Performance

Report

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| Name: | TriCare Labrador Aged Care Residence |
| Commission ID: | 5926 |
| Address: | 71 Brighton Street, BIGGERA WATERS, Queensland, 4216 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 17 September 2024 |
| Performance report date: | 15 October 2024 |
| Service included in this assessment: | Provider: 7225 TriCare Labrador Aged Care Pty Ltd  Service: 3842 TriCare Labrador 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 Labrador Aged Care Residence (**the service**) has been prepared by Gai-Maree Cain, 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.
* the provider’s response to the assessment team’s report received 24 September 2024.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 4** Services and supports for daily living | **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

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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

Consumers and representatives said consumers received personal and clinical care which was safe, effective, tailored to their needs, and optimised consumers’ health and well-being. Staff demonstrated knowledge of consumers' personal and clinical care needs and how they meet these. For example, for consumers requiring catheter management, care staff spoke of the importance of emptying the catheter drainage bag and monitoring the consumers for signs and symptoms of infection.

Care documentation demonstrated consumers received safe, effective care, tailored to specific needs and preferences, and included input from specialists to support best practice. The service demonstrated identification, assessment, management and evaluation of consumers’ restrictive practices, skin integrity and pain. For example:

* + For consumers identified as subject to restrictive practice, documentation reflects behaviour support plans, monitoring and review of the restrictive practice and documented consent including consultation with consumers’ decision makers.
  + Wounds are consistently attended to in accordance with the consumers’ wound management plans and pressure area care is completed as prescribed.
  + Post fall, the service completes a 3-day post fall assessment process including the regular assessment of clinical and neurological observations and pain assessments.

# Standard 4

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| Services and supports for daily living | |  |
| 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 |

Findings

Consumers advised they were supported to participate in activities and do things of interest both within and outside of the service. Consumers spoke of enjoying activities such as crafts, puzzles, knitting and independent walks outside of the service.

Management described the implementation of a personal care worker wellness role which supports consumers one to one, and/or in group activities; and observations showed consumers participating in group exercise programs, cooking group and going for an outside walk accompanied by staff.

Care documentation included information about consumers life history and individual preferences and referrals to external services to support consumers. The service provided consumers supports for daily living such as hairdressing and religious 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 |

Findings

Consumers spoke of the timely response by staff when they require assistance and expressed confidence in staff providing safe and quality care and services. The workforce of the service was planned to meet the needs of consumers and deliver quality care and services and the service had proactive systems and processes in place to ensure there was sufficient staff rostered. Staff across various roles and areas of the service confirmed there was adequate staff to provide care and services in accordance with consumers’ needs and preferences, allowing staff to spend time with consumers for additional support and care. I have also considered information contained under Requirement 3(3)(a) to come to the view that this staffing mix ensures safe and quality care, and services is provided to consumers.

In relation to meeting workforce responsibilities, including have a registered nurse rostered on site and on duty 24 hours per day across 7 days of the week, and mandatory care minutes, interviews with management and review of service documentation identified the service is currently meeting these targets. Management described the processes of monitoring these responsibilities including the allocation of care minutes according to consumers assessed needs and described the process of reporting of mandatory care minutes in consultation with the operations manager. Consumer and staff interview advised they were aware of the workforce responsibilities and that information had been shared during various meetings.

Staff have access to online and face-to-face training and education sessions. The service's training and education records identify that staff receive training on a range of topics, including but not limited to clinical care, clinical deterioration and medication refresher training. A suite of policy/procedure/guidance/flowcharts are available to guide staff in clinical matters including escalation and emergencies and the service has additional on call processes to ensure safe and effective care for consumers.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

Organisation wide governance systems were effectively supported by policies, procedures, training, audits, and reporting mechanisms, relating to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints.

Staff had access to sufficient and current information to guide them in the delivery of care and services including electronic care documentation, shift handover and daily staff huddles. Opportunities for improvement were identified through a range of sources including the feedback and complaints processes, analysis of clinical and incident data, and audit and survey results. Budgets were set annually and approved by the Board and the organisation was responsive to requests for budgetary changes to support the needs of consumers. Systems were in place to monitor workforce competency and suitability; and policies and procedures articulated roles and responsibilities and included accountabilities for the monitoring of workforce performance. A variety of processes demonstrated effective systems to ensure regulatory compliance such as regulatory bulletins which are communicated through the organisation and attendance at relevant external meetings, education and webinars. Consumer and the representatives were supported to provide feedback which was actioned appropriately and in a timely manner and these were included in the service improvement processes.

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)