Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | TriCare Jindalee Aged Care Residence |
| Commission ID: | 5939 |
| Address: | 22 Endeavour Street, JINDALEE, Queensland, 4074 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 4 June 2024 |
| Performance report date: | 21 June 2024 |
| Service included in this assessment: | Provider: 7219 TriCare Jindalee Aged Care Pty Ltd  Service: 3854 TriCare Jindalee 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 Jindalee 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 their representatives provided positive feedback that the service effectively managed high-impact, high-prevalence risks associated with the care of consumers. A review of sampled consumer documentation demonstrated the service and staff identified and assessed consumers’ risks and implemented individualised risk mitigation strategies. Management and staff interviewed demonstrated an understanding of individual consumers identified high risks, and the service monitors key clinical indicators to identify trends and consider strategies to reduce recurrence for all consumers. These clinical indicators include incidents to ensure the identification of consumer risk/s such as pressure injuries, falls, changed behaviours, restrictive practices, diabetes, and medication management.

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 and staff speaking of feeling supported with education and training in key clinical areas.

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 there are sufficient number of staff available to provide assistance to consumers in a timely manner. Management described how the service plans and recruits staff to ensure the delivery of safe and quality consumer care and meet the mandatory care minutes requirements. Strategies include contingency plans for staff replacement such as offering part time or casual staff additional shifts, strong engagement with workforce labour hire agencies, and the regular review of staffing allocations to ensure staffing levels meet the changing needs of consumers.

In relation to the workforce responsibilities (including the 24/7 RN requirement), a review of the service’s roster, interview with staff and management identified a mixed of qualified staff are rostered and an RN is rostered on-site and on-duty 24 hours, across 7 days of the week. In the event an RN is not on-site, such as emergent leave, the service had established alternative clinical arrangements, including an RN on-call and an executive on-call who are available to staff. These on-call arrangement include attendance on-site to the service when required.

In relation to meeting the mandatory care minutes requirements, interviews with management and review of service documentation identified the service is currently not meeting its mandatory care minutes targets. However, review of service documentation and interviews with management evidenced the service has made improvements in meeting the mandatory care minutes and demonstrated actions taken to ensure consumers care and services are safe and effective. The service has implemented a range of strategies to demonstrate their actions towards meeting the mandatory care minutes with a target date set at August 2024, strategies include a review of the workforce roster, engagement of the workforce in roster consultation and the implementation of the organisational workforce strategy to manage their current and long-term workforce supply.

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 evidenced improvement actions taken by the service and their commitment to meeting mandatory care minutes targets.

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

The organisation has a clinical governance framework that includes the key elements of antimicrobial stewardship, minimising the use of restraint, and open disclosure. Management described their clinical governance roles and responsibilities, clinical and quality meetings and monthly reporting, consumer focused clinical care and clinical education programs. The service demonstrated systems in place for delivering safe, quality clinical care and for continuously improving services including involving consumers, clinicians, clinical review, training, risk management, use of information and workforce management. Consumers and representatives said staff provide their care and clinical support in line with their care and services plan; and care and clinical staff demonstrated knowledge on minimising use of restrictive practices, antimicrobial stewardship, and practicing open disclosure in managing incidents and consumer feedback and complaints.

In relation to the workforce responsibilities, including 24/7 RN and mandatory care minutes, the clinical governance framework considered the service’s policies, procedures, and guidelines in place to guide staff, including:

* The recognition and response to consumer deterioration
* Escalation processes including the alternative clinical arrangement and the RN on-call escalation process.
* Additional organisational support in place includes the service management and executive management on-call 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 evidence of effective implementation of the clinical governance framework at the service through the monitoring and management of high impact and high prevalence consumer risks, a competent and qualified workforce, and ongoing and continuous improvement actions.

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)