Performance

Report

**1800 951 822**

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| Name: | TriCare Jindalee Aged Care Residence |
| Commission ID: | 5939 |
| Address: | 22 Endeavour Street, JINDALEE QLD 4074 |
| Activity type: | Site Audit |
| Activity date: | 21 November 2023 to 23 November 2023 |
| Performance report date: | 4 January 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 M Kalra, 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; the Site Audit report 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 the 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

Consumers and representatives felt staff treated consumers with dignity and respect, and made them feel valued as an individual. Staff spoke of consumers in a respectful manner and demonstrated a familiarity with consumers’ backgrounds and preferences. Care planning documentation identified information regarding consumers’ backgrounds, preferences, identities, and cultural practices. Staff described how the consumer’s culture influenced the delivery of their personal care needs and services. Consumers and representatives confirmed staff valued consumers’ backgrounds and culture, and provided care that was consistent with their cultural preferences.

Consumers and representatives were satisfied that consumers were supported to exercise choice and independence, had the ability to make their own decisions and maintain personal relationships. Staff described how consumers were supported to make informed choices regarding the delivery of their care and services. Consumers were observed spending time with visiting family members throughout the duration of the Site Audit.

Care planning documentation evidenced risks to consumers were identified and appropriate risk mitigation strategies were in place. Consumers described how the service supported them to engage in activities which contained an element of risk. Staff were aware of the risks taken by consumers and outlined how they supported consumers to take risks.

Consumers and representatives confirmed they were kept informed through printed information displayed around the service, verbal reminders, and email correspondence. Staff described various ways information was delivered to consumers, including those with cognitive and sensory impairments. Noticeboards outlined information regarding the service’s activities schedule, newsletters, complaints avenues and daily menus.

Staff outlined the practical measures in place to ensure consumer privacy was respected, including ensuring doors were kept closed when providing care and services. Consumers felt the service respected their privacy and did not express any concerns regarding confidentiality of their personal information. The service had policies and protocols in place to protect consumer privacy and maintain confidentiality.

# 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

Consumers and representatives advised consumers received the care they required, and confirmed they were involved in the initial and ongoing assessment planning process. Staff described how they considered risks for individual consumers to inform the delivery of safe and effective care. Care planning documentation evidenced the consideration of risks to consumers well-being, and the risk mitigation strategies in place.

Consumers and representatives interviewed described how the service had involved them in the assessment and planning of care, including advance care planning, during admission, at scheduled case conferences, or when there was a change in circumstances. Care planning documentation identified and addressed the consumer’s current needs, goals, and preferences, including advance care planning and end of life planning. Management and staff described how the service ensured the assessment and planning process reflected each consumer’s preferences, and outlined how they approached end of life planning discussions.

Care planning documentation demonstrated, and staff described how the assessment and planning of care was completed in consultation with consumers, representatives and internal and external providers of care and services. The service utilised their electronic care management system to document consumer information, with summary care plans being available to consumers and representatives. Consumers and representatives confirmed the outcomes of assessment and planning were communicated to them, and they could access consumer care plans upon request.

Consumers and representatives said, and care planning documentation confirmed care plans were reviewed on a regular basis, when consumers’ circumstances changed, or when incidents occurred. Management and staff outlined the ongoing assessment and planning process which involved reviewing care plans every 3 months, or earlier if there were changes to the consumer’s condition.

# 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

Consumers expressed they received safe and effective care that was best practice, tailored to their needs and optimised their health and well-being. Management and staff demonstrated an understanding of best practice care principles in relation to the management of restrictive practices, skin integrity and pain. The service had policies and procedures to guide staff practice in relation to key areas of care.

Staff described high impact or high prevalence risks for consumers and strategies to manage those risks. Consumers and representatives expressed satisfaction with the way risks were managed. Care documentation of sampled consumers showed risks such as falls were effectively managed through regular clinical data monitoring, trending, reporting and implementation of suitable risk mitigation strategies.

Care planning documentation for a recently deceased consumer evidenced the consumer received end of life care in accordance with their needs and preferences. Consumers and representatives confirmed the consumer’s needs, goals and preferences were recognised and met when receiving end of life care. The service had policies in place to guide staff practice in relation to the provision of end of life care to consumers to ensure their preferences were met, and their comfort maximised.

Staff demonstrated knowledge of, how to identify and respond to, signs of deterioration. Consumers and representatives said response to changes in consumers’ conditions was timely. Care documentation evidenced escalation and monitoring pathways were enacted when changes were detected.

Consumers and representatives stated consumers’ care needs and preferences were effectively communicated between themselves, staff, and external providers of care. Staff reported information relating to consumers’ condition, needs and preferences was documented in the service’s electronic care management system and communicated via the shift handover process.

Consumers and representatives said referrals to individuals, other organisations and providers of other care and services were timely and appropriate. Staff were knowledgeable of referral pathways in response to identified needs, and care documentation reflected referrals made to a range of allied health professionals and specialists.

Staff demonstrated an understanding of how they minimised the spread of infection and how they ensured antibiotics were used appropriately. Consumers and representatives expressed confidence with the service’s management of infection related risks, and observed staff to practice appropriate hand hygiene. The service had policies and procedures in place which guided staff practice in relation to antimicrobial stewardship and infection control management.

# 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

Consumers and representatives described how the service supported them to engage in activities that met their needs, goals and preferences. Lifestyle staff outlined how they partnered with consumers to conduct a lifestyle assessment upon admission, which collected information regarding the consumer’s needs and preferences. The service’s activities calendar evidenced a range of activities were offered to consumers which catered to their various needs and abilities.

Consumers and representatives described the services and supports which promoted their emotional, spiritual and psychological well-being. Staff demonstrated an understanding of consumers’ emotional, psychological and spiritual well-being, and provided examples how they met these needs. Care planning documentation identified information regarding consumers’ emotional, spiritual, and psychological needs and preferences.

Consumers felt the service assisted them to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and do things of interest to them. Consumers were observed to independently enter and exit the service to participate in the community. Staff described how consumer feedback was gathered to inform the delivery of services and supports.

Staff outlined the ways in which information was shared, and the ways they were kept informed of the changing health conditions, needs and preferences of each consumer. Consumers and representatives indicated information regarding the consumer's daily living choices and preferences was effectively communicated to staff and others where responsibility for care was shared. Care planning documentation noted sufficient information was documented to support the delivery of effective and safe care to consumers.

Consumers confirmed they were supported by and referred to providers of other care and services when required. Care planning documentation evidenced timely and appropriate referrals to other organisations and services. Staff outlined the external organisations involved in the provision of lifestyle services and supports for consumers.

Consumers and representatives indicated the service provided meals which were varied and of suitable quality and quantity. Consumers were observed to be eating their meals in communal areas and their own rooms and being provided meal assistance from staff in a respectful and dignified manner. Staff advised the service’s menu was created in consultation with consumers, their family members, and dieticians.

Consumers reported having access to the necessary equipment, including mobility aids, to assist them with their activities of daily living. Staff advised they had access to the required equipment, and confirmed equipment was safe, suitable, clean and well maintained. A range of equipment, including walkers, wheelchairs and lifestyle equipment was observed to be 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

The Assessment Team observed, and consumers and representatives said that they find the service’s environment to be welcoming, easy to understand, makes them feel at home and enables them to have a say in the design of the environment, which creates a sense of belonging, independence, interaction, and function. Management described aspects of the service that helped consumers feel welcome and optimised each consumer’s sense of belonging and ease of navigation.

Management and staff described how the service environment was cleaned and maintained in accordance with the service’s cleaning and maintenance schedules. Consumers and representatives advised the service environment was safe, clean, and well maintained and allowed consumers to move freely, both indoors and outdoors. The service environment and outdoor areas were observed to be clean, tidy, and accessible to consumers. The Assessment Team observed staff carrying out environmental maintenance tasks and consumers freely accessing internal and external areas of the service.

Furniture, fittings, and equipment were observed to be safe, clean, well maintained, and suitable for consumer use. Staff outlined their responsibilities for cleaning and maintaining personal equipment, furniture and fittings. Consumers indicated the service's furniture, fittings and equipment was safe, clean, well maintained and suitable for use.

# 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

Consumers and representatives said they were encouraged to provide feedback or make a complaint and were aware of relevant processes. Management confirmed the avenues for consumers to raise feedback and complaints. Staff were guided by policies and procedures regarding appropriate complaint management.

Consumers interviewed said they are aware of and have access to advocates, language services and other methods for raising and resolving complaints. Management and staff said that they were aware of methods to access interpreter and advocacy services. Staff described how they assisted sampled consumers who had communication or cognitive impairments in providing feedback or complaints. Advocacy material was observed to be readily available to consumers and representatives across the service.

Consumers and representatives expressed satisfaction with the service’s actions taken in response to complaints, and confirmed the service practiced open disclosure when responding to complaints. A review of the service’s continuous improvement plan evidenced appropriate action was taken in response to complaints and open disclosure was practised. Management and staff confirmed staff had received open disclosure training, and demonstrated an understanding of open disclosure principles.

Consumers and representatives confirmed the service used feedback and complaints to improve care and services. Management and staff demonstrated an understanding of the main areas of complaints provided by consumers and representatives, and the actions taken to resolve these complaints. A review of continuous improvement plan and consumer meeting minutes evidenced that feedback and complaints were 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

Consumers and representatives were satisfied with the service’s staffing levels and the call bell response times. Management described how the workforce was planned to address the needs of consumers, including their strategies in relation to unplanned leave, workforce retention and ongoing recruitment. Staff outlined the staffing levels were appropriate to ensure the consumers care needs were met.

Consumers and representatives advised staff were kind, caring, respectful and gentle in the delivery of care and services. Staff were observed to actively support consumers during activities and mealtimes and engage them in conversation when assisting them. The service had policies in place outlining their commitment to ensure consumers were treated with dignity and respect.

Management described various ways the service determined whether staff had the relevant qualifications and competencies to perform their roles. Consumers and representatives expressed confidence with the ability of staff to perform their roles and meet their care needs. Position descriptions were noted to include key competencies and qualifications that were either desired or essential for each role.

Consumers and representatives confirmed staff had the appropriate skills and knowledge to ensure the delivery of safe and quality care and services. Staff confirmed the service provided them with regular training on a variety of relevant areas to support them to provide quality care to consumers. A review of training records evidenced that 99% of staff were up to date with their mandatory training.

Staff confirmed they were supported by management during performance reviews and were provided with opportunities for improvement. Management advised staff performance was monitored through formal performance appraisals and informal monitoring and review. The service had a suite of policies and documents that informed expected performance and behaviour for staff.

# 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

Consumers and representatives said, and a review of various meeting minutes and the service’s continuous improvement plan confirmed consumers were involved in the development, delivery and evaluation of care and services. Management also described the involvement of consumers and representatives through consumer meetings, surveys, observations, and internal audits.

Management outlined the role of the governing body in ensuring that safe and quality care was delivered to consumers. A review of service documentation evidenced the governing body was kept informed and held accountable for the outcomes at the service. Management described various recent changes made at the service that were driven by the governing body because of consumer feedback, including the digital menu system.

The service had effective organisation wide governance systems to support information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints management. Management and staff described the governance systems in place which enabled them to effectively provide quality care and services. Staff confirmed they had access to the necessary consumer information and policy documents required to perform their roles.

Management and staff outlined the effective risk management systems and practices in place to monitor and manage risks to consumers, identify and respond to abuse and neglect, and support consumers to live the best life they can. Staff demonstrated an understanding of key risks to consumers and the strategies in place to manage these risks. The service demonstrated policies and procedures were in place to guide staff practice around management of risks and incidents.

The service’s clinical governance framework and supporting policies ensured the provision of quality and safe clinical care, including antimicrobial stewardship, minimising the use of restrictive practices, and open disclosure. Management and staff demonstrated an understanding of how these policies and procedures were applied in the delivery of care and services. Management described how the organisation’s clinical governance committee provided oversight around clinical risks, incidents, and complaints, and ensured high risk areas were flagged.

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