and services provided. Care plans confirmed timely referrals to appropriate other health service providers. The service had established documented procedures for referring consumers to health professionals both within and outside the service.

Consumers and representatives expressed confidence in the infection prevention and control practices at the service, and said staff took the necessary precautions. Staff demonstrated a thorough understanding of infection prevention and control measures and antimicrobial stewardship and confirmed they had received training. The service relied on the organisation’s infection prevention and control lead while 2 staff undergo the relevant training. The service had documented policies and procedures to guide staff in relation to infection prevention and control and antimicrobial stewardship.

# Standard 4

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

Findings

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives said consumers received safe and effective services and supports for daily living that met their needs, goals and preferences, and optimised their independence and quality of life. Staff knew consumers’ lifestyle needs and preferences and the services and supports they needed. Care planning documents confirmed what was important to consumers and how they wanted to optimise their quality of life, health, well-being, and independence. Consumers were observed being supported to engage in activities in all areas of the service.

Consumers and representatives said the service promoted consumers’ emotional, spiritual and psychological well-being. Staff described how they recognised when consumers were feeling low changes and how they supported their emotional, social and psychological needs. Care planning documents detailed consumers’ emotional, spiritual and psychological needs and preferences, and how staff could support them.

Consumers and representatives said consumers were supported to participate in their community, within and outside the service, maintain relationships, and do things of interest to them. Staff described how they supported consumers to maintain relationships, engage in activities of interest, and participate in their community. Care planning documents contained information about consumers’ interests and the people that were important to them.

Consumers and representatives said the service effectively shared information about consumers’ current condition, needs and preferences with those involved in providing daily services and supports. Staff described how changes in consumers’ care and services were communicated through shift handover processes and via the electronic care management system. Care planning documents provided adequate information to support safe and effective services and supports for daily living.

Consumers and representatives confirmed consumers were referred to other individuals and organisations providing services and supports. Care planning documents showed the service collaborated with external services and supports such as various local churches, pet therapy and the community visitor scheme. Staff could describe consumers who were accessing other individuals and organisations providing services and supports for daily living.

Consumers and representatives expressed satisfaction with the variety, quality, quantity and temperature of the meals provided. Consumers confirmed they could request alternative meals or snacks, and could provide feedback about the food through various avenues. Staff described how they ensured consumers’ dietary needs and preferences were met in accordance with their documented care plans. Care planning documents noted consumers’ dietary needs, dislikes, allergies, and preferences. The menu was displayed on the notice boards in the dining rooms.

Consumers and representatives said the equipment was safe, suitable, clean and well maintained. Management and staff explained the processes in place for ensuring the equipment was kept clean and well maintained. Equipment was observed to be safe, suitable, clean, and well-maintained.

# Standard 5

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| Organisation’s service environment | |  |
| 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

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers and representatives said the service environment was welcoming, easy to navigate, and they could personalise their rooms. Management described aspects of the service which made consumers feel welcome and optimised their sense of independence, interaction and function. The service environment appeared welcoming, well-lit, with wide corridors and clear signage throughout.

Consumers and representatives said the service environment was safe, clean, and well-maintained and allowed them to move around freely, as they wished. Maintenance and cleaning staff explained effective systems in place for the cleaning and maintenance of the service. The Assessment Team noted damage to the floor in the kitchen which had already been identified for repair on the plan for continuous improvement. Consumers were observed moving around freely and accessing all areas of the service environment.

Consumers and representatives confirmed the furniture, fittings and equipment were safe, clean, and well maintained. Staff described the processes in place for cleaning and maintaining the equipment, furniture, and fittings in the service. The furniture, fittings and equipment appeared clean, well maintained, and suitable for consumer’s needs.

# Standard 6

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| Feedback and complaints | |  |
| 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. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives said they were encouraged and supported to provide feedback and make complaints, and could do so anonymously, or with staff assistance. Management and staff described processes in place to encourage and support consumers and representatives to provide feedback and complaints. Feedback forms, related information and locked collection boxes were available around the service.

Consumers and representatives were aware of external methods for raising and resolving complaints and for accessing advocacy and language services. Management and staff explained how consumers and representatives were informed about external advocacy, language and complaints services and supported to access them. Information about advocacy, interpreter, and complaint services was observed around the service, and in the resident handbook and newsletter.

Consumers and representatives provided examples of how the service resolved complaints promptly, and used open disclosure, where appropriate. Management and staff explained how complaints were managed promptly, and understood the principles of open disclosure. Complaint records confirmed the service resolved complaints in a timely manner using open disclosure. The service had policies and procedures to guide staff in complaints management and the use of open disclosure.

Consumers and representatives felt the service listened to their complaints and used them to improve the quality of the care and services provided. Management described how complaints were reviewed and used to inform improvement actions. The service’s Plan for Continuous Improvement and other documents confirmed feedback and complaints from consumers and representatives was used to improve the quality of care and services.

# 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 |
| 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said staffing levels had recently improved and there were sufficient staff to meet consumers’ needs. Staff and management stated they had the staffing needed to provide the right level of care to consumers. Management explained how they planned the workforce and had recently adjusted the workforce to meet the requirements of care minutes and 24/7 nursing. Rosters evidenced all shifts were filled and call bell records showed timely responses in line with the organisation’s targets.

Consumers and representatives said staff were kind, caring, respectful and gentle when delivering care and services, and were responsive to their needs. Staff demonstrated they were familiar with each consumer’s individual needs and identity. Consumers’ care documentation recorded each consumer's identity, needs, and diversity. The service had policies, procedures and training to guide staff culture and conduct.

Consumers and representatives felt staff knew what they were doing, and they had the appropriate skills to perform their duties. Management described the processes in place to ensure staff had the qualifications and met the registration and other requirements for each role. Management advised staff cannot commence employment until all the necessary security and qualifications had been completed. Staff confirmed they had the necessary qualifications and checks for their roles. Employee records demonstrated the service checked and monitored qualifications, professional registrations and security checks.

Consumers and representatives said staff had the appropriate skills and knowledge to ensure the delivery of safe and quality care and services. Management and staff explained how staff were trained, equipped and supported to deliver care and services that met consumers’ needs and preferences. Training records demonstrated most active staff were up to date with their mandatory training.

Consumers and representatives confirmed they provided feedback regarding staff performance and the service acted upon their feedback. Management explained how staff performance was monitored, assessed and reviewed through observations, feedback and formal annual performance appraisals. Staff said their performance was monitored through competencies, annual performance appraisals, training, and general observations. Records showed performance appraisals were up to date. The service had a suite of policies to guide the management of staff performance.

# Standard 8

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| Organisational governance | |  |
| 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said the service was well run and they were engaged in the design, delivery, and evaluation of care and services. Management and staff described ways consumers and representatives are regularly involved in decisions about the development, delivery and evaluation of care and services. The service has recently established a Consumer Advisory Body (CAB) and Quality Consumer Advisory Body (QCAB). Feedback and suggestions made by consumers and representatives were included in the service’s Plan for Continuous Improvement and other documents.

Consumers and representatives said the service provided a safe, inclusive environment providing quality care and services. Management confirmed the Board had a suitable composition and promoted a culture of safe, inclusive and quality, care and services, and was accountable for their delivery. Management described the organisational and reporting structure and how the Board satisfied itself the Quality Standards were met.

The organisation demonstrated appropriate governance systems and processes to support information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. Management and staff said they could access the governance systems and associated policies which were effective in supporting quality care and services.

The service had effective risk management systems and practices to manage high-impact and high-prevalence risks to consumers, identify and respond to abuse and neglect, support consumers to live their best lives, and manage and prevent incidents. Consumers and representatives said consumers were supported to live their best lives. Staff and management were knowledgeable in the processes for identifying, assessing, managing and reporting risks associated with the care of consumers.

The organisation’s clinical governance framework included documented policies and procedures related to antimicrobial stewardship, minimising the use of restraint and open disclosure. Management and staff explained how these policies and procedures were applied in the delivery of care and services.

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