Performance

Report

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| Name: | TriCare Kawana Waters Aged Care Residence |
| Commission ID: | 5471 |
| Address: | 3 Riveraine Avenue, Warana, Queensland, 4575 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 10 October 2023 |
| Performance report date: | 8 November 2023 |
| Service included in this assessment: | Provider: 7131 TRICARE ROCHE AGED CARE PTY LTD  Service: 3761 TriCare Kawana Waters 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 Kawana Waters Aged Care Residence (**the service**) has been prepared by T Wurf, 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, and
* the provider’s response to the assessment team’s report received on 27 October 2023.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not Compliant |
| **Standard 7** Human resources | **Not Applicable** |

A detailed assessment is provided later in this report for each assessed requirement.

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* Ensure that deterioration of a consumer’s condition is responded to in a timely manner.

# Standard 3

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| 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 |
| 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. | Not Compliant |

Findings

*Requirement 3(3)(b)*

The Assessment Contact Report included evidence that high-impact and high-prevalence risks associated with the care of consumers are identified and managed.

The service has clinical monitoring processes in place for high-impact, high-prevalence risks. Clinical managers review consumers’ care documentation and incident reports daily to ensure risks are managed, and risks are discussed in staff meetings. Clinical data is analysed monthly and strategies to manage risks are developed.

Consumers said their care was safe and right for them and provided examples of various strategies to manage risks to them, such as risk associated with chronic pain and pressure injuries. Staff described consumers’ individual care needs and the strategies in place to manage and minimise risk to individual consumers.

The Assessment Team:

* reviewed a sample of consumers’ care documentation and found that risks associated with falls, pressure injuries and pain were identified, monitored and effectively managed, and
* observed staff attending to consumers to manage risks, and pressure reliving devices and falls prevention strategies in place.

The approved provider’s response to the Assessment Contact Report did not address this requirement.

Taking into account information in the Assessment Contact Report and summarised above, I am satisfied this requirement is compliant.

*Requirement 3(3)(d)*

The Assessment Contact Report included evidence that staff did not consistently respond to or monitor consumers’ clinical deterioration.

Whilst the service has clinical deterioration policies and guidelines to guide staff practice, these were not consistently followed by staff. The Assessment Team reviewed consumers’ care documentation and found:

* A delirium screen and vital sign monitoring were not completed for two consumers who experienced a change in their cognitive state (confusion, hallucination).
* Vital signs were not monitored for another consumer following a change in health status.
* For three consumers, changes to nutritional requirements to manage weight loss were not monitored; high energy, high protein (HEHP) drinks. Two of these consumers experienced ongoing weight loss.

In response, management acknowledged the Assessment Team’s feedback and developed an action plan to address deficiencies. The approved provider’s response to the Assessment Contact Report included a plan for continuous improvement that identified actions to improve processes to respond to clinical deterioration and monitor consumers following a change. Actions included:

* Clinical staff education, training and information on the service’s clinical deterioration policy, procedures and scenarios.
* Established clinical monitoring processes, including daily and weekly meetings and review of consumer documentation.
* Reviewed all consumers prescribed HEHP drinks and established nutritional supplement charting.
* Reviewed consumers’ weights and for consumers with unplanned weight loss, commenced food and fluid monitoring charts, referred to a dietitian, and updated care plans following dietitian review.
* Reviewed communication processes between care staff, registered staff, senior management team and kitchen team to ensure changes in a consumer’s condition is effectively communicated.

Based on the Assessment Contact Report and the approved provider’s response, I am of the view that consumer deterioration was not adequately responded to or monitored. The approved provider has taken actions to improve processes to respond to and monitor clinical deterioration, however, these improvement actions will take some time to embed in practice and be tested for effectiveness and sustainability. Therefore, I have decided this requirement is not 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

The Assessment Contact Report included evidence that the service has processes to review the workforce and ensure there is sufficient staff to deliver quality care and services. There is a process to cover emergent leave and staff described a new service policy which has reduced the number of unfilled shifts. Management reviews call bell data monthly, however, the Assessment Team found action was not recorded for when call bell response times exceeded the organisational benchmark.

Overall, consumers, representatives and staff interviewed by the Assessment Team were satisfied there are enough staff to meet consumers’ needs. Consumers and representatives provided positive feedback about the staff. Management responded promptly to address feedback about two consumers who had reported that staff turn off call bells without providing assistance and establish processes to monitor staff responsiveness.

The approved provider’s response to the Assessment Contact Report described the service’s processes now in place to monitor, audit, analyse and action (where required) call bell response times, and noted recent improvement in response times. The service also communicated expectations to staff about monitoring consumers and responding promptly to call bells.

Based on the Assessment Contact Report and the approved provider’s response, I am satisfied that the service has processes to plan and monitor the workforce to ensure it is sufficient to deliver safe and quality care and services to consumers. In coming to my decision, I considered the positive feedback from the majority of consumers and their representatives and the provider’s prompt action to address deficiencies in call bell processes. Therefore, I have decided this requirement 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)