Performance

Report

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| Name of service: | TriCare Cypress Gardens Aged Care Residence |
| Service address: | Gooding Drive CLEAR ISLAND WATERS QLD 4226 |
| Commission ID: | 5460 |
| Approved provider: | Tricare Dudley St Aged Care Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 22 August 2023 |
| Performance report date: | 21 September 2023 |

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 B Bassett, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 11 September 2023.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **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 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 |

Findings

Overall, consumers and representatives said staff treat consumers with dignity and respect, support their cultural diversity and interact with consumers in a respectful manner.

Management described using strategies to support diversity such as ensuring interactions between consumers and staff remain respectful, providing access for staff to relevant policies and training, and conducting observations and audits, as well as speaking with consumers. All consumers sampled said staff know them and their identity. Consumers said staff make them feel comfortable and maintain their dignity during interactions.

Staff provided examples of how their interactions with consumers are respectful of consumers’ wishes, preferences, and culture. Staff said they receive education in multi-culturalism and diversity.

The Assessment Team reviewed relevant policies and guidelines, as well as care documentation which identified consumers’ preferences, culture, and spirituality and how this can be recognised and maintained for individual consumers. The Assessment Team observed staff engaging positively with consumers and speaking with them in a kind and respectful manner.

After consideration of the above information, I have decided that Requirement 1(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 |

Findings

Overall, consumers and representatives said the care consumers receive is right for them, tailored to their needs, and optimises their health and well-being.

With respect to wound management, care documentation indicated wounds are consistently attended to in accordance with wound management plans, and pressure area care completed as prescribed. A review of care documentation evidenced that the service engages a wound specialist and wound care is conducted as directed by the specialist.

The clinical management team monitors wounds through weekly audits and reviews of charting and wound observations, weekly measuring, and photos of the area.

Care documentation noted consumers with chronic pain had regular pain assessments to identify the site, severity, and type of pain experienced, with pain charting documented for specific episodes.

Staff said, and documentation supports, that medication care plans are in place to provide guidance on administration regimen. Additionally, risk assessments are conducted, and staff have escalation procedures to follow including reporting anomalies to the medical officer.

The service has a current and ongoing action in the service’s plan for continuous improvement which identifies medication administration as a learning need and as such, the service has commenced medication administration training and competency for all existing and new staff where appropriate to their role.

The Assessment Team reviewed care documentation for a sample of consumers subject to chemical and mechanical restraint and found documentation to be individualised, thorough, and in accordance with the requirements under the Quality of Care Principles 2014. Staff described nonpharmacological interventions such as redirection and providing one-on-one support. The Assessment Team observed staff using nonpharmacological strategies to manage consumer behaviours.

Management monitors the use of restrictive practices through weekly auditing of progress notes, use of as-required medication, and evaluations of the effect of any restrictive practice administered, and ensuring behaviour charting reflects nonpharmacological intervention strategies in the first instance.

However, the planning and use of environmental restraint practices by the service was not always used in the least restrictive form, for the shortest period of time, nor after careful consideration of the impacts on the consumer. This has been considered further in Requirement 5(3)(b).

After consideration of the above information, I have decided that Requirement 3(3)(a) is Compliant.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |

Findings

Consumers and representatives said the service is clean, well maintained, and comfortable. Maintenance and cleaning staff were able to demonstrate effective processes to ensure the environment was safe and provided a cleaning schedule demonstrating daily and weekly cleaning, and preventative and reactive maintenance schedules. Effective maintenance and cleaning processes were observed during the Assessment Contact.

The Assessment Contact report indicated consumers could not move freely around the service environment, as the main exit doors and the exit door between the residential wings and the foyer were locked with a coded keypad, preventing many consumers from exiting. The Assessment Team did not observe any consumers using the code to move freely into the foyer or to leave the service alone.

Staff advised the main entry door was locked to keep consumers safe, as per a previous organisational directive. Staff and management acknowledged consumers unable to operate the coded keypad would not be free to enter and exit the service without reception staff activating the doors.

The Assessment Contact report identified this situation as an environmental restrictive practice impacting upon all consumers including those who did not require, and had not consented to, environmental restraint.

The Assessment Team raised these concerns with management who provided the following responses:

* The service identified 6 of 142 consumers are subjected to intentional environmental restraint with informed consent in place.
* Management is in the process of assessing all consumers regarding environmental restraint as a result of a recent organisational restrictive practice directive.
* Management created actions in its plan for continuous improvement to complete environmental restrictive practice assessments for all consumers by 25 August 2023, including dignity of risk assessments and behaviour support plans for identified consumers.
* Management acknowledged current actions are not in line with restrictive practices best practice in promoting freedom of movement for consumers, and facilitated automatic opening of the main exit door, however, exit from the service from the residential wings continued to require coded access via keypad.

The Assessment Contact report recommended Requirement 5(3)(b) as Non-Compliant.

In responding to the report, the approved provider advised all of their services had been directed to carry out a review of environmental restrictive practice. The approved provider acknowledged the existence of the restrictive practice and directed that any consumer living at an aged care residence where the home has locks (keypad, green buttons) on exit doors and perimeter fencing is to be considered as having an environmental restraint and staff are to follow policy and procedure on how to assess, authorise and monitor this.

With respect to the service, this initiated actions and improvements through a plan for continuous improvement including review of all consumers to ensure any consumer who is subject to environmental restrictive practice has a valid assessment, authorisation and behaviour support plan in place.

The service completed review of all residents residing at the service and identified that overall, 25 residents currently had an environmental restrictive practice in place. A restraint authorisation assessment has been completed for all of these consumers and an updated restrictive practice care plan and behaviour support plan for these residents created.

The service reprogrammed the keypad at the main entrance and increased the font size of the code above the keypad. The service also removed a keypad between the residential wings and the main foyer and replaced it with an auto sensor door.

The service explained the changes to the keypad system to consumers and representatives through the service newsletter, resident meetings and care plan review. These include relevant details such as the purpose of the keypad, its benefits, and any changes to existing access procedures.

The response also noted that there was no feedback from consumers or representatives that they feel restrained or at risk of harm.

I acknowledge the prompt action taken by the approved provider and service in responding to the identified issue and ensuring that the service is acting in accordance with restrictive practice requirements. In making my decision regarding this Requirement, I have placed weight on the approved provider’s recognition and appropriate response to the issue regarding the free movement of consumers. I have therefore decided that Requirement 5(3)(b) 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

Consumers said staff respond to requests for assistance in a timely manner, and they were confident staff are providing safe care. They said staff are available when required and respond promptly to their needs.

Management described how they ensure a mix of skills appropriate to clinical needs and use a proactive approach to planned and unplanned leave to avoid staff shortages. A base roster is completed 6 weeks in advance, with consideration to occupancy and clinical needs, ensuring there are sufficient clinical staff; including registered and enrolled nurses, as well as available escalation points to support staff in providing clinical and personal care. The service uses a pool of casual staff when there is unplanned leave.

Staff advised although they can be busy, there are sufficient staff members to provide care and services in accordance with consumers’ needs and preferences.

The Assessment Team observed staff responding promptly to requests for assistance from consumers.

After consideration of the above information, I have decided that Requirement 7(3)(a) is Compliant.

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