TriCare Kawana Waters Aged Care Residence

Performance Report

Riveraine Avenue
Warana QLD 4575
Phone number: 07 5436 9000

**Commission ID:** 5471

**Provider name:** TriCare (Kawana Waters) Pty Ltd

**Assessment Contact - Site date:** 23 March 2022 to 24 March 2022

**Date of Performance Report:** 28 April 2022

# Performance report prepared by

Nicole Grey, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) | Compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

The following information has been taken into account in developing this 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 Contact - Site report received 21 April 2022
* other information and intelligence held by the Commission in relation to the service

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Assessment Team did not assess all Requirements in this Standard therefore an overall summary is not provided. However, when one Requirement in the Standard is recommended Non-Compliant, this results in an overall recommendation of Non-Compliant for the Standard.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-compliant

*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.*

The Assessment Team brought forward information that care provided did not optimise the health and well-being of consumers in relation to medication management, unplanned weightloss and restrictive practices.

Overall, consumers and representatives sampled generally considered the care they received was safe and optimised their health and well-being.

However, the Assessement Team brought forward concerns in relation to the effective management of medications. Medication administration records did not evidence time sensitive medications were administered at scheduled times for two named consumers. Medications were noted to be administered up to one hour late on 26 to 33 occassions between 22 February and 24 March 2022 for both named consumers.

One named consumer prescribed time sensitive medication, provided negative feedback in relation to the management of their medication. They confirmed their medications were not consistently administered at scheduled times which impacted on their health and well-being. While the other named consumer did not report any negative impact in relation to frequently experienced medication delays, the delays had the potential to impact their health and well-being.

The approved provider acknowledges the Team’s findings in relation to medication management and provided a response which included historical, additional and clarifying information through a range of supporting documents including clinical record extracts, monitoring documentation, medication administration records, forms, care plans, a plan for continuous improvement, policies, audit results and education records.

The response reflected planned and completed actions initiated which included consumer reviews, discussions with clinical and pharmacy staff through meetings, electronic correspondence and memorandum, altered medication administration times, reallocation of shift responsibilities and spot checks. While the approved provider has committed to implementing actions to improve the service’s medication management processes, at the time of the Assessment Contact, the service was unable to demonstrate medication management practices employed by the service were safe and effective or tailored to the individual needs to ensure their health and well-being was optimised.

Care documentation for a named consumer prescribed medication for the purpose of chemical restraint did not evidence the restrictive practice was authorised in line with legislative requirements. While registered staff demonstrated a shared understanding of restrictive practices, staff were unable to clarify why the authorisation was incomplete. In response to the Assessment Team’s feedback, management committed to implementing further improvement actions to strengthen the service’s monitoring processes including audits, actioning the completion of outstanding authorisations and additional staff education.

The approved provider in its response acknowledges the service’s monitoring processes failed to identify the incomplete authorisation. They confirmed the restrictive practice authorisation was completed by the prescribing Medical officer on day two of the Assessment Contact and provided planned and completed improvement actions to strengthen the service’s monitoring processes. These included audits, education and consumer reviews.

In response to the deficiencies identified in the previous site audit regarding restrictive practices, the approved provider implemented the following actions:

* a restrictive practice audit,
* a review of all consumers who require restrictive practices and are prescribed psychotropic medications,
* additional staff training,
* the development of a restrictive practice checklist
* regular reviews of restrictive practice documentation

While I acknowledge and have considered the approved provider’s response, the Assessment Team’s findings, the service’s previous non-compliance in relation to restrictive practices and the actions taken to address the service’s non-compliance within this Requirement, I am not convinced these actions have been effective as evidenced by the Assessment Team’s findings in relation to ongoing deficiencies regarding the completion of restrictive practice authorisations.

The Assessment Team reviewed clinical documentation and brought forward deficiencies in relation to the service’s management of unplanned weight loss. The approved provider refutes the Assessment Team’s findings and asserts in their response that the weight management needs of consumers were managed appropriately and provided evidence of this in its response. I am satisfied that at the time of the Assessment Contact, unplanned weightloss was managed appropriately.

I acknowledge the approved provider’s response, the information provided and the actions taken by the service in relation to deficiencies identified in the previous site audit and in response to the Assessment Team’s findings during the Assessment Contact. However, based on the Assessment Contact report and the approved provider’s response, I find at the time of the Assessment Contact, processes implemented by the service were not effective to deliver personal and clinical care, which is best practice, tailored to meet the individual needs and optimises the health and well-being of each consumer. I note medication management and the services processes for monitoring restrictive practices were not effective and did not meet the needs of individual consumers.

Therefore, I find the service Non-compliant in this Requirement.

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Assessment Team did not assess all requirements in this Standard, therefore an overall compliance rating or summary for the Quality Standard is not provided.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

The service was able to demonstrate the workforce is planned to ensure the number and mix of members of the workforce enabled the delivery and management of safe and quality care and services.

Overall, most sampled consumers said there were enough staff to provide care and services they required in line with their needs and preferences.

Management and most staff believed the service was adequately staffed and the service’s staffing processes enabled the delivery of safe and quality care and services. Most care staff were able to attend to the personal preferences and care needs of consumers and they were generally able to respond to consumer’s requests for assistiance in a timely manner.

Unplanned leave was replaced with the service’s exisiting staff and agency staff and call bell response data was reviewed by management each month. Care staff were observed providing assistance with meals and responding to consumer’s requests for assistance in a timely manner during the Assessment Contact.

It is my decision this Requirement is Compliant.

# STANDARD 8 Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Assessment Team did not assess all requirements in this Standard, therefore an overall compliance rating or summary for the Quality Standard is not provided.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(c) Compliant

*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.*

The service demonstrated effective organisation wide governance systems were in place in relation to information management, continuous improvements, financial and workforce governance, regulatory compliance and feedback and complaints.

Consumers and representatives sampled were kept well informed regarding their care and services. Management and staff could access information required to undertake their roles through the organisation’s information management systems including, but not limited to an electronic care management system, handover processes and staff meetings.

The service identified opportunities for continuous improvement through several mechanisms including, clinical incidents, consumer and staff feedback and survey results. Recent improvements implemented by the service included the temperature of meals served and the purchase of additional clinical waste bins. Continuous improvement actions were actioned, recorded in the service’s plan for continuous improvement, reviewed each week by management and reported to the organisation’s Quality team each month.

Management stated there is an annual budget which includes funding for staffing, recruitment, equipment and consumables and the Assessment Team found the consumers had access to the resources they needed.

The organisation was able to demonstrate the workforce was competent and had received training to perform their roles. At the time of the site audit the number and mix of staff was sufficient to enable the timely delivery of safe, quality care and services and consumers were satisfied with the responsiveness of staff.

The organisation’s Quality team monitored changes to legislative requirements through regulatory bodies including the Aged Care Quality and Safety Commission and Queensland Health. Legislative updates were communicated to staff through meetings and memorandum.

The service had established mechanisms to support consumers and representatives to make a complaint or to provide feedback. Complaints and feedback were recorded and included in monthly reports to the governing body. Action was taken by management to resolve any concerns or complaints and to use this feedback to inform continuous improvement activities.

It is my decision, this Requirement is Compliant.

# 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.

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1. is best practice; and
2. is tailored to their needs; and
3. optimises their health and well-being.